



**INLAND COUNTIES  
EMERGENCY MEDICAL AGENCY**  
Serving  
San Bernardino, Inyo & Mono Counties

# Inland Counties Emergency Medical Agency

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*Serving San Bernardino, Inyo, and Mono Counties*

*Daniel Muñoz, Interim EMS Administrator*

*Reza Vaezazizi, MD, Medical Director*

**DATE:** May 22, 2024

**FROM:** **DANIEL MUÑOZ**, Interim EMS Administrator  
Inland Counties Emergency Medical Agency

**TO:** EMS Ground Transport Providers – San Bernardino County

**SUBJECT:** **FY 2024-25 AMBULANCE RATE ADJUSTMENT**

In conformance with the ICEMA Reference #3060 - ICEMA Ground Based Ambulance Rate Setting Policy – San Bernardino County approved by the ICEMA Governing Board on May 8, 2012, the following represents ambulance rate adjustments effective July 1, 2024. The attached “Ground Ambulance Service Rate Definitions” will be utilized in the application of the rates.

Ambulance Rate Components	Base Rate FY 2023-2024 Rate		Increase CPI + County Comparison		Final Rate FY 2024-2025 Rate	
	Urban Operating Areas	Rural/ Wilderness Operating Areas	Urban Operating Areas	Rural/ Wilderness Operating Areas	Urban Operating Areas	Rural/ Wilderness Operating Areas
Advanced Life Support (ALS) Base Rate (All Inclusive)	\$2,062.35	\$2,268.58	\$194.97	\$214.47	\$2,257.32	\$2,483.05
Basic Life Support (BLS)	\$1,485.67	\$1,634.25	\$140.45	\$154.50	\$1,626.12	\$1,788.75
Emergency Fee	\$329.61	\$362.58	\$13.98	\$15.38	\$343.59	\$377.96
Oxygen	\$204.45	\$224.88	\$8.67	\$9.53	\$213.12	\$234.41
Night Charge	\$235.99	\$259.64	\$10.01	\$11.01	\$246.00	\$270.65
Critical Care Transport	\$2,214.58	\$2,436.02	\$93.94	\$103.33	\$2,308.52	\$2,539.35
Mileage (per mile or fraction thereof)	\$34.67	\$34.67	\$1.47	\$1.47	\$36.14	\$36.14
Wait Time	\$61.91	\$61.91	\$2.62	\$2.62	\$64.53	\$64.53
EKG	\$140.73	\$140.73	\$5.96	\$5.96	\$146.69	\$146.69

If you have any questions regarding the policy and associated rate calculations, please contact Gerry Gardner, Supervising EMS Specialist, at (909) 388-5816 or via e-mail at [gerald.gardner@cao.sbcounty.gov](mailto:gerald.gardner@cao.sbcounty.gov).

DM/yml

Attachment

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## Ground Ambulance Service Rate Definitions

ICEMA Region

Effective July 1, 2018

*NOTE: Rates are allowable only upon transport of a patient.*

### **BLS All Inclusive Base Rate:**

1. When an EMT staffed ambulance responds to a call; or
2. When an advanced life support (ALS) or limited advanced life support (LALS) staffed ambulance responds to a scheduled call when not requested and/or ALS or LALS intervention is not provided.

### **ALS All Inclusive Base Rate:**

Any response of an approved ALS (paramedic) or LALS (AEMT) transport provider to a request for service. This charge will include, but not necessarily be limited to, the provision of the following:

1. An authorized ALS or LALS staffed and equipped ambulance response.
2. Care modalities include cardiac monitoring, telemetry, IV administration, drug administration, defibrillation, blood draw, wound dressing, splinting and disposable first aid and medical supplies related to such care and treatment.

### **Emergency:**

Applies to BLS All Inclusive Base Rate when a BLS scheduled response is upgraded to emergency status either in response or during transport. This charge is included in the ALS All Inclusive Rate and cannot be charged in addition to the ALS All Inclusive Rate.

### **ECG Monitoring:**

Applies when ECG Monitoring is performed as per protocol or base hospital order. This charge is included in the ALS All Inclusive Base Rate and cannot be charged in addition to the ALS All Inclusive Base Rate. In most cases, this charge is broken out as a line item for Medi-Cal which does not recognize the charge in the ALS All Inclusive Base Rate.

### **EMS Aircraft - Appropriate fee for service:**

EMS ground transportation providers may charge All Inclusive Base Rate when;

1. Ambulance personnel and/or equipment are directly involved in patient care prior to the transport and transfer of patient(s) to EMS aircraft.
2. Provider's supplies and/or procedures are utilized at rate specified in the current ambulance rates.
3. Approved mileage rate from point of transport by ground ambulance to transfer site to EMS aircraft.

### **Mileage:**

Applies for each patient mile or fraction thereof from point of pick-up to destination.

### **Night:**

Applies for services provided between the hours 1900 and 0659, military time.

### **Oxygen:**

Applies for services provided whenever oxygen is administered. This charge is inclusive of material such as tubing, masks, etc., which may be used for the administration of oxygen.

**Wait Time:**

Applies to scheduled calls and is charged per fifteen (15) minutes of waiting time or portion thereof, after the first fifteen-minute period lapse occurs when an ambulance must wait for a patient at the request of the person/organization hiring the service. This rate is not contractual “stand-by” charge rate for special events.

**Specialty Care Transport:**

Applies to transportation provider’s medical personnel when equipment is needed to provide care, monitoring at a level outside and/or higher than a paramedic’s scope of practice; or utilization of specialized equipment or specialized vehicle, based upon patient’s needs. Examples of Specialty Care Transport may include Neonatal (incubator/team) transport, Bariatric unit transport, high-risk maternal team transport, ALS Respiratory Therapist transport, PA-NP-OD-MD transport, etc.