

TABLE B. — SKILLED NURSING FACILITY/SUB-ACUTE
INPATIENT FACILITY NATIONWIDE PER DIEM CHARGE

Description	All-Inclusive Per Diem Charge
Skilled Nursing Facility/Sub-Acute Inpatient Facility	\$655.39

TABLE C. — OBSERVATION CARE FACILITY NATIONWIDE BASE AND HOURLY CHARGES

Description	Base Charge	Hourly Charge
Observation Facility Care	\$200.91	\$35.22

TABLE D. — PARTIAL HOSPITALIZATION
FACILITY NATIONWIDE PER DIEM CHARGE

Description	All-Inclusive Per Diem Charge
Partial Hospitalization Facility	\$449.76

TABLE E. — AMBULANCE AND OTHER EMERGENCY
TRANSPORTATION CHARGES BY HCPCS CODE

HCPCS Code	Description	Charge
A0380	Basic Life Support Mileage (Per Mile)	\$10.92
A0390	Advanced Life Support Mileage (Per Mile)	\$10.06
A0425	Ground Mileage, Per Statute Mile	\$13.07
A0426	Ambulance Service, Advanced Life Support, Non-Emergency Transport, Level 1 (ALS 1)	\$597.60
A0427	Ambulance Service, Advanced Life Support, Emergency Transport, Level 1 (ALS1-Emergency)	\$690.98
A0428	Ambulance Service, Basic Life Support, Non-Emergency Transport, (BLS)	\$435.75
A0429	Ambulance Service, Basic Life Support, Emergency Transport (BLS-Emergency)	\$464.39
A0430	Ambulance Service, Conventional Air Services, Transport, One Way (Fixed Wing)	\$3,486.00
A0431	Ambulance Service, Conventional Air Services, Transport, One Way (Rotary Wing)	\$5,727.00
A0435	Fixed Wing Air Mileage, Per Statute Mile	\$42.33
A0436	Rotary Wing Air Mileage, Per Statute Mile	\$68.48