FEE SCHEDULE FOR RENAL TRANSPORTATION

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date	Fee	Limit Description
					End Date		
ADJ	ADJUSTMENT FOR PRIOR CLAIM (FOR DEPT OF HEALTH USE ONLY)	00	00	00	11/1/1995 \$	1,000.00	
RN100	COUNTY TRANSPORTATION AND SHARED RIDE	00	00	00	7/1/2001	\$11.00	MAXIMUM - PATIENT SHARE OF THE COUNTY TRANSPORTATION/S RIDE PROGRAM BALANCE PLUS 10%. THE PATIENT SHARE SHALL NOT EXCEED 15% OF THE MOST RECENTLY APPROVED PA DEPARTMENT OF TRANSPORTATION AVERAGE SHARED RIDE RATE.
RN120	COMMERCIAL TRANSPORTATION SERVICE	00	00	00	7/1/2001	\$3.30	ROUND TRIP - ACTUAL COST, NOT TO EXCEED \$3.30 PER ONE WAY TRIP
RN130	NON-EMERGENCY AMBULANCE	00	00	00	7/1/2001	\$55.00	ACTUAL COST, NOT TO EXCEED \$55.00 PER ROUND TRIP PLUS MILEAGE, PER SERVICE CODE RN131
RN131	NON-EMERGENCY AMBULANCE MILEAGE	00	00	00	7/1/2001	\$1.10	PER MILE - UNIT NUMBER OF MILES OVER 20 ROUND TRIP
RN140	INVALID COACH, AMBULETTE & OTHER VEHICLES EQUIPPED WITH WHEELCHAIR LIFT GATES	00	00	00	8/1/2004	\$1.10	PER MILE MINIMUM REIMBURSEMENT \$11.00 MAXIMUM REMIBURSEMENT \$55.00

