COAST LIFE SUPPORT DISTRICT
RESOLUTION No. 2026-H

ADOPTION OF FY2026/2027 AMBULANCE RATES

WHEREAS, Coast Life Support District last adjusted the rates at which Ambulance Services are billed in September of 2025; and

WHEREAS, with the passage of AB 2091 Berg, as of January 1, 2007, the District may charge Residents and Taxpayers of the District a Fee for Service Rate less than that of Non-Residents and Non-Taxpayers; and

WHEREAS, the District recognizes the disparity between what a Resident/Taxpayer actually pays for services versus what a Non-Resident/Non-Taxpayer pays, by their parcel tax contribution; and

WHEREAS, as Resident/Taxpayer is defined as either having a mailing address within the District or owning property within the District or both,

BE IT THEREFORE RESOLVED that the rate schedule adopted, effective August 1, 2026 and in effect until changed by resolution, be as follows:

Service	*BLS*	*ALS I*	*ALS II*
Non-Emergency	$1,959	$3,955	
Emergency	$2,455	$3,955	$4,162
Night	$431	$431	$431
Mileage (per mile)	$52	$52	$52
Oxygen	$168	$168	$168
EKG		$236	$236
Treat & Release	$519	$519	
Late Payment Fee	$25	$25	$25

AND BE IT FURTHER RESOLVED, that Resident/Taxpayers will receive a fifty percent reduction of the balance owed on ambulance transport after third-party payments, if any, and if that reduced balance is paid in full within sixty days.

AND BE IT FURTHER RESOLVED, that Resident/Taxpayers will receive a one-hundred percent reduction of the balance owed on non-transport calls after third-party payments.

AND BE IT FURTHER RESOLVED, that for transport of a Resident/Taxpayer which does not leave the District, the balance owed after third party payments will not exceed fifty percent of the sum of the applicable Treat & Release fee plus mileage charge.

AND BE IT FURTHER RESOLVED, that these charges be reviewed annually and shall be increased by an amount equal to the annual percentage increase in the Consumer Price Index for all Urban Consumers (CPI-U), San Francisco-Oakland-Hayward, as published by the United

States Department of Labor. The adjustment shall be calculated by comparing the CPI-U for May of the preceding year with the CPI-U from the same month of the current year. The adjusted tax shall be rounded to the nearest dollar, as determined by the person performing the duties of the District's chief fiscal officer.

THE FOREGOING RESOLUTION was introduced by Director Schwartz who moved its adoption, seconded by Director Vickers and then adopted on roll call by the following vote:

Directors:	Damasco	Aye	No	Abstain	Absent
	Bower	Aye	No	Abstain	Absent
	Roland	Aye	No	Abstain	Absent
	Schwartz	Aye	No	Abstain	Absent
	Tilles	Aye	No	Abstain	Absent
	Tittle	Aye	No	Abstain	Absent
	Vickers	Aye	No	Abstain	Absent
		Ayes: 4	Noes: 0	Abstain: 0	Absent: 3

WHEREUPON, the President declared the foregoing resolution adopted and SO ORDERED.

Julie Bower, Secretary
Board of Directors, Coast Life Support District

ATTEST:
Cobre Hernandez, Clerk of the Board

See attached Level of Service definitions applicable to said rates.

Defined Levels of Ambulance Services

It is the responsibility of the Biller to review the documentation on the Patient Care Report and determine the appropriate level of service that was provided to the patient. This is a very important step in the billing process. The level of service is determined in the following ways:

- Emergent Response VS Non Emergent Response
- The type of assessment that was provided (i.e. ALS or BLS)
- The type of interventions that were performed (i.e. ALS or BLS)
- The patient's chief complaint
- You must look at the whole picture to determine the level of service

Emergency VS Non-Emergency

An Emergency level of ambulance service depends upon how the ambulance was dispatched and how it responded. An Emergency is determined based on the information available to the dispatcher at the time of the call, using standard dispatch protocols.

Definition of Emergency

The patient's condition is an emergency that renders the patient unable to go to the hospital by other means. Emergency ambulance services are services provided after the sudden onset of a medical condition. Acute signs and/or symptoms of sufficient severity must manifest the emergency medical condition such that the absence of immediate medical attention could reasonably be expected to result in one or more of the following:

- Place the patient's health in serious jeopardy.
- Cause serious impairment to bodily functions.
- Cause serious dysfunction of any bodily organ or part.

The above definition has been extended to include responding immediately.

Emergency response means responding immediately at the BLS or ALSI level of service to a 911 call or the equivalent in areas without a 911 call system. An immediate response is one in which the ambulance supplier begins as quickly as possible to take the steps necessary to respond to the call.

Non-Emergency

Medical Necessity

Ambulance services are covered in the absence of an emergency condition in either of the two general categories of circumstances that follow:

The patient being transported has, **at the time of ground transport,** a condition such that all other methods of ground transportation (e.g., taxi, private automobile, wheelchair van or other vehicle) are contraindicated. In this circumstance, "contraindicated" means that the patient cannot be transported by any other means from the origin to the destination without endangering the individual's health. Having or having had a serious illness, injury or surgery does not necessarily justify Medicare payment for ambulance transportation; thus a thorough assessment and documented description of the patient's current state is essential for coverage. All statements about the patient's medical condition must be validated in the documentation using contemporaneous objective observations and findings.

The patient is bed-confined before, during and after transportation. The definition of "bedconfined" means the patient must meet all of the following three criteria:

- Unable to get up from bed without assistance.
- Unable to ambulate.
- Unable to sit in a chair (including a wheelchair).

As stated in the bullet above, statements about the patient's bed-bound status must be validated in the record with contemporaneous objective observations and findings as to the patient's functional physical and/or mental limitations that have rendered him bed-bound.

Levels of Service

There are 6 levels of service that can be provided to the patient. ALS1 Emergency, ALS2 Emergency, BLSE Emergency, SCT (Specialty Care Transport), ALS Non-Emergency, BLS Non Emergency.

Advanced Life Support (ALS1) Level 1

An **ALS** ambulance has complex, specialized, life-sustaining equipment and, ordinarily, equipment for radiotelephone contact with a physician or hospital. Typically, this type of ambulance would require mobile coronary care units and other ambulance vehicles that are appropriately equipped and staffed by personnel trained and authorized to administer IVs, provide anti-shock trousers, establish and maintain a patient's airway, defibrillate the heart, relieve pneumothorax conditions, and perform other advanced life support procedures or services such as cardiac (EKG) monitoring. The ambulance must be staffed by at least two people, one of whom must be certified by the state of local authority as an EMT-Intermediate or an EMT-Paramedic.

ALS assessment is an assessment performed by an ALS crew as part of an **emergency response** that was necessary because the patient's reported condition at the time of dispatch was such that only an ALS crew was qualified to perform the assessment. An ALS assessment does not necessarily result in a determination that the patient requires an ALS level of service.

ALS Intervention - A procedure that is, in accordance with state and local laws, required to be furnished by ALS personnel. The service must be medically necessary to qualify as an intervention for payment of an ALS level of services.

ALS1 - ALS, Level 1 **A0427:** Where medically necessary, transportation by ground ambulance vehicle, medically necessary supplies and services, and either an ALS assessment by ALS personnel or the provision of at least one ALS intervention. EMT-Intermediate scope includes but is not limited to:

- Administration of IV fluids (except blood or blood products).

  Note: An unsuccessful attempt to perform an ALS intervention (e.g., endotracheal intubation was attempted, but was unsuccessful) may qualify the transport for billing at the appropriate ALS level provided that the intervention would have been reasonable and necessary had it been successful.

- Peripheral venous puncture.
- Blood drawing.
- Monitoring IV solutions during transport that contain potassium.
- Administration of approved medications, IV, Sub Q, sublingual, nebulizer inhalation, IM (limited to deltoid and thigh sites only).

Advanced Life Support (ALS2) Level 2

ALS2 - ALS, Level 2 **A0433:** Where medically necessary, transportation by ground ambulance vehicle, medically necessary supplies and services, and at least three separate administrations of one or more medications by intravenous push/bolus or by continuous infusion, excluding crystalloid hypotonic, isotonic and hypertonic solutions (dextrose, normal saline, or Ringer's lactate); by intravenous push/bolus or by continuous infusion excluding crystalloid hypotonic, isotonic and hypertonic solutions (dextrose, normal saline, or Ringer's lactate); or transportation, medically necessary supplies and services, and the provision of at least one of the following procedures:

- Manual defibrillation/cardio version

- Endotracheal intubation
- Central venous line
- Cardiac pacing
- Chest decompression
- Surgical airway
- Intraosseous line

Note: An unsuccessful attempt to perform an ALS intervention (e.g., endotracheal intubation was attempted, but was unsuccessful) may qualify the transport for billing at the appropriate ALS level provided that the intervention would have been reasonable and necessary had it been successful.

Note: Crystalloid fluids include fluids such as 5 percent Dextrose in water, Saline and Lactated Ringer's. Medications that are administered by other means, for example: intramuscular/subcutaneous injection, oral, sublingually or nebulized, do not qualify to determine whether the ALS2 level rate is payable. However, this is not an all-inclusive list. Likewise, a single dose of medication administered fractionally (i.e., one-third of a single dose quantity) on three separate occasions does not qualify for the ALS2 payment rate. The criterion of multiple administrations of the same drug requires a suitable quantity and amount of time between administrations that is in accordance with standard medical practice guidelines. The fractional administration of a single dose (for this purpose meaning a standard or protocol dose) on three separate occasions does not qualify for ALS2 payment.

Manual External Defibrillator units are used in conjunction with (or more often have inbuilt) electrocardiogram readers, which the healthcare provider uses to diagnose a cardiac condition (most often fibrillation or tachycardia although there are some other rhythms which can be treated by different shocks). The healthcare provider will then decide what charge (in joules) to use, based on proven guidelines and experience, and will deliver the shock through paddles or pads on the patient's chest. As they require detailed medical knowledge, these units are generally only found in hospitals and on some ambulances In the United States, many advanced EMTs and all paramedics are trained to recognize lethal arrhythmias and deliver appropriate electrical therapy with a manual defibrillator when appropriate.

Cardioversion is a medical procedure by which an abnormally fast heart rate or cardiac arrhythmia is converted to a normal rhythm by using electricity or drugs

Endotracheal Intubation is a procedure by which a tube is inserted through the mouth down into the trachea (the large airway from the mouth to the lungs). Before surgery, this is often done under deep sedation. In emergency situations, the patient is often unconscious at the time of this procedure.

Central Venous Line is a long fine catheter with an opening (sometimes multiple openings) at each end used to deliver fluids and drugs. The central line is inserted through the skin into a large vein that feeds into a larger vein sitting above the heart, so that the tip of the catheter sits close to the heart. There are several veins that are suitable for access, and the line may be inserted above or below the collarbone, on the side of your neck, in your groin or at the front of the elbow. The actual skin entry site depends on which vein is used. The line that is inserted at the elbow is called a PICC (Peripherally Inserted Central Catheter), and the lines that enter the shoulder or neck are called Central Venous Lines.

Cardiac Pacing is a temporary means of pacing a patient's heart during a medical emergency. It is accomplished by delivering pulses of electric current through the patient's chest, which stimulates the heart to contract. The most common indication for cardiac pacing is an abnormally slow heart rate.

Chest Decompression involves decompression of the affected chest cavity to release the pressure that has developed. Decompression can be achieved, with minimal risk, by the insertion

of a 14 or 16 gauge needles into the second inter-costal space at the midclavicular line. The needle must be inserted superior to the rib because the intercostal artery, vein and nerve follow along the inferior portion of the rib.

Surgical Airway is also known as Crycothyroidotomy. The simplest technique is needle cricothyroidotomy. This involves placing a 12 gauge cannula into the trachea via the cricothyroid membrane. This will allow adequate ventilation for up to 45 minutes.

Intraosseous Line is the process of injecting directly into the marrow of the bone. The needle is injected through the bone's hard cortex and into the soft marrow interior. Often the anteromedial aspect of the tibia is used as it lies just under the skin and can easily be palpated and located. Anterior aspect of the femur and the superior iliac crest are other sites that can be used.

Basic Life Support Emergency (BLSE)

BLSE A0429 - is transportation by ground ambulance vehicle and the provision of medically necessary supplies and services, including BLS ambulance services as defined by the state. The ambulance must be staffed by an individual who is qualified in accordance with state and local laws as an EMT-Basic. These laws may vary from state to state or within a state. For example, only in some jurisdictions is an EMT-Basic permitted to operate limited equipment onboard the vehicle, assist more qualified personnel in performing assessments and interventions, and establish an IV line.

Emergency - When medically necessary, the provision of BLS services, as specified above, in the context of an emergency response. An emergency response is one that, at the time the ambulance provider or supplier is called, it responds immediately. An immediate response is one in which the ambulance provider/supplier begins as quickly as possible to take the steps necessary to respond to the call.

Specialty Care Transport (SCT}
SCT A0434 is the interfacility transportation of a critically injured or ill beneficiary by a ground ambulance vehicle, including the provision of medically necessary supplies and services, at a level of service beyond the scope of the EMT-Paramedic. SCT is necessary when a beneficiary's condition requires ongoing care that must be furnished by one or more health professionals in an appropriate specialty area, for example, emergency or critical care nursing, emergency medicine, or respiratory.

Advance Life Support Non-Emergency
ALS Non-Emergency (ALS1 H-H) A0426 - Where medically necessary, transportation by ground ambulance vehicle, medically necessary supplies and services and either an ALS assessment by ALS personnel or the provision of at least one ALS intervention. EMT Intermediate scope includes but not limited to:

- Administration of IV fluids (except blood or blood products).
- Peripheral venous puncture.
- Blood drawing.
- Monitoring IV solutions during transport that contain potassium.
- Administration of approved medications, IV, Sub Q, sublingual, nebulizer inhalation, IM (limited to deltoid and thigh sites only).

Basic Life Support Non-Emergency
BLS1 Non-Emergency A0428 - Basic Life Support (BLS): Medically necessary transportation by ground ambulance vehicle and medically necessary supplies and services, plus the provision of BLS ambulance services. The ambulance must be staffed by an individual who is qualified in accordance with state and local laws as an Emergency Medical Technician-Basic (EMT-Basic). These laws may vary from state to state. For example, only in some states is an EMT-Basic

permitted to operate limited equipment on board the vehicle, assist more qualified personnel in performing assessments and interventions, and establish a Peripheral Intravenous (IV) line. BLS1 level of service would be used if the response was not immediate. You may see the patient transported to one of the following.

- Skilled Nursing Facility
- Residence
- Dialysis Center
- Clinic
- Scheduled appointment
- Hospital