

.COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: Ambulance Rates		Policy Number 112
APPROVED: Administration:	 Steven L. Carroll, Paramedic	Date: July 1, 2025
Origination Date:	1984	
Date Revised:	July 1, 2025	Effective Date: July 1, 2025
Last Review:	July 1, 2025	
Review Date:	July 1, 2026	

- I. PURPOSE: To define the allowable ambulance rates for the County of Ventura.
- II. AUTHORITY: Ventura County Ambulance Ordinance.
- III. POLICY: The rates described in this policy shall be the maximum charged by the ambulance companies in Ventura County.
- IV. PROCEDURE: Ambulance rates are approved by the Board of Supervisors and are established based upon the cost to the ambulance operators to provide emergency ambulance service to the citizens of Ventura County. The rates listed are revised annually as needed, and are the maximum to be charged by all licensed ambulance companies to all users of the service. No rates shall be set, established, changed, modified or amended, unless according to the Ventura County Ambulance Ordinance.

Pursuant to Ventura County Ordinance Code Section 2423-3, the following constitutes the schedule of maximum rates that may be charged, effective July 1, 2025

**NON-EMERGENCY BASIC LIFE SUPPORT, EMERGENCY, ADVANCED LIFE SUPPORT AND CRITICAL CARE TRANSPORT RATES**

Charge	2025-26	Definition
Non-Emergency Basic Life Support Inter-Facility Transport Base Rate	\$2,663.00	Transport from site of illness or injury to hospital or from hospital to home or other facility resulting from a non-emergency request.
Emergency Response and Advanced Life Support Base Rate	\$3,065.00	Transport from site of illness or injury to hospital as the result of an emergency request or for provision of ALS level services during any request for service.
Critical Care Transport Nurse Hourly Rate (Two hour minimum)	\$438.50	Rate per hour for providing a specially trained nurse to accompany a critically injured or ill patient during transport by a ground ambulance vehicle, which includes the provision of medically necessary supplies and services, at a level of service beyond the scope of the EMT-Paramedic.
Mileage	\$81.50	Rate per mile from point of pickup to hospital. This charge is pro rated among the patients if more than one (1) patient is transported.
Oxygen Administration	\$204.50	Charge made to patient for administration of oxygen and related adjuncts.
Ventilator Use	\$1,490.00	Rate for use of ambulance provided ventilator and equipment when managed by CCT-RN.

No charge is made for dispatch that is cancelled or that results in no provision of prehospital care.

In accordance with Section 1371.56(d)(1)(A) of the California Health & Safety Code, noncontracting ground ambulance providers shall be reimbursed directly by the health care service plan the difference between the in-network cost-sharing amount and the fixed rates as established by the local governing body. The fixed rates shall apply for each level of ground ambulance service as shown above.