


ISSUE DATE December 24, 2018	EFFECTIVE DATE January 1, 2019	NUMBER 26-18-01
SUBJECT Fee Increases for Certain Ambulance Transportation Services		BY  Sally A. Kozak, Deputy Secretary Office of Medical Assistance Programs

IMPORTANT REMINDER: All providers must revalidate the Medical Assistance (MA) enrollment of each service location every 5 years. Providers should log into PROMISE to check the revalidation dates of each service location and submit revalidation applications at least 60 days prior to the revalidation dates. Enrollment (revalidation) applications may be found at: http://www.dhs.pa.gov/provider/promise/enrollmentinformation/S_001994.

PURPOSE:

The purpose of this bulletin is to notify ambulance providers that the Department of Human Services (Department) will increase fees for certain ambulance transportation services on the Medical Assistance (MA) Program Fee Schedule, effective with dates of service on or after January 1, 2019.

SCOPE:

This bulletin applies to ambulance providers enrolled in the MA Program who render services to MA beneficiaries in the Fee-for-Service (FFS) and managed care delivery systems. Ambulance providers rendering services in the managed care delivery system should address payment related questions to the appropriate managed care organization.

BACKGROUND/ DISCUSSION:

Act 42 of 2018 (P.L. 281, No. 42), authorized increased MA fees for ambulance transportation services in both the FFS and managed care delivery systems. Specifically, Act 42 authorizes the following fees: not less than \$180 for basic life support ambulance transportation services; not less than \$300 for advanced life support ambulance transportation services; and not less than \$3,325.53 for air ambulance transportation services. Act 42 also authorizes a fee of not less than \$2 per loaded mile for each loaded mile beyond 20 loaded miles for ground ambulance transportation and a fee of not less than \$22.45 per loaded mile for each loaded mile beyond 20 loaded miles for air ambulance transportation.

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

The appropriate toll free number for your provider type.

Visit the Office of Medical Assistance Programs Web site at:
<http://www.dhs.pa.gov/provider/healthcaremedicalassistance/index.htm>.

PROCEDURE:

Effective with dates of service on and after January 1, 2019, the Department is increasing fees for the procedure codes as follows:

Procedure Code	Procedure Code Definition	Pricing Modifier	Current MA Fee	MA Fee Effective January 1, 2019
A0426	Ambulance service, advanced life support, nonemergency transport, level 1 (ALS 1)		\$200	\$300
A0427	Ambulance service, advanced life support, emergency transport, level 1 (ALS 1 - emergency)		\$200	\$300
A0428	Ambulance service, basic life support, nonemergency transport, (BLS)		\$120	\$180
A0429	Ambulance service, basic life support, emergency transport, (BLS, emergency)		\$120	\$180
A0430	Ambulance service, conventional air services, transport, one way (fixed wing)	U8	\$200	\$3,325.53
A0431	Ambulance service, conventional air services, transport, one way (rotary wing)		\$200	\$3,325.53
A0433	Advanced life support, level 2 (ALS 2)		\$200	\$300
A0434	Specialty care transport (SCT)		\$200	\$300
A0435	Fixed wing air mileage, per statute mile		\$2 per mile beyond the first 20 loaded miles of a trip.	\$22.45 per mile for each loaded mile beyond 20 loaded miles of a trip.
A0436	Rotary wing air mileage, per statute mile		\$2 per mile beyond the first 20 loaded miles of a trip.	\$22.45 per mile for each loaded mile beyond 20 loaded miles of a trip.

Act 42 provides for ground mileage fees of not less than \$2 per mile for each loaded mile beyond 20 loaded miles of a trip, which is the current fee on the MA Program Fee Schedule. Accordingly, the Department is not changing the fee for the ground mileage procedure code A0425.

The Department is issuing an updated Ambulance Services MA Program Fee Schedule to reflect the fee increases in this bulletin.

ATTACHMENT:

Ambulance Services Medical Assistance Program Fee Schedule

Ambulance Services
Medical Assistance Program Fee Schedule

Attachment
January 1, 2019

Procedure Code	Description	Provider Type	Provider Specialty	Place of Service	Informational Modifier	Pricing Modifier	Limits	MA Fee
A0425	Ground mileage, per statute mile	26	260, 261	12, 21, 23, 24,		U8	Unlimited	\$2.00 per mile for each loaded mile beyond 20 loaded miles of a trip
		"	"	32, 49, 50, 54,				
		"	"	55, 65, 72, 99				
A0426	Ambulance service, advanced life support, nonemergency transport, level 1 (ALS 1)	26	261	12	HR		2 trips per day per beneficiary*	\$300.00
		"	"	21, 23	RH, HH, JH, NH			
		"	"	32	RE, HE, RN, HN			
		"	"	54	HE, RE			
A0427	Ambulance service, advanced life support, emergency transport, level 1 (ALS 1 - emergency)	26	261	21, 23	SH, IH, HH, JH, RH, NH, PH, EH		2 trips per day per beneficiary*	\$300.00
		"	"	50	SD, RD			
		"	"	72	SD, RD			
		"	"	99	SI, HI			
A0428	Ambulance service, basic life support, nonemergency transport, (BLS)	26	260, 261	12	HR, GR, JR		2 trips per day per beneficiary*	\$180.00
		"	"	21, 23	JH, PH, RH, HH			
		"	"	32	RE, HE, RN, HN			
		"	"	54	RE, HE			
		"	"	55	HE			
		"	"	65	RG, RJ			
A0429	Ambulance service, basic life support, emergency transport (BLS, emergency)	26	260, 261	21, 23	SH, IH, HH, JH, RH, NH, PH, EH		2 trips per day per beneficiary*	\$180.00
		"	"	49	SD, RD			
		"	"	50	SD, RD			
		"	"	72	SD, RD			
		"	"	99	SI, HI			
A0430	Ambulance service, conventional air services, transport, one way (fixed wing)	26	262	99	II	U8	2 trips per day per beneficiary*	\$3,325.53
A0431	Ambulance service, conventional air services, transport, one way (rotary wing)	26	262	21, 23	HH, IH, SH		2 trips per day per beneficiary*	\$3,325.53
		"	"	99	II, SI, HI			
A0432	Paramedic intercept (PI), rural area, transport furnished by a volunteer ambulance company which is prohibited by state law from billing third-party payers	26	261	21, 23	SH, IH, RH, NH, PH, EH		2 trips per day per beneficiary*	\$80.00
		"	"	49	SD, RD			
		"	"	50	SD, RD			
		"	"	72	SD, RD			
		"	"	99	SI, HI			
A0433	Advanced life support, level 2 (ALS 2)	26	261	21, 23	SH, IH, HH, JH, RH, NH, PH, EH		2 trips per day per beneficiary*	\$300.00
		"	"	49	SD, RD			
		"	"	50	SD, RD			
		"	"	72	SD, RD			
		"	"	99	SI, HI			
A0434	Specialty care transport (SCT)	26	261	21, 23	HH, IH		2 trips per day per beneficiary*	\$300.00
		"	"	99	HI			

* A trip is from point of beneficiary pick up to point of beneficiary destination

Ambulance Services
Medical Assistance Program Fee Schedule

Attachment
January 1, 2019

Procedure Code	Description	Provider Type	Provider Specialty	Place of Service	Informational Modifier	Pricing Modifier	Limits	MA Fee
A0435	Fixed wing air mileage, per statute mile	26	262	99			Unlimited	\$22.45 per mile for each loaded mile beyond 20 loaded miles of a trip
A0436	Rotary wing air mileage, per statute mile	26	262	21, 23, 99			Unlimited	\$22.45 per mile for each loaded mile beyond 20 loaded miles of a trip

* A trip is from point of beneficiary pick up to point of beneficiary destination