




<b>ISSUE DATE</b>  November 10, 2022	<b>EFFECTIVE DATE</b>  January 1, 2023	<b>NUMBER</b>  26-22-07
<b>SUBJECT</b>  2023 Ambulance Fee Increases		<b>BY</b>   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: <https://www.dhs.pa.gov/providers/Providers/Pages/PROMiSe-Enrollment.aspx>.

**PURPOSE:**

The purpose of this bulletin is to advise 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, 2023.

**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 to MA beneficiaries in the managed care delivery system should contact the appropriate managed care organization with any billing and payment questions.

**BACKGROUND/ DISCUSSION:**

Act 54 of 2022 (P. L. 540, No. 54) (Act 54) authorizes increased MA fees for ambulance transportation services in both the FFS and managed care delivery systems. Specifically, Act 54 authorizes the following fees: not less than \$325 for basic life support ambulance transportation services; not less than \$400 for advanced life support ambulance transportation services; and, a fee of not less than \$4 per loaded mile for each loaded mile beyond 20 loaded miles for ground ambulance transportation.  
<https://www.legis.state.pa.us/cfdocs/legis/li/uconsCheck.cfm?yr=2022&sessInd=0&act=54>).

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

Fee-for-service provider service center: 1-800-537-8862

Visit the Office of Medical Assistance Programs website at:

<https://www.dhs.pa.gov/providers/Providers/Pages/Health%20Care%20for%20Providers/Contact-Information-for-Providers.aspx>.

**PROCEDURE:**

Effective with dates of service on and after January 1, 2023, the Department is increasing the fees on the MA Program Fee Schedule for the procedure codes as follows:

<b>Procedure Code</b>	<b>Procedure Code Definition</b>	<b>Pricing Modifier</b>	<b>Current MA Fee</b>	<b>MA Fee Effective January 1, 2023</b>
A0425	Ground mileage, per statute mile	U8	\$2.00 per mile for each loaded mile beyond 20 loaded miles of a trip	\$4.00 per mile for each loaded mile beyond 20 loaded miles of a trip
A0426	Ambulance service, advanced life support, nonemergency transport, level 1 (ALS 1)		\$300	\$400
A0427	Ambulance service, advanced life support, emergency transport, level 1 (ALS 1 - emergency)		\$300	\$400
A0428	Ambulance service, basic life support, nonemergency transport, (BLS)		\$180	\$325
A0429	Ambulance service, basic life support, emergency transport, (BLS, emergency)		\$180	\$325

Providers should refer to this bulletin, as well as the PROMISe™ Provider Handbook and Billing Guides that can be found on the Department's website at:

[https://www.dhs.pa.gov/providers/PROMISe\\_Guides/Pages/PROMISe-Handbooks.aspx](https://www.dhs.pa.gov/providers/PROMISe_Guides/Pages/PROMISe-Handbooks.aspx).

The MA Program Outpatient Fee Schedule has been updated to reflect this fee increase. Providers may view the MA Program Outpatient Fee Schedule on the Department's website at the following link: <https://www.humanservices.state.pa.us/outpatientfeeschedule>.

**ATTACHMENT:**

Ambulance Services Medical Assistance Program Fee Schedule

Ambulance Services  
Medical Assistance Program Fee Schedule

Attachment  
January 1, 2023

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	\$4.00 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*	\$400.00
		"	"	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*	\$400.00
		"	"	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*	\$325.00
		"	"	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*	\$325.00
		"	"	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			

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

Ambulance Services  
Medical Assistance Program Fee Schedule

Attachment  
January 1, 2023

Procedure Code	Description	Provider Type	Provider Specialty	Place of Service	Informational Modifier	Pricing Modifier	Limits	MA Fee
A0434	Specialty care transport (SCT)	26	261	21, 23	HH, IH		2 trips per day per beneficiary*	\$300.00
		"	"	99	HI			
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