

PUBLIC NOTICE
Department of Health Services
Adjustment to Medicaid Fee-for-Service Ambulance Rates: Effective January 1, 2021

The Wisconsin Department of Health Services (DHS) Division of Medicaid Services (DMS) will be implementing a rate adjustment to fee-for-service ambulance Medical Assistance (MA) maximum fee rates, effective January 1, 2021. Fee-for-service ambulance MA maximum fee rates were last adjusted in Calendar Year 2004.

The impacted ambulance fee-for-service procedure codes are listed below:

January 1, 2021 Ambulance Rates Adjustment (Does NOT include Calendar Year 2021 inflation)				
HCPCS	HCPCS Description	Current MA Max Fee Rate (CY2004)	Current Medicare Base Rate (CY2020)	New MA Max Fee w/ CY2020 Rates
A0225	NEONATAL EMERG TRANSPORT	\$ 308.42	No Rate	\$ 387.76
A0380	BASIC LIFE SUPPORT MILEAGE	\$ 5.56	No Rate	\$ 6.99
A0382	BASIC SUPPORT ROUTINE SUPPLS	\$ 14.73	No Rate	\$ 18.52
A0384	BLS DEFIBRILLATION SUPPLIES	\$ 14.73	No Rate	\$ 18.52
A0390	ADV LIFE SUPPORT MILEAGE	\$ 5.56	No Rate	\$ 6.99
A0392	ALS DEFIBRILLATION SUPPLIES	\$ 30.30	No Rate	\$ 38.09
A0394	ALS IV DRUG THERAPY SUPPLIES	\$ 25.25	No Rate	\$ 31.75
A0396	ALS ESOPHAGEAL INTUB SUPPLS	\$ 25.25	No Rate	\$ 31.75
A0398	ALS ROUTINE DISPOSABLE SUPPLS	\$ 14.73	No Rate	\$ 18.52
A0420	AMBULANCE WAITING 1/2 HR	\$ 23.03	No Rate	\$ 28.95
A0422	AMBULANCE 02 LIFE SUSTAINING	\$ 14.73	No Rate	\$ 18.52
A0424	EXTRA AMBULANCE ATTENDANT	\$ 23.03	No Rate	\$ 28.95
A0425	GROUND MILEAGE	\$ 1.75	\$ 7.47	\$ 5.98
A0426	ALS 1	\$ 113.88	\$ 231.98	\$ 185.58
A0427	ALS1-EMERG	\$ 180.31	\$ 231.98	\$ 185.58
A0428	BLS	\$ 94.90	\$ 231.98	\$ 185.58
A0429	BLS-EMERG	\$ 151.84	\$ 231.98	\$ 185.58
A0430	FIXED WING AIR TRANSPORT	\$ 2,254.66	\$ 3,147.91	\$ 2,518.33
A0431	ROTARY WING AIR TRANSPORT	\$ 2,621.38	\$ 3,659.92	\$ 2,927.94
A0433	ALS 2	\$ 260.97	\$ 231.98	\$ 185.58
A0434	SPECIALTY CARE TRANSPORT	\$ 308.42	\$ 231.98	\$ 185.58
A0435	FIXED WING AIR MILEAGE	\$ 6.64	\$ 8.93	\$ 7.14
A0436	ROTARY WING AIR MILEAGE	\$ 17.69	\$ 23.83	\$ 19.06
A0999	UNLISTED AMBULANCE SERVICE	\$ 20.20	No Rate	\$ 25.40

The calculated Calendar Year 2020 rates outlined above do not include the Calendar Year 2021 Medicare and Medicare economic index (MEI) rates of inflation. Calendar Year 2021 Medicare and MEI rates will become available in December 2020. The rates for Calendar Year 2020 will be adjusted to Calendar Year 2021 rates as soon as Medicare and MEI rates are made available. All rates with the exception of procedure codes A0433 and A0434 will increase from the current MA maximum fee schedule.

Fiscal Impact

It is estimated that in Federal Fiscal Year 2021 these changes to the fee-for-service ambulance MA maximum fee rates will result in increased annual net expenditures estimated at \$3,317,160 all funds (AF), composed of \$1,279,208 state funds/general purpose revenue (GPR) and \$2,037,953 federal match (FED). In Federal Fiscal Year 2022, the anticipated expenditures are estimated at \$15,316,529 AF, \$6,144,991 GPR and \$9,171,537 FED.

Copies of Changes

Copies of the state plan change may be obtained free of charge by calling or writing as follows:

Mail:

Laura Brauer
Bureau of Benefits Policy
Division of Medicaid Services
P.O. Box 309
Madison, WI 53701-0309

Phone:

(608) 266-5368

Fax:

(608) 266-1096

Attention: Laura Brauer

E-Mail:

DHSDMSSPAPublicFeedback@dhs.wisconsin.gov

Copies of the state plan change will be made available for review at the main office of any county department of social services or human services.

Written Comments

Written comments are welcome. Written comments on the proposed changes may be sent by FAX, e-mail, or regular mail to the Division of Medicaid Services as described above. All written comments will be reviewed and considered.

Because the State Office Building at 1 West Wilson Street, Madison, Wisconsin is currently closed to the public, written comments will not be available for in person public review. Requests to review written comments received may be submitted to the Division of Medicaid Services as described above. Revisions may be made in the proposed changed methodology based on comments received.