

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health Care Finance



Office of the Senior Deputy Director/Medicaid Director

Transmittal # 24-13

TO: All Medicaid Providers Billing Services under the Fee Schedule

FROM: Melisa Byrd *MB*
Senior Deputy Director and State Medicaid Director

DATE: April 1, 2024

SUBJECT: Reimbursement Rate Updates for Non-Emergency Ambulance Services

Purpose:

The purpose of this transmittal is to notify all Medicaid providers billing non-emergency ambulance services of changes to rates under the District's Medicaid Fee Schedule. The District of Columbia Medicaid Fee Schedule is maintained in accordance with requirements set forth in Section 88 (Medicaid Fee Schedule) of Title 29 (Public Welfare) Chapter 9 (Medicaid Program) of the District of Columbia Municipal Regulations. Non-emergency ambulance services are reimbursed in accordance with Attachment 4.19B, Part I, pages 13-14, of the District of Columbia Medicaid State Plan. The changes to rates will become effective on April 1, 2024.

The table below provides a listing of both the billing codes and new rates for non-emergency ambulance services. The Medicaid Fee Schedule for those services is located on the DHCF website at <https://www.dc-medicaid.com/dcwebportal/nonsecure/feeScheduleInquiry>

Service Description	Procedure Code	Rate Effective April 1, 2024
ALS 1 Non-Emergency	A0426	\$302.62
BLS Non-Emergency	A0428	\$254.66
Specialty Care Transportation (SCT)	A0434	\$819.62

Contact:

If you have any questions, please contact Dr. Amy Xing, DM. Reimbursement Analyst, Office of Rates Reimbursement and Financial Analysis, Department of Health Care Finance, via email amy.xing2@dc.gov or via telephone at (202) 481-3375.

cc: Medical Society of the District of Columbia
DC Hospital Association
DC Primary Care Association
DC Health Care Association
DC Home Care Association
DC Behavioral Health Association
DC Coalition of Disability Service Providers
DC Coalition of Disability Service Providers