GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health Care Finance

Office of the Senior Deputy Director and Medicaid Director **Transmittal 26-09**

TO: All Medicaid Providers Billing Services under the Fee Schedule

FROM: Melisa Byrd M.B.
Senior Deputy Director and Medicaid Director

DATE: **March 31, 2026**

SUBJECT: **Reimbursement Rate Updates for Non-Emergency Ambulance Services**

Purpose
The purpose of this transmittal is to inform all Medicaid providers billing for nonemergency ambulance services of upcoming changes to reimbursement rates under the District's Medicaid Fee Schedule. The District of Columbia Medicaid Fee Schedule is maintained in accordance with section 88 (Medicaid Fee Schedule) of Chapter 9 (Medicaid Program) of Title 29 (Public Welfare) of the District of Columbia Municipal Regulations. Nonemergency ambulance services are reimbursed in accordance with Attachment 4.19-B, Part I, pages 13–14 of the District of Columbia Medicaid State Plan.

Details
The updated rates will take effect on April 1, 2026.

The table below lists the billing codes and new rates for non-emergency ambulance services. The Medicaid Fee Schedule for these services is available on the DHCF website at:

https://medicaid.dc.gov/SPContent/DocumentLibrary/Provider%20Fee%20Schedules

Service Description	Procedure Code	Rate Effective April 1, 2026
ALS 1 Non-Emergency	A0426	$313.36
BLS Non-Emergency	A0428	$261.14
Specialty Care Transportation (SCT)	A0434	$848.68

Contact:
If you have any questions, please contact Samuel Woldeghiorgis, Associate Director for Reimbursement, Office of Rates Reimbursement and Financial Analysis, Department of Health Care Finance (DHCF), at Samuel.Woldeghiorgis@dc.gov or (202) 442-9240.

Cc: DC Behavioral Health Association
DC Coalition of Disability Service Providers

DC Dental Society
DC Health Care Association
DC Home Health Association
DC Hospital Association
DC Primary Care Association
Medical Society of the District of Columbia