

September 30, 2025

THIS LETTER SENT VIA EMAIL

Ms. Courtney Miller, Director
Division of Program Operations
Medicaid and CHIP Operations Group
Centers for Medicare & Medicaid Services
601 East 12th Street, Room 355
Kansas City, MO 64106

STATE PLAN AMENDMENT 25-0003-B: UNIFORM DOLLAR INCREASE (UDI)
REIMBURSEMENT ADD-ON FOR PRIVATE GROUND EMERGENCY MEDICAL
TRANSPORT (GEMT) SERVICES

Dear Ms. Miller:

The Department of Health Care Services (DHCS) is submitting State Plan Amendment (SPA) 25-0003-B for your review and approval. This SPA proposes to provide UDI reimbursement add-ons to enhance Medi-Cal payments for qualifying private ground emergency medical transport services originating from a 911 call center or equivalent public safety answering point, for dates of service from July 1, 2025, through December 31, 2025.

The following service codes are eligible for the UDI reimbursement add-ons when billed for an eligible emergency service:

- A0427 - Advanced Life Support, Level 1
- A0429 - Basic Life Support

A Notice of Public Interest regarding SPA 25-0003-B for the GEMT UDI reimbursement add-ons was published on June 26, 2025, on the DHCS website. CMS delegated authority to DHCS to determine when Tribal notice is required. In this instance, DHCS has determined that a Tribal notice is not necessary for this proposal. At the time of SPA submission, no comments have been received.

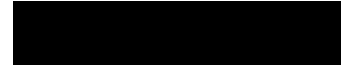
The following SPA documents are enclosed for your review and approval:

- CMS 179 – Transmittal and Notice of Approval of State Plan Material
- Supplement 29 to Attachment 4.19-B, pages 5-6 (new)
- Medicaid Funding Questions
- Budget Impact Explanation

- Public Notice and Addenda

If you have any questions or need additional information, please contact Mr. Aditya Voleti, Chief, Fee-for-Service Rates Development Division, at (916) 345-8717 and Aditya.Voleti@dhcs.ca.gov.

Sincerely



Tyler Sadwith
State Medicaid Director
Chief Deputy Director, Health Care Programs
California Department of Health Care Services

Enclosures

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**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2. STATE

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL
SECURITY ACT

XIX

XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

5. FEDERAL STATUTE/REGULATION CITATION

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY _____ \$ _____

b. FFY _____ \$ _____

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)

9. SUBJECT OF AMENDMENT

10. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

Please note: The Governor's Office does not wish to review
the State Plan Amendment.

11. SIGNATURE OF STATE AGENCY OFFICIAL

15. RETURN TO

12. TYPED NAME

13. TITLE

14. DATE SUBMITTED

FOR CMS USE ONLY

16. DATE RECEIVED

17. DATE APPROVED

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

21. TITLE OF APPROVING OFFICIAL

22. REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE: CALIFORNIA

**SIX MONTH SUPPLEMENTAL PAYMENT ADD-ON FOR
PRIVATE GROUND EMERGENCY MEDICAL TRANSPORT (GEMT) SERVICES**

Introduction

The supplemental reimbursement program provides increased reimbursement to eligible private providers of ground emergency medical transport (GEMT) services by application of a Uniform Dollar Increase (UDI) reimbursement add-on to the Medi-Cal fee-for-service (FFS) fee schedule rates. The add-on will apply to the Healthcare Common Procedure Coding System (HCPCS) Codes described below, effective for services provided during the rate period of July 1, 2025 through December 31, 2025. The base fee schedule rates for GEMT services will remain unchanged through this amendment.

Definitions

“Emergency medical transport” or “GEMT” means the act of transporting an individual from any point of origin to the nearest medical facility capable of meeting the emergency medical needs of the patient by an ambulance licensed, operated, and equipped in accordance with applicable state or local statutes, ordinances, or regulations, excluding transportation by an air ambulance provider, that are billed with HCPCS Codes A0429 BLS Emergency, A0427 ALS Emergency, and A0433 ALS2, A0434 Specialty Care Transport, and A0225 Neonatal Emergency Transport. An “emergency medical transport” does not occur when, following evaluation of a patient, a transport is not provided.

“Eligible provider” means a provider who is eligible for reimbursement of Medi-Cal emergency medical transports, and who continually meets all of the following requirements during the entirety of the rate period: (a) provides emergency Medi-Cal transports to beneficiaries, (b) is enrolled as a Medi-Cal provider for the period being claimed, and (c) is defined as a private provider, as described below.

“Private provider” means a provider that is not owned or operated by the state, a city, county, city and county, fire protection district organized pursuant to Part 2.7 (commencing with Section 13800) of Division 12 of the Health and Safety Code, special district organized pursuant to Chapter 1 (commencing with Section 58000) of Division 1 of Title 6 of the Government Code, community services district organized pursuant to Part 1 (commencing with Section 61000) of Division 3 of Title 6 of the Government Code, health care district organized pursuant to Chapter 1 (commencing with Section 32000) of Division 23 of the Health and Safety Code, or a federally recognized Indian tribe.

TN No. 25-0003-B

Supersedes

TN No. NONE

Approval Date: _____

Effective Date: July 1, 2025

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE: CALIFORNIA

Methodology

For services originating from a 911 call center or equivalent public safety answering point, effective for dates of service July 1, 2025, through December 31, 2025, the supplemental payment UDI add-on is fixed. The resulting payment amounts are equal to the sum of the FFS fee schedule base rate, the QAF and the supplemental payment add-on for each eligible ground emergency medical transport as listed by the HCPCS Code in the table below. The add-on is paid for each eligible HCPCS Code on a per-claim basis as a supplemental payment to the base rate.

HCPCS Code	Description	Current Fee Schedule Rate*	QAF Add-On Amount	Supplemental Payment Add-On Amount	Resulting Payment Amount
A0429	Basic Life Support, Emergency	\$118.20	\$220.80	\$141.83	\$480.83
A0427	Advanced Life Support, Level 1, Emergency	\$118.20	\$220.80	\$141.83	\$480.83
A0433	Advanced Life Support, Level 2	\$118.20	\$220.80	N/A	\$339.00
A0434	Specialty Care Transport	\$118.20	\$220.80	N/A	\$339.00
A0225	Neonatal Emergency Transport	\$179.92	\$220.80	N/A	\$400.72

* These are the base rates associated with these codes but are subject to further adjustments pursuant to the State Plan.