

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

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**ONE-YEAR REIMBURSEMENT RATE ADD-ON FOR  
GROUND EMERGENCY MEDICAL TRANSPORT (GEMT) SERVICES UNDER  
THE GEMT QUALITY ASSURANCE FEE PROGRAM**

**Introduction**

This Ground Emergency Medical Transportation Quality Assurance Fee (GEMT QAF) program provides increased reimbursement to eligible GEMT providers by application of an add-on to the Medi-Cal fee-for-service (FFS) fee schedule base rates for emergency medical transportation services. The reimbursement rate add-on will apply to the emergency medical transport Healthcare Common Procedure Coding System (HCPCS) Codes, as described below, effective for transports provided July 1, 2024, through June 30, 2025. The base rates for emergency medical transportation services will remain unchanged through this amendment.

“Emergency medical transport” 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.

Public providers of “emergency medical transport” or GEMT services will not be eligible to receive the add-on described here pursuant to the GEMT QAF program during periods when the Public Provider Ground Emergency Medical Transportation Intergovernmental Transfer (PP-GEMT IGT) program is implemented, as described on page 3 of this Supplement.

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### Methodology

For SFY 2024-25, the reimbursement rate add-on is fixed. The resulting payment amounts are equal to the sum of the FFS fee schedule base rate for the SFY 2024-25 and the add-on amount for the HCPCS Code. The resulting total payment amount for HCPCS Codes A0429, A0427, A0433, and A0434 is \$339.00, and for HCPCS Code A0225 is \$400.72. The add-on is paid for each eligible HCPCS Code on a per-claim basis.

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

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

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**ONE-YEAR PUBLIC PROVIDER GROUND EMERGENCY MEDICAL TRANSPORT  
INTERGOVERNMENTAL TRANSFER PROGRAM****Introduction**

The Public Provider Ground Emergency Medical Transport Intergovernmental Transfer (PP-GEMT IGT) program provides increased reimbursement to eligible public providers of ground emergency medical transport (GEMT) services by application of an add-on to the Medi-Cal fee-for-service (FFS) fee schedule rates for eligible GEMT services. 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 January 1, 2024 through December 31, 2024. 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 Basic Life Support Emergency; A0427 Advanced Life Support, Level 1, Emergency; A0433 Advanced Life Support, Level 2; 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 public provider, as described below.

“Public provider” means a provider that is 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.

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Effective January 1, 2023, public providers of GEMT services are not eligible to participate in the GEMT QAF program and will not receive the reimbursement rate add-on described on pages 1-2 of this Supplement.

**Methodology**

For services provided during the rate period of January 1, 2024 through December 31, 2024, the reimbursement rate add-on is a fixed amount. The resulting payment amounts are equal to the sum of the FFS fee schedule base rate and the add-on amount for each eligible ground emergency medical transport as listed by HCPCS Code in the table below. The reimbursement rate add-on will be paid for each eligible ground emergency medical transport on a per-claim basis.

<b>HCPCS Code</b>	<b>Description</b>	<b>Current Fee Schedule Rate*</b>	<b>Add On Amount</b>	<b>Resulting Payment Amount</b>
A0429	Basic Life Support, Emergency	\$118.20	1,049.98	\$1,168.18
A0427	Advanced Life Support, Level 1, Emergency	\$118.20	\$1,049.98	\$1,168.18
A0433	Advanced Life Support, Level 2	\$118.20	\$1,049.98	\$1,168.18
A0434	Specialty Care Transport	\$118.20	\$1,049.98	\$1,168.18
A0225	Neonatal Emergency Transport	\$179.92	\$1,049.98	\$1,229.90

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

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