



# NOTICE OF GENERAL PUBLIC INTEREST

RELEASE DATE: JUNE 26, 2025

## PROPOSED STATE PLAN AMENDMENT TO CONTINUE AND INCREASE SUPPLEMENTAL PAYMENTS FOR GROUND EMERGENCY MEDICAL TRANSPORTATION (GEMT)

This notice is to provide information of public interest about a proposed State Plan Amendment (SPA) by the Department of Health Care Services (DHCS). SPA 25-0003 proposes to:

- Renew the GEMT Quality Assurance Fee (QAF) Program and the reimbursement add-on for Medi-Cal ground emergency medical transports for dates of service from July 1, 2025, through December 31, 2025.
- Provide Supplemental Payment Uniform Dollar Increase (UDI) reimbursement add-on to enhance Medi-Cal payments for qualifying private GEMT services for dates of service from July 1, 2025, through December 31, 2025.

The add-ons will apply to the Healthcare Common Procedure Coding System (HCPCS) Codes listed below, effective July 1, 2025, through December 31, 2025:

Service Code	Description
A0429	Basic Life Support
A0427	Advanced Life Support, Level 1
A0433	Advanced Life Support, Level 2
A0434	Specialty Care Transport
A0225	Neonatal Emergency Transport

The base Medi-Cal fee schedule rates for GEMT services will remain unchanged. Public providers are not eligible to participate in the GEMT QAF program for periods when the PP-GEMT IGT program is in effect.

Senate Bill (SB) 523 (Chapter 773, Statutes of 2017) established a QAF program for GEMT services, effective July 1, 2018. Under the GEMT QAF program, DHCS collects a QAF on all GEMT services by a private provider subject to the QAF, regardless of payer



type, as identified by the service codes listed below. The QAF is used to increase reimbursement to eligible emergency medical transport providers by application of an add-on to the Medi-Cal fee-for-service fee schedule rate for the service codes listed below.

Effective July 1, 2025, through December 31, 2025, eligible private providers may receive the following add-on increase for the following procedure codes:

<b>Procedure Code</b>	<b>Description</b>	<b>Current Fee Schedule Rate</b>	<b>QAF Add-On Amount</b>	<b>Supplemental Payment Add-On Amount</b>	<b>Resulting Payment Amount</b>
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

The base Medi-Cal fee schedule rates for GEMT services will remain unchanged. Public providers are not eligible to participate in the GEMT QAF program for periods when the PP-GEMT IGT program is in effect. The supplemental payment UDI add-on is limited to private providers GEMT services and is in addition to the GEMT QAF add-on. DHCS requests input from beneficiaries, providers, and other interested stakeholders concerning proposed SPA 25-0003, which is attached.

DHCS estimates that the aggregate Medi-Cal expenditures for private GEMT services will increase by \$13 million in total funds for six months (July 2025 to December 2025).

The effective date of the proposed SPA is July 1, 2025. All proposed SPAs are subject to approval by the Centers for Medicare and Medicaid Services (CMS).

### **Public Review and Comments**

The proposed changes included in draft SPA 25-0003 are enclosed in this notice for public comment. DHCS is requesting stakeholder input on the impact, if any, on access to services as a result of the proposed action.

Upon submission to CMS, a copy of proposed SPA 25-0003 will be published at the following internet address:

<https://www.dhcs.ca.gov/formsandpubs/laws/Pages/Pending-2025.aspx>.

If you would like to view the SPA in person once it becomes available, please visit your local county welfare department. You may also request a copy of proposed SPA 25-0003 or a copy of submitted public comments related to SPA 25-0003 by requesting it in writing to the mailing or email address listed below. Please indicate SPA 25-0003 in the subject line or message.

Written comments may be sent to the following address:

Department of Health Care Services  
Fee-For-Service Rates Development Division  
Attn: Aditya Voleti  
P.O. Box 997413, MS 46000  
Sacramento, California 95899-7417

Comments may also be emailed to [PublicInput@dhcs.ca.gov](mailto:PublicInput@dhcs.ca.gov). Please indicate SPA 25-0003 in the subject line or message.

To be assured consideration prior to submission of the SPA to CMS, comments must be received no later than July 28, 2025. Please note that comments will continue to be accepted after July 28, 2025, but DHCS may not be able to consider those comments prior to the initial submission of SPA 25-0003 to CMS.

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

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**SIX MONTH 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, 2025, through December 31, 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.

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

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### Methodology

For July 1, 2025, through December 31, 2025, 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 2025-26 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*	QAF 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.

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

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**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

TN: 25-0003

Supersedes

TN: NONE

Approval Date: \_\_\_\_\_

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

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pursuant to Chapter 1 (commencing with Section 32000) of Division 23 of the Health and Safety Code, or a federally recognized Indian tribe.

### 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	\$131.57	\$470.57
A0427	Advanced Life Support, Level 1, Emergency	\$118.20	\$220.80	\$131.57	\$470.57
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.