



NOTICE OF GENERAL PUBLIC INTEREST

RELEASE DATE: MARCH 27, 2026

ADDENDUM TO PUBLIC NOTICE FOR PROPOSED STATE PLAN AMENDMENT (SPA) 26-0006 TO CONTINUE SUPPLEMENTAL PAYMENTS FOR GROUND EMERGENCY MEDICAL TRANSPORTATION (GEMT)

This is an addendum to the Public Notice for proposed State Plan Amendment (SPA) 26-0006, originally published December 30, 2025.

May it be known that the following changes have been made to the original Public Notice and updated on the SPA pages attached:

- The effective date period for SPA 26-0006 has been extended. The original duration of January 1, 2026, through June 30, 2026, is revised to a full one-year period. The new effective dates are January 1, 2026, through December 31, 2026.
- The Supplemental Payment Add-On Amount in the table on page 8 of Supplement 29 to Attachment 4.19-B is updated from "\$70.91" to "\$165.08" for procedure codes "A0429" and "A0427". The resulting payment amount is updated from "\$409.91" to "\$504.08" for these codes.

The effective date of the proposed SPA 26-0006 remains January 1, 2026. All proposed SPAs are subject to approval by the Centers for Medicare and Medicaid Services (CMS).



STATE PLAN UNDER TITLE XIX OF SOCIAL SECURITY ACT
STATE: California

**ONE YEAR 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 January 1, 2026, through December 31, 2026. 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, (as it read on January 1, 2026), special district organized pursuant to Chapter 1 (commencing with Section 58000) of Division 1 of Title 6 of the Government Code, (as it read on January 1,

TN No. 26-0006

Supersedes

TN No. NONE

Approval Date: _____

Effective Date: January 1, 2026

2026), community services district organized pursuant to Part 1 (commencing with Section 61000) of Division 3 of Title 6 of the Government Code, (as it read on January 1, 2026), health care district organized pursuant to Chapter 1 (commencing with Section 32000) of Division 23 of the Health and Safety Code, (as it read on January 1, 2026), 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 January 1, 2026, through December 31, 2026, 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	\$165.08	\$504.08
A0427	Advanced Life Support, Level 1, Emergency	\$118.20	\$220.80	\$165.08	\$504.08
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.