



**Connecticut Medical Assistance Program**  
**Policy Transmittal 2015-41**

Provider Bulletin 2015-84  
 November 2015

Roderick L. Bremby, Commissioner

Effective Date: 08/01/2015  
 Contact: Roderick Winstead @ (860) 424-5922

TO: Ambulance Providers

RE: Changes to the Ambulance Fee Schedule (Emergency and Non-Emergency)

The purpose of this policy transmittal is to notify ambulance providers that, effective for dates of service August 1, 2015 and forward, the Department of Social Services (the Department) has revised the Ambulance Fee Schedule for both emergency and non-emergency services as described below. In addition, effective for dates of service August 1, 2015 and forward, the Department will cap the Medicaid payment of Medicare cost sharing so that the Department will now pay the lower of 1) the coinsurance and / or deductible amount submitted or 2) the Medicaid allowed amount minus any Medicare payment.

**Payment Methodology Changes**

These changes are being made in order to implement state law in section 17b-273 of the Connecticut General Statutes, as amended by the human services budget implementer legislation in section 389 of Public Act 15-5 of the June 2015 special session. Specifically, those changes in state law requires DSS to: 1) reimburse for ambulance services using a relative value unit (RVU) methodology similar to Medicare and 2) cap the Medicaid payment of Medicare cost sharing so that the Department will now pay the lower of a) the coinsurance and / or deductible amount submitted or b) the Medicaid allowed amount minus any Medicare payment. In addition to implementing state law, these changes are also necessary to align the reimbursement methodology for ambulance services more closely with Medicare and other payers.

**Fee Schedule**

Based on the Department's new RVU methodology, the fees for the procedure codes listed below are revised as follows, effective for services rendered on or after August 1, 2015:

Procedure Codes	Max. Fee
A0426	\$ 200.40
A0427	\$ 317.30
A0428	\$ 167.00
A0429	\$ 267.20

**Medicare – Medicaid Cost Sharing**

Effective for dates of service August 1, 2015 and forward, crossover ambulance claims will be subject to capped crossover logic. The Department will now pay the lower of 1) the coinsurance and / or deductible amount submitted or 2) the Medicaid allowed amount minus any Medicare payment.

**Posting Instructions:** Policy transmittals can be downloaded from the Connecticut Medical Assistance Program Web site at [www.ctdssmap.com](http://www.ctdssmap.com).

**Distribution:** This policy transmittal is being distributed by Hewlett Packard Enterprise to providers enrolled in the Connecticut Medical Assistance Program.

**Responsible Unit:** DSS, Division of Health Services, Non-Emergency Transportation Unit, Roderick Winstead at (860) 424-5922

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