



Connecticut Medical Assistance Program
Policy Transmittal 2012-30

PB 2012-75
January 2013

Roderick L . Bremby , Commissioner

Effective Date: 01/01/2013
Contact: Srinivas Bangalore @ 860-424-5299

TO: Ambulance Providers
RE: Updated Medical Transportation Fee Schedule

Based on Special Session Public Act 12-01 enacted by the Connecticut General Assembly, the reimbursement fee for certain non-emergency Ambulance procedure codes has been reduced. The Department of Social Services has adjusted its Medical Transportation Services Fee Schedule effective for dates of service on or after January 1, 2013. The fee for the following non-emergency procedure codes will be decreased as follows:

A0426 - Ambulance Service, Advanced Life Support, Non-Emergency Transport, Level 1 (ALS 1) @ \$196.94

A0428 - Ambulance Service, Basic Life Support, Non-Emergency Transport, Level 1 (BLS) @ \$196.94

Claims affected by this change will be mass adjusted in the next regularly scheduled rate mass adjustment per the posted schedule. Providers will be notified via remittance advice banner messages for the cycle in which the mass adjusted claims will be included.

Posting Instructions: Policy transmittals can be downloaded from the Web site at www.ctdssmap.com

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

Responsible Unit: DSS, Division of Health Services, Srinivas Bangalore at (860) 424-5592.

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