Subject: Adjustment of GEMT Claims Due to Supplemental Payment Updates

Dear Provider:

The Department of Health Care Services (DHCS) updated criteria for the following Ground Emergency Medical Transport (GEMT) claims that would be eligible for supplemental payments.

- HCPCS codes A0427 (ambulance service, advanced life support, emergency transport, level 1 [ALS 1 - emergency]), A0429 (ambulance service, basic life support, emergency transport [BLS emergency]), and A0433 (advanced life support, level 2 [ALS 2]), effective retroactively for dates of service on or after July 1, 2018.
- HCPCS codes A0225 (ambulance service, neonatal transport, base rate, emergency transport, one way), A0434 (specialty care transport [SCT]), effective for dates of service on or after July 1, 2019.

No action is required on your part. The California Medicaid Management Information System (MMIS) Fiscal Intermediary, Conduent State Healthcare, LLC, will adjust the affected claims. These adjustments will appear on Remittance Advice Details (RAD) forms beginning September 26, 2019, with RAD code 0883: Retroactive price correction.

If you disagree with any of these adjustments, you may submit a Claims Inquiry Form (CIF) within six months of the new RAD date or you may submit an Appeal Form within 90 days of the new RAD date. For CIF completion instructions, please refer to the CIF Completion and CIF Special Billing Instructions sections in the appropriate Part 2 manual or on the Medi-Cal website (www.medi-cal.ca.gov). For Appeal Form completion instructions, please refer to the Appeal Form Completion section in the appropriate Part 2 manual or on the Medi-Cal website.

If you have questions regarding these adjustments, please call the California MMIS Fiscal Intermediary Telephone Service Center at 1-800-541-5555, option 5, followed by option 6 or write to the California MMIS Fiscal Intermediary Correspondence Specialist Unit at P.O. Box 13029, Sacramento, CA 95813-4029.

Sincerely,

Tanya E. Schuhmeier
Assistant Executive Director/Deputy Program Director, CA-MMIS
Acting Director, Provider Relations
Conduent State Healthcare, LLC, on behalf of
California Department of Health Care Services

Reference Number: P53495