PUBLIC NOTICE

Department of Health Services

Adjustment to Medicaid Fee-for-Service Ambulance Rates: Effective February 1, 2023

The Wisconsin Department of Health Services (DHS) Division of Medicaid Services (DMS) will be implementing a rate adjustment to fee-for-service ambulance Medical Assistance (MA) maximum fee rates, effective February 1, 2023.

The impacted ambulance fee-for-service procedure codes are listed below:

February 1, 2023 Ambulance Rates Adjustment					
HCPCs Code	HCPCs Code Description	Rates Feb 17, 2022		Rates Feb 1, 2023	
A0225	NEONAT ALEMERGENCY TRANSPORT	\$	456.10	\$	501.71
A0380	BASIC LIFE SUPPORT MILEAGE	\$	8.22	\$	9.04
A0382	BASIC SUPPORT ROUTINE SUPPLS	\$	21.78	\$	23.96
A0384	BLS DEFIBRILLATION SUPPLIES	\$	21.78	\$	23.96
A0390	ADVANCED LIFE SUPPORT MILEAGE	\$	8.22	\$	9.04
A0392	ALS DEFIBRILLATION SUPPLIES	\$	44.81	\$	49.29
A0394	ALS IV DRUG THERAPY SUPPLIES	\$	37.34	\$	41.07
A0396	ALS ESOPHAGEAL INTUB SUPPLS	\$	37.34	\$	41.07
A0398	ALS ROUT INE DISPOSBLE SUPPLS	\$	21.78	\$	23.96
A0420	AMBULANCE WAITING 1/2 HR	\$	34.06	\$	37.47
A0422	AMBULANCE 02 LIFE SUST AINING	\$	21.78	\$	23.96
A0424	EXTRA AMBULANCE ATTENDANT	\$	34.06	\$	37.47
A0425	GROUND MILEAGE	\$	6.94	\$	7.63
A0426	ALS 1	\$	253.31	\$	278.64
A0427	ALS1-EMERGENCY	\$	401.06	\$	441.17
A0428	BLS	\$	211.08	\$	232.19
A0429	BLS-EMERGENCY	\$	337.74	\$	371.51
A0430	FIXED WING AIR TRANSPORT	\$	2,927.11	\$	3,219.82
A0431	ROT ARY WING AIR TRANSPORT	\$	3,403.20	\$	3,743.52
A0433	ALS 2	\$	580.48	\$	638.53
A0434	SPECIALTY CARE TRANSPORT	\$	686.02	\$	754.62
A0435	FIXED WING AIR MILEAGE	\$	8.31	\$	9.14
A0436	ROT ARY WING AIR MILEAGE	\$	22.16	\$	24.38
A0999	UNLISTED AMBULANCE SERVICE	\$	29.87	\$	32.86

Fiscal Impact

This change to Medicaid, and BadgerCare Plus is projected to result in increased annual expenditures of \$6,573,504 all funds (AF), composed of \$3,944,103 federal match (FED) and \$2,629,402 state funds/general purpose revenue (GPR), effective February 1, 2023 – January 31, 2024.

Copies of Changes

Copies of the state plan change may be obtained free of charge by calling or writing as follows:

Mail:
Matt deLaBruere
Bureau of Fiscal Accountability and Management
Division of Medicaid Services
P.O. Box 309
Madison, WI 53701-0309

Phone:

(608) 266-1409

Fax: (608) 266-1096 Attention: Matt deLaBruere

E-Mail: DHSDMSSPAPublicFeedback@dhs.wisconsin.gov

Copies of the state plan change will be made available for review at the main office of all county departments of social services or human services.

Written Comments

Written comments are welcome. Written comments on the proposed changes may be sent by fax, e-mail, or regular mail to the Division of Medicaid Services as described above. All written comments will be reviewed and considered.

The written comments will be available for public review between the hours of 7:45 a.m. and 4:30 p.m. Tuesday - Thursday in the State Office Building, 1 West Wilson Street, Madison, Wisconsin. Revisions may be made to the proposed rate change based on comments received.