

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: CALIFORNIA**SUPPLEMENTAL PAYMENT PROGRAM FOR NON-EMERGENCY MEDICAL TRANSPORTATION SERVICES**

This program provides a supplemental reimbursement for eligible non-emergency medical transportation (NEMT) services provided to Medi-Cal beneficiaries. The supplemental payment will be provided in addition to the base rates, for qualified NEMT services rendered during the applicable time period listed below. The base rates for NEMT services will remain unchanged through this amendment.

A. Supplemental Reimbursement Methodology – General Provisions for services provided from January 1, 2020 – December 31, 2021

1. The supplemental payment amounts are fixed at the amounts listed in the chart below for each eligible NEMT service listed by Procedure Code. The supplemental payment is paid on a per claim basis for each eligible NEMT service.
2. Base rates for NEMT services are the rates established by the Department of Health Care Services (Department) for each Procedure Code, as published on the Medi-Cal Rates website:
<https://files.medi-cal.ca.gov/Rates/RatesHome.aspx>

Procedure Code	Supplemental Amount	Procedure Code	Supplemental Amount	Procedure Code	Supplemental Amount
93005	\$1.64	A0424	\$1.64	A0435	\$1.43
93041	\$0.51	A0425	\$0.36	A0436	\$2.21
A0130	\$4.41	A0426	\$10.72	T2001	\$0.55
A0380	\$0.33	A0428	\$10.72	T2005	\$2.63
A0420	\$1.98	A0430	\$127.50	T2007	\$1.13
A0120	\$1.77	A0390	\$0.13		
A0422	\$1.00	A0431	\$180.00		

3. Providers eligible for the supplemental payments under this section do not include Rural Health Centers (RHCs), Local Educational Agencies (LEA), Federally Qualified Health Centers (FQHCs), Indian Health Services (IHS), Tribal 638 Facilities, or other providers who are reimbursed on a cost-based system.

TN: 22-0009
Supersedes
TN: 20-0007

Approval Date: April 12, 2022

Effective Date: January 1, 2022

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: CALIFORNIA

B. Supplemental Reimbursement Methodology – General Provisions for Services,
Effective January 1, 2022 – June 30, 2022.

1. The supplemental payment amounts are fixed at the amounts listed in the chart below for each eligible NEMT service, listed by Procedure Code. The supplemental payment is paid on a per claim basis for each eligible NEMT service.
2. Base rates for NEMT services are the rates established by the Department for each Procedure Code, as published on the Medi-Cal Rates website:

<https://files.medi-cal.ca.gov/Rates/RatesHome.aspx>

Procedure Code	Supplemental Amount	Procedure Code	Supplemental Amount
93005	\$1.64	A0428	\$10.72
93041	\$0.51	A0430	\$127.50
A0130	\$4.41	A0431	\$180.00
A0380	\$0.33	A0435	\$1.43
A0420	\$1.98	A0436	\$2.21
A0422	\$1.00	T2001	\$0.55
A0424	\$1.64	T2005	\$2.63
A0425	\$0.36	T2007	\$1.13
A0426	\$10.72		

3. Providers eligible for the supplemental payments under this section do not include RHCs, LEAs, FQHCs, IHS, Tribal 638 Facilities or other providers who are reimbursed on a cost-based system.