



Connecticut Medical Assistance Program
Policy Transmittal 2013-07

PB 2013-10
March 2013

Roderick L. Bremby, Commissioner

Effective Date: 12/1/2012
Contact: Srinivas Bangalore @ 860-424-5592

TO: Ambulance Providers
RE: Updated Medical Transportation Fee Schedule

Based on Public Act 12-1 enacted by the Connecticut General Assembly, the reimbursement fees for certain Ambulance procedure codes have been reduced. The Department of Social Services has adjusted its Medical Transportation Services Fee Schedule effective for dates of service on or after December 1, 2012. The fees for the following procedure codes have been adjusted as follows:

A0431 - Ambulance Service, Conventional Air Services, Transport, One Way (Rotary Wing)
@ **\$3,070.00**

A0436 – Rotary Wing Air Mileage, Per Statue Mile
@ **\$55.00**

Previously paid claims with these codes for dates of service on or after December 1, 2012 will be mass adjusted per the posted mass adjustment schedule.

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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