

Medicaid Transportation Fee Schedule – Effective 01/01/2025

AIR AMBULANCE		
HCPSC Code	Modifiers	Reimbursement Rate
A0430 – Ambulance service, conventional air services, transport, 1-way (fixed wing)	No modifier	\$5,290.65; 1 unit = 1 base rate
	U2 – 2 patients	U2= 50% of base rate \$2,645.33
	U3 – 3 or More Patients	U3= 33% of base rate \$1,745.91
A0431 – Ambulance service, conventional air services, transport, 1-way (rotary wing)	No modifier	\$6,151.19; 1 unit = 1 base rate
	U2 – 2 Patients	U2= 50% of base rate \$3,075.59
	U3 – 3 or More Patients	U3=33% of base rate \$2,029.89
A0435 – Fixed wing air mileage, per statute mile	No modifier	\$15.75; 1 unit = 1 base rate
	U2 – 2 Patients	U2 =50% of base rate \$7.88
	U3 – 3 or More Patients	U3 = 33% of base rate \$5.20
A0436 – Rotary wing air mileage, per statute mile	No modifier	\$41.99; 1 unit – 1 base rate
	U2 – 2 Patients	U2= 50% of base rate \$20.99
	U3 – 3 or More Patients	U3= 33% of base rate \$13.86
A0999 – All negotiated out-of-state transportation	No modifier U2 – 2 Patients U3 – 3 or More Patients	Lowest bidder amount – bundled rate
A0424 – Extra ambulance attendant, air	No modifier U2 – 2 Patients U3 – 3 or More Patients	Per MCO, not paid by Fee-for-Service (FFS)

Medicaid Transportation Fee Schedule – Effective 01/01/2025

GROUND AMBULANCE		
HCPCS Code	Modifiers	Reimbursement Rate
	Refer to these modifiers when noting origin/destination of ground & non-emergency transports: D – Diagnostic or therapeutic site other than “P” or “H” when these are used as origin codes E – Residential, domiciliary, custodial facility (other than 1819 facility) G – Hospital-based ESRD facility H – Hospital I – Site of transfer (e.g., airport or helicopter pad) between modes of ambulance transport J – Free standing ESRD facility N – Skilled nursing facility (SNF) P – Physician’s office R – Residence S – Scene of accident or acute event	
A0426 – Ambulance service, advanced life support, non- emergency transport, level 1 – Modifiers identify origin and destination of transport. Refer to NMAC 8.324.7 for covered services, service limitations and components included in base rate.	<u>Same modifiers for all ground ambulance listed above</u> DD, DE, DG, DH, DI, DJ, DN, DP, DR, DX, ED, EE, EG, EH, EI, EJ, EN, EP, ER, EX, GD, GE, GG, GH, GI, GJ, GN, GP, GR, GX, HD, HE, HG, HH, HI, HJ, HN, HP, HR, HX, ID, IE, IG, IH, II, IJ, IN, IP, IR, IX, JD, JE, JG, JH, JI, JJ, JN, JP, JR, JX, ND, NE, NG, NH, NI, NJ, NN, NP, NR, NX, PD, PE, PG, PH, PI, PJ, PN, PP, PR, PX, RD, RE, RG, RH, RI, RJ, RN, RP, RR, RX, SD, SE, SG, SH, SI, SJ, SN, SP, SR, SX U2 – 2 Patients U3 – 3 or More Patients	\$467.99; 1 unit = 1 base rate U2= 50% of base rate \$233.99 U3=33% of base rate \$154.44
A0427 – Ambulance service, advanced life support, emergency transport, Level 1 – Modifiers identify origin and destination of transport. Refer to NMAC 8.324.7 for covered services, service limitations and components included in base rate.	<u>Same modifiers for all ground ambulance listed above</u> DD, DE, DG, DH, DI, DJ, DN, DP, DR, DX, ED, EE, EG, EH, EI, EJ, EN, EP, ER, EX, GD, GE, GG, GH, GI, GJ, GN, GP, GR, GX, HD, HE, HG, HH, HI, HJ, HN, HP, HR, HX, ID, IE, IG, IH, II, IJ, IN, IP, IR, IX, JD, JE, JG, JH, JI, JJ, JN, JP, JR, JX, ND, NE, NG, NH, NI, NJ, NN, NP, NR, NX, PD, PE, PG, PH, PI, PJ, PN, PP, PR, PX, RD, RE, RG, RH, RI,	\$740.99; 1 unit = 1 base rate

Medicaid Transportation Fee Schedule – Effective 01/01/2025

	RJ, RN, RP, RR, RX, SD, SE, SG, SH, SI, SJ, SN, SP, SR, SX U2 – 2 Patients U3 – 3 or More Patients	U2= 50% of base rate \$370.49 U3=33% of base rate \$244.53
A0428 – Ambulance service, basic life support, non-emergency transport – Modifiers identify origin and destination of transport. Refer to NMAC 8.324.7 for covered services, service limitations and components included in base rate.	<u>Same modifiers for all ground ambulance listed above</u> DD, DE, DG, DH, DI, DJ, DN, DP, DR, DX, ED, EE, EG, EH, EI, EJ, EN, EP, ER, EX, GD, GE, GG, GH, GI, GJ, GN, GP, GR, GX, HD, HE, HG, HH, HI, HJ, HN, HP, HR, HX, ID, IE, IG, IH, II, IJ, IN, IP, IR, IX, JD, JE, JG, JH, JI, JJ, JN, JP, JR, JX, ND, NE, NG, NH, NI, NJ, NN, NP, NR, NX, PD, PE, PG, PH, PI, PJ, PN, PP, PR, PX, RD, RE, RG, RH, RI, RJ, RN, RP, RR, RX, SD, SE, SG, SH, SI, SJ, SN, SP, SR, SX U2 – 2 Patients U3 – 3 or More Patients	\$389.99; 1 unit = 1 base rate U2= 50% of base rate \$194.99 U3=33% of base rate \$128.70
A0429 – Ambulance service, basic life support, emergency transport	<u>Same modifiers for all ground ambulance listed above</u> DD, DE, DG, DH, DI, DJ, DN, DP, DR, DX, ED, EE, EG, EH, EI, EJ, EN, EP, ER, EX, GD, GE, GG, GH, GI, GJ, GN, GP, GR, GX, HD, HE, HG, HH, HI, HJ, HN, HP, HR, HX, ID, IE, IG, IH, II, IJ, IN, IP, IR, IX, JD, JE, JG, JH, JI, JJ, JN, JP, JR, JX, ND, NE, NG, NH, NI, NJ, NN, NP, NR, NX, PD, PE, PG, PH, PI, PJ, PN, PP, PR, PX, RD, RE, RG, RH, RI, RJ, RN, RP, RR, RX, SD, SE, SG, SH, SI, SJ, SN, SP, SR, SX U2 – 2 Patients U3 – 3 or More Patients	\$623.99; 1 unit = 1 base rate U2= 50% of base rate \$311.99 U3=33% of base rate \$205.92
A0424 – Extra ambulance attendant, ground	<u>Same modifiers for all ground ambulance listed above</u> DD, DE, DG, DH, DI, DJ, DN, DP, DR, DX, ED, EE, EG, EH, EI, EJ, EN, EP, ER, EX, GD, GE, GG, GH, GI, GJ, GN,	Per MCO, not paid by FFS

Medicaid Transportation Fee Schedule – Effective 01/01/2025

	GP, GR, GX, HD, HE, HG, HH, HI, HJ, HN, HP, HR, HX, ID, IE, IG, IH, II, IJ, IN, IP, IR, IX, JD, JE, JG, JH, JI, JJ, JN, JP, JR, JX, ND, NE, NG, NH, NI, NJ, NN, NP, NR, NX, PD, PE, PG, PH, PI, PJ, PN, PP, PR, PX, RD, RE, RG, RH, RI, RJ, RN, RP, RR, RX, SD, SE, SG, SH, SI, SJ, SN, SP, SR, SX	
A0425 – Ground mileage, per statute mile	<u>Same modifiers for all ground ambulance listed above</u> DD, DE, DG, DH, DI, DJ, DN, DP, DR, DX, ED, EE, EG, EH, EI, EJ, EN, EP, ER, EX, GD, GE, GG, GH, GI, GJ, GN, GP, GR, GX, HD, HE, HG, HH, HI, HJ, HN, HP, HR, HX, ID, IE, IG, IH, II, IJ, IN, IP, IR, IX, JD, JE, JG, JH, JI, JJ, JN, JP, JR, JX, ND, NE, NG, NH, NI, NJ, NN, NP, NR, NX, PD, PE, PG, PH, PI, PJ, PN, PP, PR, PX, RD, RE, RG, RH, RI, RJ, RN, RP, RR, RX, SD, SE, SG, SH, SI, SJ, SN, SP, SR, SX U2 – 2 Patients U3 – 3 or More Patients	\$13.41; 1 unit = 1 mile U2= 50% of base rate \$6.70 U3=33% of base rate \$4.42
A0433 – Advanced life support, Level 2 – Modifiers identify origin and destination of transport. Refer to NMAC 8.324.7 for covered services, service limitations and components included in base rate.	<u>Same modifiers for all ground ambulance listed above</u> DD, DE, DG, DH, DI, DJ, DN, DP, DR, DX, ED, EE, EG, EH, EI, EJ, EN, EP, ER, EX, GD, GE, GG, GH, GI, GJ, GN, GP, GR, GX, HD, HE, HG, HH, HI, HJ, HN, HP, HR, HX, ID, IE, IG, IH, II, IJ, IN, IP, IR, IX, JD, JE, JG, JH, JI, JJ, JN, JP, JR, JX, ND, NE, NG, NH, NI, NJ, NN, NP, NR, NX, PD, PE, PG, PH, PI, PJ, PN, PP, PR, PX, RD, RE, RG, RH, RI, RJ, RN, RP, RR, RX, SD, SE, SG, SH, SI, SJ, SN, SP, SR, SX	\$1,072.47; 1 unit = 1 base rate
A0998 – Ambulance response and treatment, no transport	QL – Patient declared dead upon ambulance arrival; OR basic life support assessment of recipient's condition made, but no treatment rendered. UA – Ambulance team renders advanced life support according to medical protocol; patient not transported. UB – Ambulance team renders basic life support according to medical protocol; patient not	QL= \$55.16; 1 unit = 1 base rate UA= \$117.65; 1 unit = 1 base rate UB= \$91.92; 1 unit = 1 base rate

Medicaid Transportation Fee Schedule – Effective 01/01/2025

	transported. UD – ALS - Patient expired at scene despite treatment by ambulance team U8 – BLS – Patient expired at scene despite treatment by ambulance team	UD= ALS - \$383.17; 1 unit = 1 base rate U8= BLS - \$369.28; 1 unit = 1 base rate
A0999 – All negotiated out-of-state transportation	<u>Same modifiers for all ground ambulance listed above</u> DD, DE, DG, DH, DI, DJ, DN, DP, DR, DX, ED, EE, EG, EH, EI, EJ, EN, EP, ER, EX, GD, GE, GG, GH, GI, GJ, GN, GP, GR, GX, HD, HE, HG, HH, HI, HJ, HN, HP, HR, HX, ID, IE, IG, IH, II, IJ, IN, IP, IR, IX, JD, JE, JG, JH, JI, JJ, JN, JP, JR, JX, ND, NE, NG, NH, NI, NJ, NN, NP, NR, NX, PD, PE, PG, PH, PI, PJ, PN, PP, PR, PX, RD, RE, RG, RH, RI, RJ, RN, RP, RR, RX, SD, SE, SG, SH, SI, SJ, SN, SP, SR, SX	Lowest bidder amount – bundled rate

Medicaid Transportation Fee Schedule – Effective 01/01/2025

NON-EMERGENCY TRANSPORTATION		
HCPCS Code	Modifiers	Reimbursement Rate
A0100 – Non-emergency transportation; taxi – Modifier to be used to transport client only; <u>mileage can only be calculated when client in vehicle</u> . Modifiers identify origin and destination of transport. Refer to NMAC 8.324.7 for covered services and service limitations.	DD, DE, DG, DH, DI, DJ, DN, DP, DR, DX, ED, EE, EG, EH, EI, EJ, EN, EP, ER, EX, GD, GE, GG, GH, GI, GJ, GN, GP, GR, GX, HD, HE, HG, HH, HI, HJ, HN, HP, HR, HX, ID, IE, IG, IH, II, IJ, IN, IP, IR, IX, JD, JE, JG, JH, JI, JJ, JN, JP, JR, JX, ND, NE, NG, NH, N, NJ, NN, NP, NR, NX, PD, PE, PG, PH, PI, PJ, PN, PP, PR, PX, RD, RE, RG, RH, RI, RJ, RN, RP, RR, RX, SD, SE, SG, SH, SI, SJ, SN, SP, SR, SX	\$2.06/mile - \$300 limit paid per 1-way trip; unit = 1 mile; bill each 1-way trip
	UK – Modifier identified 1 st family member transported to client (participating in therapy) – The physician must attest to the need for family therapy in writing.	UK=\$2.06/mile - \$300 limit paid per 1-way trip; unit = 1 mile; bill each 1-way trip
	U2, U3, U4 – Modifiers identify 2nd, 3rd & 4th family members transported to client (participating in therapy) – The physician must attest to the need for family therapy in writing.	U2, U3, U4 =\$0.71/mile - \$150 limit paid per 1-way trip; unit = 1 mile; bill each 1-way trip. Can only be billed one time per 1-way trip.
A0130 – Non-emergency transportation; wheelchair van – Modifier to be used to transport client only; <u>mileage can only be calculated when client in vehicle</u> . Modifiers identify origin and destination of transport. Refer to NMAC 8.324.7 for covered services and service limitations.	<u>Same modifiers for all ground ambulance listed above</u> DD, DE, DG, DH, DI, DJ, DN, DP, DR, DX, ED, EE, EG, EH, EI, EJ, EN, EP, ER, EX, GD, GE, GG, GH, GI, GJ, GN, GP, GR, GX, HD, HE, HG, HH, HI, HJ, HN, HP, HR, HX, ID, IE, IG, IH, II, IJ, IN, IP, IR, IX, JD, JE, JG, JH, JI, JJ, JN, JP, JR, JX, ND, NE, NG, NH, NI, NJ, NN, NP, NR, NX, PD, PE, PG, PH, PI, PJ, PN, PP, PR, PX, RD, RE, RG, RH, RI, RJ, RN, RP, RR, RX, SD, SE, SG, SH, SI, SJ, SN, SP, SR, SX	\$1.78/mile - \$300 limit paid per 1-way trip; unit = 1 mile; bill each 1-way trip
	UK – Modifier identified 1st family member transported to client (participating in therapy) – The physician must attest to the need for family therapy in writing.	UK=\$1.78/mile - \$300 limit paid per 1-way trip; unit = 1 mile; bill each 1-way trip
	U2, U3, U4 – Modifiers identify 2 nd , 3 rd & 4 th family members transported to client (participating in therapy) – The physician must attest to the need for family therapy in writing.	U2, U3, U4 =\$0.62/mile - \$150 limit paid per 1-way trip; unit = 1 mile; bill each 1-way trip. Can only be billed one time per 1-way trip.

Medicaid Transportation Fee Schedule – Effective 01/01/2025

T2001 – Non-emergency transportation; patient attendant/escort – <u>Mileage can only be calculated when client in vehicle.</u> Modifiers identify origin and destination of transport. The physician must attest to the need for an attendant in writing. Refer to NMAC 8.324.7 for covered services and service limitations.	<u>Same modifiers for all ground ambulance listed above</u> DD, DE, DG, DH, DI, DJ, DN, DP, DR, DX, ED, EE, EG, EH, EI, EJ, EN, EP, ER, EX, GD, GE, GG, GH, GI, GJ, GN, GP, GR, GX, HD, HE, HG, HH, HI, HJ, HN, HP, HR, HX, ID, IE, IG, IH, II, IJ, IN, IP, IR, IX, JD, JE, JG, JH, JI, JJ, JN, JP, JR, JX, ND, NE, NG, NH, NI, NJ, NN, NP, NR, NX, PD, PE, PG, PH, PI, PJ, PN, PP, PR, PX, RD, RE, RG, RH, RI, RJ, RN, RP, RR, RX, SD, SE, SG, SH, SI, SJ, SN, SP, SR, SX	\$0.71/mile - \$150 limit paid per 1-way trip; unit = 1 mile; bill each 1-way trip. Can only be billed one time per 1-way trip
A0180 – Non-emergency transportation; lodging, recipient – There must be written attestation from the physician of the need for care out of the community.	No modifier required	\$60.80; 1 unit = 1 night
A0190 – Non-emergency transportation; meals, recipient - There must be written attestation from the physician of the need for care out of the community.	No modifier required	\$7.64; 1 unit = 1 meal
A0200 – Non-emergency transportation; lodging, attendant/escort – There must be written attestation from the physician of the need for care out of the community and the need for attendant/escort.	UK – Attendant/Escort for In-patient Recipient U1 – Attendant/Escort in Separate Room	\$52.58; 1 unit = 1 night
A0210 – Non-emergency transportation; meals, attendant/escort - There must be written attestation from the physician of the need for care out of the community and the need for attendant/escort.	U1 – Identifies Attendant/Escort	\$7.64 – Medicaid only pays for 1 attendant/escort; 1 unit = 1 meal

Medicaid Transportation Fee Schedule – Effective 01/01/2025

ALTERNATE TRANSPORTATION CODES – Open to accept Encounter Data		
A0090 – Non-emergency transportation, per mile – Vehicle provided by individual (family member, self, neighbor) with vested interest.	Mileage reimbursement to client – only provided if client must go out of home community. There must be written attestation from the physician of the need for care out of the community.	\$0.34/mile 1 unit = 1 mile
A0110 – Non-emergency transportation and bus, intra- or interstate carrier	UC – Client; U1, U2, U3 – Modifiers identify 1 st , 2 nd , and 3 rd family members, one of which can be attendant/escort.	Individual pricing – Currently MCO benefit only
A0120 – Non-emergency transportation: mini-bus, mountain area transports, or other transportation systems	UC – Client; U1, U2, U3 – Modifiers identify 1 st , 2 nd , and 3 rd family members, one of which can be attendant/escort.	Individual pricing – Currently MCO benefit only
A0140 – Non-emergency transportation and air travel (private or commercial) intra- or interstate	UC – Client; U1, U2, U3 – Modifiers identify 1 st , 2 nd , and 3 rd family members, one of which can be attendant/escort.	Individual pricing – 1 unit = 1 ticket
A0170 – Transportation ancillary: parking fees, tolls, other	No modifier required	Individual pricing – Currently MCO benefit only
T2002 – Non-emergency transportation; per diem	No modifier required	Individual pricing – Currently MCO benefit only
T2004 – Non-emergency transport – commercial carrier, multipass	UC – Client; U1, U2, U3 – Modifiers identify 1 st , 2 nd , and 3 rd family members, one of which can be attendant/escort.	Individual pricing – Currently MCO benefit only