




State of New Mexico  
 Medical Assistance Program Manual  
**Supplement**



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**TO:** AIR AMBULANCE PROVIDERS

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**THROUGH:** DEVI GAJAPATHI, BUREAU CHIEF, BENEFITS AND REIMBURSEMENT BUREAU

**SUBJECT:** INCREASED REIMBURSEMENT RATES FOR AIR AMBULANCE SERVICES

The Human Services Department (HSD), Medical Assistance Division (MAD), is issuing this supplement to inform providers of an increase in Air Ambulance transportation reimbursement rates, effective for dates of service beginning November 15, 2020. Rates are being increased to 75% of the 2020 Medicare Fee Schedule, as noted in the table below.

Provider Type 401	Code	Current Reimbursement Rate	Increased Reimbursement Rate
Ambulance service, conventional air, 1-way (fixed wing)	A0430	\$1,836.38	\$2,360.93
Ambulance Service, conventional air, 1-way (rotary wing)	A0431	\$2,025.70	\$2,744.93
Rotary wing air mileage, per statute mile	A0436	\$10.63	\$17.87

These changes are applicable to both Fee-For-Service and the Managed Care Organizations (MCOs).

Please contact the Medical Assistance Division at (505) 827-6252 or [MADInfo.HSD@state.nm.us](mailto:MADInfo.HSD@state.nm.us) if you have any questions regarding these rate changes.