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Med-QUEST Division
Health Care Services Branch
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P. O. Box 700190
Kapolei, Hawaii 96709-0190

January 20, 2023

MEMORANDUM

MEMO NO.
QI-2303
FFS 23-02

TO: QUEST Integration (QI) Health Plans
Providers of Emergency Air Ambulance Services

FROM: Judy Mohr Peterson, PhD 
Med-QUEST Division Administrator

SUBJECT: MEDICAID FEE-FOR-SERVICE RATES FOR EMERGENCY AIR AMBULANCE SERVICES-
EFFECTIVE JANUARY 1, 2023

Hawaii Medicaid increased the fee-for-service (FFS) reimbursement rates for inter-island emergency air ambulance services. These are bundled rates and include payment for aircraft, personnel, equipment, and mileage. The bundled codes (A0430 and A0431) must be submitted with the specific modifier that represents the departure island/town/city and the arrival town/city. Please use bundled code A0430 for fixed wing aircraft services and bundled code A0431 for rotary wing aircraft services. The rates are effective for service dates starting on or after January 1, 2023.

Listed below are the codes, modifiers, reimbursement rates, and departure island/town/city and arrival island/town/city.

Fixed Wing

CODE	MODIFIER	REIMBURSEMENT	DESCRIPTION OF MOD: IDENTIFYING ISLAND/TOWN/CITY
A0430+	U1	7273.4	KAHULUI, MOLOKAI, LANAI TO HONOLULU
A0430	U2	7426.9	LIHUE TO HONOLULU
A0430	U3	8363.25	WAIMEA TO HONOLULU
A0430	U4	8363.25	KONA TO HONOLULU
A0430	U5	9023.3	HILO TO HONOLULU
A0430	U6	7902.75	HILO, WAIMEA, KONA TO KAHULUI
A0430	U7	6874.3	MOLOKAI TO KAHULUI
A0430	U8	6444.5	LANAI TO KAHULUI

+ PROCEDURE CODE A0430 TECHNICAL DESCRIPTION: AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT, ONE WAY (FIXED WING)

Rotary Wing

CODE	MODIFIER	REIMBURSEMENT	DESCRIPTION OF MOD: IDENTIFYING ISLAND/TOWN/CITY
A0431*	U1	10671.47	KAHULUI, MOLOKAI, LANAI TO HONOLULU
A0431	U2	11080.67	LIHUE TO HONOLULU
A0431	U3	13576.79	WAIMEA TO HONOLULU
A0431	U4	13576.79	KONA TO HONOLULU
A0431	U5	15336.35	HILO TO HONOLULU
A0431	U6	12349.19	HILO, WAIMEA, KONA TO KAHULUI
A0431	U7	9607.55	MOLOKAI TO KAHULUI
A0431	U8	8461.79	LANAI TO KAHULUI

*PROCEDURE CODE A0431 TECHNICAL DESCRIPTION: AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT, ONE WAY (ROTARY WING)

For questions or clarification, please contact the State's Med-QUEST Division, Health Care Services Branch, Provider Enrollment on Oahu at (808) 692-8099 or email:

HCSBInquiries@dhs.hawaii.gov.