



# **The Virginia Department of Medical Assistance Services**

## **Division of Program Ops**

**Rates Effective with Dates of Service on or after July 1, 2012**

### **"Emergency Ground Ambulance Rates" (Fee for Service)**

#### **CPT/HCPCS Codes**

**Advance Life Support (A0427) with Mileage (A0425),  
Basic Life Support (A0429) with Mileage (A0425),  
Advance Life Support Level (A0433) with Mileage (A0425)**

For Billing Instructions and addresses for mailing manual claims please see DMAS Transportation Manual, Chapter V, Titled: "Billing Instructions".

<https://www.virginiamedicaid.dmas.virginia.gov/wps/portal/ProviderManual>

#### **Emergency and Non-Emergency Ambulance Transports for Managed Care Organizations**

Many Medicaid members are enrolled with one of the Department's contracted Managed Care Organizations (MCO). In order to be reimbursed for services provided to an MCO enrolled individual, providers must follow their respective contract with the MCO. The MCO may utilize different prior authorization, billing, and reimbursement guidelines than those described for Medicaid fee-for-service individuals. For more information, please contact the MCO directly. Additional information about the Medicaid MCO program can be found at:

<http://www.dmas.virginia.gov/mc-medallionII.htm>.

**Rate Table and Instructions for Calculating Payments for  
VA Medicaid Fee for Service Emergency Ground Ambulance Claims  
Dates of Service on or after July 1, 2012  
Advance Life Support (A0427) with Mileage (A0425),  
Basic Life Support (A0429) with Mileage (A0425),  
Advance Life Support Level (A0433) with Mileage (A0425)**

**FFS Emergency Ground Ambulance Transport Rates for DOS on or after 07-01-12**

Ground Ambulance Mileage	A0425	\$ 2.74
ALS Emergency Ground Ambulance	A0427	\$ 159.86
BLS Emergency Ground Ambulance	A0429	\$ 134.62
ALS Level 2 Emergency Ground Ambulance	A0433	\$ 231.37

**Calculating Emergency Ground Ambulance rates:**

1. Emergency Ground Ambulance Transport claims will be paid using State Plan rates.
2. Claims will be paid using the following methodology :
  - a. Example: Emergency ALS Emergency Ground Ambulance Transport can be calculated adding the service CPT/HCPT code A0427 rate for service and \$2.74 for each loaded mile.

Example: Transport was 3 loaded miles

Service "1" unit	=	\$159.86
3 loaded miles x \$2.74	=	\$ 8.22
Total payment	=	\$168.08

Note: Claims beginning with dates of service November 1, 2009 and forward will no longer require Pre-hospital Patient Care Report (PPCR) be attached to submitted claims. However, all Emergency Ground Ambulance claims are subject to a post claim review and/or audit. DMAS will contact provider with a list of claims to be reviewed and/or audited. Upon request by DMAS, providers are required to submit supporting documentation to establish medical necessity for Emergency Ground Ambulance transport.

**Trips over 200 miles and Multiple Emergency Same Day Transports**

1. All Emergency Ground claims 200 miles and over need to be reviewed and approved by DMAS Transportation Unit. Please mail claim and attachments to address below.
2. Providers that transport recipients two or three times by emergency ground ambulance on the same day service. Please write a brief letter explaining this is the second or third emergency transport on the same day service, staple letter on top of claim with attachments then mail to:

**DMAS  
Attn: Transportation Unit  
600 East Broad Street, Suite 1300  
Richmond, VA 23219**

**Non- Emergency Ambulance Services**

The following NON-EMERGENCY Medicaid Transportation CPT/HCPCS codes are to be preauthorized and billed to the Non-Emergency Medicaid Transportation Broker. Please contact broker for billing instructions (866) 386-8331.

A0426	Non-Emergency Advanced Life Support Ambulance – These transports need to be <u>preauthorized</u> and billed to the Non-Emergency Medicaid Transportation Broker (866) 386-8331.
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- A0428 Non-Emergency Basic Life Support Ambulance –  
These transports need to be preauthorized and billed to  
the Non-Emergency Medicaid Transportation  
Broker (866) 386-8331.
- A0434 Specialty Transport –  
These transports need to be preauthorized and billed to  
the Non-Emergency Medicaid Transportation  
Broker (866) 386-8331.

**Crossover Claims For Emergency and Non-Emergency Ambulance Services**

Medicaid reimburses providers for the coinsurance and deductible amounts on Medicare claims for Medicaid recipients who are dually eligible for Medicare and Medicaid. However, the amount paid by Medicaid in combination with the Medicare payment will not exceed the amount Medicaid would pay for the service if it were billed solely to Medicaid. DMAS is responsible for calculation and payment for all Fee For Service Medicaid/Medicare Crossover payments for Emergency and Non-Emergency Transportation Services. State Plan DMAS rates can be found at: [http://dmasva.dmas.virginia.gov/Content\\_pgs/trn-fee.aspx](http://dmasva.dmas.virginia.gov/Content_pgs/trn-fee.aspx)

If provider Medicare crossover claims are not forwarded to DMAS electronically. Please follow billing instructions filing DMAS form 30r. DMAS form 30r billing instructions can be found in the DMAS Transportation Manual, Chapter V, Titled “Billing Instructions”. <https://www.virginiamedicaid.dmas.virginia.gov/wps/portal/ProviderManual> If a primary carrier payment amount applies, this payment will be subtracted from the calculated DMAS payment. DMAS payment in combination with primary carrier payment will not exceed DMAS State Plan rates.