The Virginia Department of Medical Assistance Services

Division of Health Care Services

Rates Effective with Dates of Service October 31, 2009 and Before

"Emergency Ground Ambulance Rates"
(Fee for Service)

CPT/HCPCS Codes A0427 and A0429

For Billing Instructions and addresses for mailing manual claims please see DMAS Transportation Manual, Chapter 5, Tilted: "Billing Instructions".
http://websrvr.dmas.virginia.gov/manuals/TRA/tratoc.htm

Emergency Ground Ambulance Transports for Managed Care Organizations (MCO)

Virginia Medicaid enrolls eligible Medicaid recipients in Managed Care Organizations (MCO). Eligible enrollees receive emergency ground ambulance services through the MCO. Please contact the appropriate MCO for billing instructions and rate structure.

Instructions for Calculating
VA Medicaid Fee for Service Emergency Ground Ambulance rates with a Date of Service October 31, 2009 and Before.

ADVANCED LIFE SUPPORT EMERGENCY AMBULANCE (A0427)
and
BASIC LIFE SUPPORT EMERGENCY AMBULANCE (A0429)

1. "Advanced Life Support Emergency Ambulance (A0427)" and "Basic Life Support Emergency Ambulance (A0429)" claims will paid using the following State Plan rates:

   a. 1 – 5 miles = $75.00
      6 – 10 miles = $150.00
      After 10 miles = $150 plus $2.50 per mile 11 miles and over
      Example: Trip was for 83 miles.

Trip for 83 miles	
First 10 miles	$150.00
73 miles x $2.50 =	$182.50
Total charge	$332.50

2. If the total loaded miles are 1 to 5 miles, the trip pays $75.00. If the total loaded miles are 6 to 10 miles than trip pays $150.00. For trips 11 miles and over please add $150.00 plus $2.50 for each mile 11 and over. This means subtract 10 miles from total miles and multiply by $2.50 and add $150.00. This will be the total DMAS pays.
3. For your convenience an Emergency Ground rate tables are include on page 4. The rate table is calculated up to 200 miles. DO NOT use rate table for trips over 200 miles. You would be adding in the base rate twice. Trips over 200 miles can be calculated by adding the rate of $625.00 for 200 miles plus $2.50 per mile over 200.

Note: All claims must have attachments that include ambulance Pre-hospital Patient Care Report (PPCR) that establish medical necessity for emergency ground service. Beginning and ending mileage must be included on PPCR.

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

CPT/HCPCS Mileage Code A0425

Claims with a date of service October 1, 2009 and before DMAS need to be submitted billing number of loaded miles as the number of units for the CPT/HCPCS code. Please do not bill mileage using code A0425. Please submit total loaded miles on claim in block 24G on the same line as A0427 or A0429. Please DO NOT add "1" unit/mile for load fee.

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.

A0426	Non-Emergency Advanced Life Support Ambulance – These transports need to be preauthorized and billed to the Non-Emergency Medicaid Transportation Broker (866) 386-8331.
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.

Cross Over 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://www.dmas.virginia.gov/pr-fee_files.htm

If provider's Medicare cross over claims are not forwarded to DMAS electronically then follow billing instructions filing DMAS form 30r. DMAS form 30r billing instructions can be found in the DMAS Transportation Manual, Chapter 5, Titled "Billing Instructions". http://websrvr.dmas.virginia.gov/manuals/TRA/tratoc.htm 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.

A0427 and A0429

Miles	Payment	Miles	Payment	Miles	Payment	Miles	Payment
1	$ 75.00	51	$ 252.50	101	$ 377.50	151	$ 502.50
2	$ 75.00	52	$ 255.00	102	$ 380.00	152	$ 505.00
3	$ 75.00	53	$ 257.50	103	$ 382.50	153	$ 507.50
4	$ 75.00	54	$ 260.00	104	$ 385.00	154	$ 510.00
5	$ 75.00	55	$ 262.50	105	$ 387.50	155	$ 512.50
6	$ 150.00	56	$ 265.00	106	$ 390.00	156	$ 515.00
7	$ 150.00	57	$ 267.50	107	$ 392.50	157	$ 517.50
8	$ 150.00	58	$ 270.00	108	$ 395.00	158	$ 520.00
9	$ 150.00	59	$ 272.50	109	$ 397.50	159	$ 522.50
10	$ 150.00	60	$ 275.00	110	$ 400.00	160	$ 525.00
11	$ 152.50	61	$ 277.50	111	$ 402.50	161	$ 527.50
12	$ 155.00	62	$ 280.00	112	$ 405.00	162	$ 530.00
13	$ 157.50	63	$ 282.50	113	$ 407.50	163	$ 532.50
14	$ 160.00	64	$ 285.00	114	$ 410.00	164	$ 535.00
15	$ 162.50	65	$ 287.50	115	$ 412.50	165	$ 537.50
16	$ 165.00	66	$ 290.00	116	$ 415.00	166	$ 540.00
17	$ 167.50	67	$ 292.50	117	$ 417.50	167	$ 542.50
18	$ 170.00	68	$ 295.00	118	$ 420.00	168	$ 545.00
19	$ 172.50	69	$ 297.50	119	$ 422.50	169	$ 547.50
20	$ 175.00	70	$ 300.00	120	$ 425.00	170	$ 550.00
21	$ 177.50	71	$ 302.50	121	$ 427.50	171	$ 552.50
22	$ 180.00	72	$ 305.00	122	$ 430.00	172	$ 555.00
23	$ 182.50	73	$ 307.50	123	$ 432.50	173	$ 557.50
24	$ 185.00	74	$ 310.00	124	$ 435.00	174	$ 560.00
25	$ 187.50	75	$ 312.50	125	$ 437.50	175	$ 562.50
26	$ 190.00	76	$ 315.00	126	$ 440.00	176	$ 565.00
27	$ 192.50	77	$ 317.50	127	$ 442.50	177	$ 567.50
28	$ 195.00	78	$ 320.00	128	$ 445.00	178	$ 570.00
29	$ 197.50	79	$ 322.50	129	$ 447.50	179	$ 572.50
30	$ 200.00	80	$ 325.00	130	$ 450.00	180	$ 575.00
31	$ 202.50	81	$ 327.50	131	$ 452.50	181	$ 577.50
32	$ 205.00	82	$ 330.00	132	$ 455.00	182	$ 580.00
33	$ 207.50	83	$ 332.50	133	$ 457.50	183	$ 582.50
34	$ 210.00	84	$ 335.00	134	$ 460.00	184	$ 585.00
35	$ 212.50	85	$ 337.50	135	$ 462.50	185	$ 587.50
36	$ 215.00	86	$ 340.00	136	$ 465.00	186	$ 590.00
37	$ 217.50	87	$ 342.50	137	$ 467.50	187	$ 592.50
38	$ 220.00	88	$ 345.00	138	$ 470.00	188	$ 595.00
39	$ 222.50	89	$ 347.50	139	$ 472.50	189	$ 597.50
40	$ 225.00	90	$ 350.00	140	$ 475.00	190	$ 600.00
41	$ 227.50	91	$ 352.50	141	$ 477.50	191	$ 602.50
42	$ 230.00	92	$ 355.00	142	$ 480.00	192	$ 605.00
43	$ 232.50	93	$ 357.50	143	$ 482.50	193	$ 607.50
44	$ 235.00	94	$ 360.00	144	$ 485.00	194	$ 610.00
45	$ 237.50	95	$ 362.50	145	$ 487.50	195	$ 612.50
46	$ 240.00	96	$ 365.00	146	$ 490.00	196	$ 615.00
47	$ 242.50	97	$ 367.50	147	$ 492.50	197	$ 617.50
48	$ 245.00	98	$ 370.00	148	$ 495.00	198	$ 620.00
49	$ 247.50	99	$ 372.50	149	$ 497.50	199	$ 622.50
50	$ 250.00	100	$ 375.00	150	$ 500.00	200	$ 625.00

Note: Do not add mileage calculations together for trips over 200 miles. You will be adding the base rate in twice. Example-On a 210 mile trip add the 200 mile rate of $625 plus 10 miles at $2.50 per mile. Trip total would $650.00.