Ambulance, Air or Ground

Policy

Emergency transport is billable by provider type 32 and must be provided by the **least expensive means** available, consistent with the recipient's medical condition. See Medicaid Services Manual (MSM) Chapter 1900 - Transportation Services for Nevada Medicaid policy.

Fee schedule

Rates are available on the Provider Web Portal at www.medicaid.nv.gov through the Search Fee Schedule function, which is listed under "Featured Links" on the left side of the webpage.

Prior authorization

Fee for Service and Managed Care Organization enrollees do not require prior authorization for emergency transport. However, the Managed Care Organizations do require prior authorization in instances of specialty care and scheduled emergency transports.

Authorization does not guarantee payment of a claim. Payment is contingent upon eligibility, available benefits, contractual terms, limitations, exclusions, coordination of benefits and other terms and conditions set forth by the benefit program.

Covered services

The following services are considered emergency transport and are billable by provider type 32:

- Transport resulting from a ***911*** **call.**
- **Scheduled emergency transport** as described in MSM Chapter 1900, Section 1903.1D.
- **Specialty care transport** as described in MSM Chapter 1900, Section 1903.1C.

The following codes are billable:

Code	Description	Units
A0225	Ambulance service, neonatal transport, base rate, emergency transport, one way	1 unit per claim
A0380	Basic life support mileage (per mile)	Units = miles
A0390	Advanced life support (per mile)	Units = miles
A0425	Ground mileage per statute mile	Units = miles
A0426	Ambulance service, advanced life support, non-emergency transport, level 1	1 unit per claim
A0427	Ambulance service, advanced life support, emergency transport, level 1	1 unit per claim
A0428	Ambulance service, basic life support, non-emergency transport	1 unit per claim
A0429	Ambulance service, basic life support, emergency transport	1 unit per claim
A0430	Ambulance service, conventional air services, transport, one way (fixed wing)	1 unit per claim
A0431	Ambulance service, conventional air services, transport, one way (rotary wing)	1 unit per claim
A0432	Paramedic intercept (PI), rural area, transport furnished by a volunteer ambulance company which is prohibited by state law from billing third-party payers	1 unit per claim

Ambulance, Air or Ground

Code	Description	Units
A0433	Advanced life support, level 2	1 unit per claim
A0434	Specialty care transport	1 unit per claim
A0435	Fixed wing air mileage, per statute mile	Units = miles
A0436	Rotary wing air mileage, per statute mile	Units = miles

Billing information

Billing base rate and mileage

To bill for base rate and mileage:

- On one claim line, enter the appropriate transport base code (A0225, A0426, A0427, A0428, A0429, A0430, A0431, A0432, A0433 or A0434). On the same line, enter a *1* in the corresponding field.
- On another claim line, enter the mileage code (A0380, A0390, A0425, A0435 or A0436) and the number of miles (one-mile equals one unit).

Base rate and mileage are paid separately.

Billing instructions

Follow the instructions specified in the Transaction 837P – Professional Health Care Claim and Encounter EDI Companion Guide, which is available on the Electronic Claims/EDI webpage, and Electronic Verification System (EVS) Chapter 3 Claims, which is available on the EVS User Manual webpage.

Ambulance modifiers

For ambulance services modifiers, single alpha characters with distinct definitions are paired to form a two-character modifier. The first character indicates the origination of the recipient (e.g., recipient's home, physician office, etc.) and the second character indicates the destination of the recipient (e.g., hospital, skilled nursing facility, etc.). When ambulance services are reported, the name of the hospital or facility should be included on the claim. If reporting the scene of an accident or acute event (character S) as the origin of the recipient, a written description of the actual location of the scene or event must be included with the claim(s).

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 transfer

J Freestanding ESRD facility

N Skilled nursing facility (SNF)

P Physician's office

R Residence

S Scene of accident or acute event

X Intermediate stop at physician's office on way to hospital (destination code only). Note: Modifier X can be used only as a second position modifier representing a destination code.

ALS required documentation

Per MSM Chapter 1900, section 1903.1, providers who submit claims coded as Advanced Life Support (ALS) Level 2 (code A0433) must present supporting documentation for the service.

Please maintain this documentation in your in-house records. Do not submit it with your claim.

Non-covered services

The following are not billable by provider type 32:

- Empty trip to or from a destination (deadheading)
- Waiting time, stairs, plane loading
- Response with non-transport
- Routine or special supplies
- Transport of deceased persons
- Non-emergency transport

Non-Emergency Transportation

Effective July 1, 2016, Medical Transportation Management (MTM) is the new non-emergency transportation (NET) broker for Nevada Medicaid recipients. NET is provided to Medicaid recipients when they require transportation to Medicaid eligible services.

MTM contact information:
Website: www.mtm-inc.net/nevada
To schedule a ride (reservations): 1-844-879-7341
We Care Line (complaints): 1-866-436-0457
Education, training and outreach for Nevada Medicaid providers: #ETO-NV@mtm-inc.net

Community Paramedicine

Starting with dates of service on or after July 1, 2016, community paramedicine is a billable service under provider type 32 and services must be delivered according to a recipient-specific plan of care under the supervision of a Nevada-licensed primary care provider (PCP). See Medicaid Services Manual (MSM) Chapter 600, Section 604, Community Paramedicine for Nevada Medicaid policy.

Covered services

The following services are considered community paramedicine services:

- Evaluation/health assessment;
- Chronic disease prevention, monitoring and education;
- Medication compliance;
- Immunization and vaccination;
- Laboratory specimen collection and point of care lab tests;
- Hospital discharge follow-up care;

Ambulance, Air or Ground

- Minor medical procedures and treatments within their scope of practice as approved by the Emergency Medical Services (EMS) agency's medical director;
- A home safety assessment; and
- Telehealth originating site.

Community paramedicine services do not require a prior authorization.

The following are allowed Current Procedural Terminology (CPT) codes and Healthcare Common Procedure Coding System (HCPCS) code to be billed under community paramedicine services:

Code	Description	Units
90460	IM Administration 1st only/component	1 unit per claim
90471	Immunization Admin	1 unit per claim
90472	Immunization Admin each additional	1 unit per claim line
90473	Immune Admin oral/nasal	1 unit per claim
90474	Immune Admin oral/nasal additional	1 unit per claim line
99341	Home visit new patient- low severity 20 min	1 unit per claim
99342	Home visit new patient – mod severity 30 min	1 unit per claim
99343	Home visit new patient – mod-hi severity 45 min	1 unit per claim
99344	Home visit new patient – 60 min	1 unit per claim
99345	Home visit new patient – 75 min	1 unit per claim
99347	Home visit established patient – self-limited/minor 15 min	1 unit per claim
99348	Home visit established patient – low-mod severity 25 min	1 unit per claim
99349	Home visit established patient – mod-hi severity 40 min	1 unit per claim
99350	Home visit established patient – 60 min	1 unit per claim
Q3014	Telehealth originating site facility fee	1 unit per claim

Non-covered services

The following are not billable under community paramedicine services:

- Travel time;
- Mileage;
- Services related to hospital-acquired conditions or treatment;
- If the recipient has a medical emergency requiring an emergency response, the ambulance transport will be billed under the ambulance medical emergency code;
- Duplicated services; and
- Personal care services.