

Community Paramedicine

Policy

Starting with dates of service on or after July 1, 2016, Community Paramedicine is a billable service under Provider Type (PT) 32 specialty 249. 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.

Only EMS agencies and hospitals, along with individual EMTs who are employed at these types of organizations can enroll into PT 32 specialty 249 to conduct Community Paramedicine services.

Fee schedule

Rates are available on the Provider Web Portal (PWP) at medicaid.nv.gov through the Search Fee Schedule function for Fee-for-Service, which is listed under “Featured Links” on the left side of the webpage.

Please contact the Managed Care Organizations for their applicable fee schedules.

Prior authorization

Fee-for-Service does not require prior authorization services for Community Paramedicine services. Please contact the Managed Care Organizations to determine if there are any service limitations or prior authorization requirements.

Prior 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 Community Paramedicine services:

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

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Billing information

CPT / HCPCS Codes

The allowable Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) codes to be billed for Community Paramedicine services are available on the Provider Web Portal at medicaid.nv.gov through the Search Fee Schedule function for Fee-for-Service, which is listed under “Featured Links” on the left side of the webpage.

Please contact the Managed Care Organizations for their applicable codes to be billed.

How to submit claims for Community Paramedicine

EMS agencies and hospitals must bill Community Paramedicine under PT 32 specialty 249 with the appropriate National Provider Identifier (NPI) and, if applicable, Taxonomy Code that was on their enrollment information for PT 32 specialty 249.

EMS agencies and hospitals must have a separate NPI that will only be used for Community Paramedicine claims.

EMS agencies and hospitals will submit claims as the “Billing” provider with the individual EMT as the “Performing/Servicing” provider.

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 the [PWP Chapter 3 Claims](#) User Manual.

Vaccinations

Vaccinations are a covered benefit under Community Paramedicine. All vaccinations administered to adults must be billed with the National Drug Code (NDC) code of the vaccine and the CPT code for the administration fee. Please do not bill the CPT code for the vaccine itself as this will deny.

Nevada Medicaid and Nevada Check Up do not reimburse providers for Vaccines for Children (VFC) vaccines. Providers are encouraged to enroll with the VFC Program, which provides free vaccines for eligible children. To enroll as a VFC provider, visit the [Nevada Division of Public and Behavioral Health \(DPBH\)](#) website. Bill administration codes at the usual and customary charge, and bill vaccines at a zero dollar amount. See the [Centers for Disease Control and Prevention \(CDC\)](#) website for more information on the VFC Program.

COVID-19 Testing

Nevada Medicaid covers COVID-19 diagnostic and serology antibody testing up to twice per rolling month for each recipient. If additional testing is deemed medically necessary, a prior authorization may be submitted.

Code	Description
87635	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]), amplified probe technique
87636	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) and influenza virus types A and B, multiplex amplified probe technique

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Code	Description
87637	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]), influenza virus types A and B, and respiratory syncytial virus, multiplex amplified probe technique
87811	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19])

Medicare and Medicaid Recipients

Community Paramedicine is a covered service for recipients that have both Medicare and Medicaid benefits. Please review Medicaid Services Manual (MSM) Chapter 100, Section 104.1 titled “Payment Limits and Exceptions” at [Chapter 100](#) for instructions on how to bill for Community Paramedicine when Medicare does not cover these services.

Non-covered services

The following are not billable under Community Paramedicine services:

- Travel time;
- Mileage;
- Services related to hospital-acquired conditions or complications resulting from treatment provided in a hospital;
- 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;
- Personal care services; and
- Mental and behavioral health/crisis intervention