Ambulance, Air or Ground

Policy

Emergency transport is billable by provider type 32 specialty 932 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

Emergency transportation services for Fee-for-service and Managed Care Organization (MCO) recipients do not require prior authorization.

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. Documentation of medical necessity may be required.

Covered services

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

- Transport resulting from a ***911* call.**
- **Non-immediate medically necessary transport** as described in MSM Chapter 1900, Section 1903.1A(2)(c).
- **Specialty care transport** as described in MSM Chapter 1900, Section 1903.1A(2)(d).

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
A0433	Advanced life support, level 2	1 unit per claim
A0434	Specialty care transport	1 unit per claim

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Code	Description	Units
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.

Ground Emergency Medical Transportation (GEMT) Services:

- Claims for Ground Emergency Medical Transportation (GEMT) services for all eligible Medicaid recipients must be submitted to Nevada Medicaid's fiscal agent to be billed as Fee-for-Service.

Air Ambulance Transportation Services:

- For recipients enrolled in a Managed Care Organization (MCO), claims for air ambulance transportation services must be submitted to the MCO in which the recipient is enrolled. For recipients enrolled in Fee-for-Service Medicaid, claims for air ambulance transportation services must be submitted to Nevada Medicaid's fiscal agent.

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.). These modifiers are required for billing. 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

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- **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.

Specialty care transport unique modifier

For recipients enrolled in a Managed Care Organization (MCO), claims for specialty care transport (A0434) services must also be submitted with the unique modifier "U4," in addition to the required origin and destination modifiers, if the transport was provided via ground ambulance. Claims for specialty care transport services provided via air ambulance do not require this unique modifier and must be submitted to the MCO the recipient is enrolled in.

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 upon request for the service.

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

Non-covered services

The following services are not covered and should not be billed 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

Ground Emergency Medical Transportation **non-covered** modifier combinations:

- **HS** - Hospital to the scene of an accident/acute event
- **RS** - Recipient's residence to the scene of an accident/acute event
- **SR** - Scene of an accident/acute event to recipient's residence
- **SS** - Scene of an accident/acute event to the scene of an accident/acute event
- **RR** - Residence to Residence
- **EP** - Residential, domiciliary, custodial facility to a physician's office
- **PE** - Physician's office to a residential, domiciliary, custodial facility
- **PR** - Physician's office to recipient's residence
- **RJ** - Recipient's residence to a freestanding ESRD facility

Air Ambulance Transportation non-covered destinations:

- Nursing facilities
- Physician's offices
- Recipient's residence

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Non-Emergency Transportation

Non-Emergency Transportation (NET) is provided to Medicaid recipients when they require transportation to Medicaid-covered services. Transportation can only be provided to take recipients to and from Medicaid-enrolled providers.

NET services require prior authorization from the NET vendor and must be obtained prior to the scheduled appointment. To schedule a ride and obtain prior authorization call 1-844-879-7341.