

32 Ambulance Air and Ambulance Ground (Emergency)

Ambulance providers (provider type 32) operate an emergency vehicle that is specially designed, constructed, staffed and equipped to provide basic, intermediate or advanced services for one or more sick or injured person or persons whose medical condition may require special observation during transportation or transfer.

All Medicaid covered transportation must be provided by the least expensive means available, consistent with the recipient's medical condition.

Covered Services

Emergency and non-emergency transportation services are covered Medicaid benefits. Only emergency transportation provided as a result of a 911 emergency call may be billed under this provider type (32).

Emergency ambulance providers may only bill the codes listed in Table 32-1. The established rates for these codes include payment for the following services:

- Routine or special supplies used during transport
- Waiting time, stairs and plane loading

Table 32-1

| HCPCS Code | Description |
|------------|--|
| A0225 | Ambulance service, neonatal transport, base rate, emergency transport, one way |
| A0380 | BLS* mileage (per mile) |
| A0390 | ALS** mileage (per mile) |
| A0425 | Ground mileage, per statute mile |
| A0427 | Ambulance service, advanced life support, emergency transport, level 1 (ALS 1) |
| A0429 | Ambulance service, basic life support, emergency transport (BLS – emergency) |
| A0430 | Ambulance service, conventional air services, transport, one way (fixed wing) |
| A0431 | Ambulance service, conventional air services, transport, one way (rotary wing) |

| HCPCS Code | Description |
|------------|---|
| A0432 | Paramedic intercept (PI), rural area, transport furnished by a volunteer ambulance company which is prohibited by state law from billing third party payers |
| A0435 | Fixed wing air mileage, per statute mile |
| A0436 | Rotary wing air mileage, per statute mile |

* *Basic Life Support*

** *Advanced Life Support*

Non-Covered Services

Medicaid does not reimburse provider type 32 (ambulance providers) for scheduled, non-emergency transportation services.

Scheduled transportation requiring basic or advanced life support service does not qualify as emergency transportation and must be scheduled and billed through Logisticare, Nevada Medicaid and Nevada Check Up's non-emergency transportation vendor ((800) 486-7647 ext. 461).

Also not covered by Medicaid are:

- Transportation costs to medical services that are not covered by Medicaid
- Empty trip to or from a destination or a response with non-transport
- Transport of deceased persons

Prior Authorization Requirements

Prior authorization is not required for a 911 emergency transportation.

Notes

For additional information, please refer to Chapter 1900 of the Nevada Medicaid Services Manual available online at <http://dhcfp.state.nv.us>.