

Billing Guidelines for Provider Type 32

Ambulance Air and Ambulance 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 [MSM Chapter 1900](#) for complete DHCfp policy.

Fee Schedule

The [Ambulance Air and Ground Fee Schedule](#) is online at <http://dhcfp.state.nv.us/rates>.

Prior Authorization

Fee For Service emergency transport does not require prior authorization. For Managed Care Organization (MCO) enrollees, check with the MCO for special requirements.

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 1902.35.
- § **Specialty care transport** as described in MSM Chapter 1900, section 1902.36.
- § **Urgent services** as described in MSM Chapter 1900, section 1902.38.

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
A0435	Fixed wing air mileage, per statute mile	Units = miles
A0436	Rotary wing air mileage, per statute mile	Units = miles

Billing Base Rate and Mileage

To bill for base rate and mileage:

On one claim line, enter the appropriate transport base code in Field 24D (A0225, A0426, A0427, 0428, A0429, A0430, A0431, A0432, A0433 or A0434). On the same line, enter a “1” in Field 24G.

On another claim line, enter the mileage code in Field 24D (A0380, A0390, A0425, A0435 or A0436) and the number of miles in Field 24G (one mile equals one unit).



Base rate and mileage are paid separately.

ALS Required Documentation

Per MSM Chapter 1900, section 1903.1, providers who submit claims coded as Advanced Life Support (ALS) Level 2 (codeA0433) 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 (LogistiCare schedules all non-emergency transport for Nevada Medicaid recipients (except for IHS). Non-emergency transport requires prior authorization and 48 hour prescheduling by calling **LogistiCare at (888) 737-0833.**)