



The Virginia Department of Medical Assistance Services

Division of Health Care Services

Rates Effective with Dates of Service October 31, 2009 and Before

"Neonatal Ambulance Rates" (Fee For Service)

CPT/HCPCS Code A0225

For Billing Instructions and addresses for mailing manual claims please see DMAS Transportation Manual, Chapter 5, Titled: "Billing Instructions".

<http://websrvr.dmas.virginia.gov/manuals/TRA/tratoc.htm>

Neonatal Ambulance Transports for Managed Care Organizations (MCO)

Virginia Medicaid enrolls eligible Medicaid recipients in Managed Care Organizations (MCO). Eligible enrollees receive Neonatal Ambulance services through the MCO. Please contact the appropriate MCO for billing instructions and rate structure.

**Instructions for Calculating
VA Medicaid Fee for Service Neonatal Ambulance Rates.**

Neonatal Ambulance (A0225)

NEONATAL AMBULANCE (A0225)

1. "Neonatal Ambulance" claims will be paid using the following State Plan rates:

- a. Mile "1" = \$126.00
Additional Miles = \$6.00

Example: Trip was for 83 miles.

Trip for 83 miles	
First 1 mile	= \$126.00
82 miles x \$6.00	= <u>\$492.00</u>
Total	\$618.00

2. DMAS pays a maximum of \$1,200 (180 miles) per Neonatal Ambulance Claim.

Note: All claims must have attachments that include Neonatal Ambulance Pre-hospital Patient Care Report (PPCR) that establish medical necessity for Neonatal transport. Beginning and ending mileage must be included on PPCR.

Multiple Neonatal Transports for Same Day Service

Providers that transport recipient multiple times on a Neonatal ambulance with the same day service need to do the following. Please write a brief letter explaining this is the second or third Neonatal transport on the same day service, staple letter on top of claim with attachments then mail to:

**DMAS
Attn: Transportation Unit
600 East Broad Street, Suite 1300
Richmond, VA 23219**

CPT/HCPCS Mileage Code for Neonatal Transports

At this time, DMAS uses a one code system. There is no VA Medicaid CPT/HCPCS Code for Neonatal Mileage. Please submit trip miles on claim in block 24G on the same line as A0225. Please DO NOT add "1" unit/mile for load fee.

Cross – Over Billing

For billing Cross-Over claims please see DMAS Transportation Manual, Chapter 5, Titled "Billing Instructions". <http://websrvr.dmas.virginia.gov/manuals/TRA/tratoc.htm>

NOTE: If a primary carrier payment amount applies, this payment will be subtracted from the calculated DMAS payment.

For your convenience State Plan Neonatal rate chart is attached on the next page.

DMAS Fee Schedule for A0225 with DOS October 31, 2009 and Before

Miles	Payment
1	\$ 126.00
2	\$ 132.00
3	\$ 138.00
4	\$ 144.00
5	\$ 150.00
6	\$ 156.00
7	\$ 162.00
8	\$ 168.00
9	\$ 174.00
10	\$ 180.00
11	\$ 186.00
12	\$ 192.00
13	\$ 198.00
14	\$ 204.00
15	\$ 210.00
16	\$ 216.00
17	\$ 222.00
18	\$ 228.00
19	\$ 234.00
20	\$ 240.00
21	\$ 246.00
22	\$ 252.00
23	\$ 258.00
24	\$ 264.00
25	\$ 270.00
26	\$ 276.00
27	\$ 282.00
28	\$ 288.00
29	\$ 294.00
30	\$ 300.00
31	\$ 306.00
32	\$ 312.00
33	\$ 318.00
34	\$ 324.00
35	\$ 330.00
36	\$ 336.00
37	\$ 342.00
38	\$ 348.00
39	\$ 354.00
40	\$ 360.00
41	\$ 366.00
42	\$ 372.00
43	\$ 378.00
44	\$ 384.00
45	\$ 390.00
46	\$ 396.00
47	\$ 402.00
48	\$ 408.00
49	\$ 414.00
50	\$ 420.00

Miles	Payment
51	\$ 426.00
52	\$ 432.00
53	\$ 438.00
54	\$ 444.00
55	\$ 450.00
56	\$ 456.00
57	\$ 462.00
58	\$ 468.00
59	\$ 474.00
60	\$ 480.00
61	\$ 486.00
62	\$ 492.00
63	\$ 498.00
64	\$ 504.00
65	\$ 510.00
66	\$ 516.00
67	\$ 522.00
68	\$ 528.00
69	\$ 534.00
70	\$ 540.00
71	\$ 546.00
72	\$ 552.00
73	\$ 558.00
74	\$ 564.00
75	\$ 570.00
76	\$ 576.00
77	\$ 582.00
78	\$ 588.00
79	\$ 594.00
80	\$ 600.00
81	\$ 606.00
82	\$ 612.00
83	\$ 618.00
84	\$ 624.00
85	\$ 630.00
86	\$ 636.00
87	\$ 642.00
88	\$ 648.00
89	\$ 654.00
90	\$ 660.00
91	\$ 666.00
92	\$ 672.00
93	\$ 678.00
94	\$ 684.00
95	\$ 690.00
96	\$ 696.00
97	\$ 702.00
98	\$ 708.00
99	\$ 714.00
100	\$ 720.00

Miles	Payment
101	\$ 726.00
102	\$ 732.00
103	\$ 738.00
104	\$ 744.00
105	\$ 750.00
106	\$ 756.00
107	\$ 762.00
108	\$ 768.00
109	\$ 774.00
110	\$ 780.00
111	\$ 786.00
112	\$ 792.00
113	\$ 798.00
114	\$ 804.00
115	\$ 810.00
116	\$ 816.00
117	\$ 822.00
118	\$ 828.00
119	\$ 834.00
120	\$ 840.00
121	\$ 846.00
122	\$ 852.00
123	\$ 858.00
124	\$ 864.00
125	\$ 870.00
126	\$ 876.00
127	\$ 882.00
128	\$ 888.00
129	\$ 894.00
130	\$ 900.00
131	\$ 906.00
132	\$ 912.00
133	\$ 918.00
134	\$ 924.00
135	\$ 930.00
136	\$ 936.00
137	\$ 942.00
138	\$ 948.00
139	\$ 954.00
140	\$ 960.00
141	\$ 966.00
142	\$ 972.00
143	\$ 978.00
144	\$ 984.00
145	\$ 990.00
146	\$ 996.00
147	\$1,002.00
148	\$1,008.00
149	\$1,014.00
150	\$1,020.00

Miles	Payment
151	\$1,026.00
152	\$1,032.00
153	\$1,038.00
154	\$1,044.00
155	\$1,050.00
156	\$1,056.00
157	\$1,062.00
158	\$1,068.00
159	\$1,074.00
160	\$1,080.00
161	\$1,086.00
162	\$1,092.00
163	\$1,098.00
164	\$1,104.00
165	\$1,110.00
166	\$1,116.00
167	\$1,122.00
168	\$1,128.00
169	\$1,134.00
170	\$1,140.00
171	\$1,146.00
172	\$1,152.00
173	\$1,158.00
174	\$1,164.00
175	\$1,170.00
176	\$1,176.00
177	\$1,182.00
178	\$1,188.00
179	\$1,194.00
180	\$1,200.00

Note: Special Neonatal Transport Charges shall not exceed \$1200.00 total for all reimbursement categories.