



The Virginia Department of Medical Assistance Services

Division of Health Care Services

Rates Effective with Dates of Service November 1, 2009 to June 30, 2012

"Emergency Air Ambulance Rates" (Fee For Service)

CPT/HCPCS Codes

**Fixed Wing Service (A0430) with Fixed Wing Mileage (A0435)
and
Rotary Service (A0431) with Rotary Mileage (A0436)**

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

<https://www.virginiamedicaid.dmas.virginia.gov/wps/portal/ProviderManual>

Emergency and Non-Emergency Ambulance Transports for Managed Care Organizations

Many Medicaid members are enrolled with one of the Department's contracted Managed Care Organizations (MCO). In order to be reimbursed for services provided to an MCO enrolled individual, providers must follow their respective contract with the MCO. The MCO may utilize different prior authorization, billing, and reimbursement guidelines than those described for Medicaid fee-for-service individuals. For more information, please contact the MCO directly.

Additional information about the Medicaid MCO program can be found at:

<http://www.dmas.virginia.gov/mc-medallionII.htm>.

Instructions for Calculating Payments for VA Medicaid Fee for Service Emergency Air Ambulance claims

**Emergency Fixed Wing Air Ambulance Service (A0430) with Fixed Wing Mileage (A0435)
and
Emergency Rotary Air Ambulance Service (A0431) with Rotary Mileage (A0436)**

Payment Calculation

Both Fixed Wing and Rotary Air Ambulance claims will be paid using the following calculation:

- a. Service CPT Code is paid at \$573.00 for "1" unit
- b. Mileage CPT Code is paid at \$13.00 per Loaded Mile

Example: Emergency Air Transport was 83 loaded miles.

Service - (1) unit	= \$ 573.00
83 miles x \$13.00	= <u>\$1,079.00</u>
Total	\$1,652.00

For your convenience an Emergency Air Ambulance rate table is on page 4. The rate table is calculated up to 89 loaded miles. Transports over 89 miles are calculated by adding \$573.00 for the service plus \$13.00 per loaded mile.

Note: All air ambulance claims submitted with a date of service (DOS) November 1, 2009 and forward will not require attachments. However, all Air Ambulance claims are be subject to a post claim review and audit. DMAS will contact provider with a list of claims to be reviewed or audited. Upon request by DMAS, providers are required to submit supporting documentation to establish medical necessity for air transport.

Air Ambulance Claim Review and Reconsideration

All air ambulance claims are subject to post claim review for medical necessity of using an emergency air ambulance. Claims submitted that do not establish air ambulance medical necessity will be reduced to DMAS emergency ground ambulance rates.

In certain cases, the air ambulance provider may not agree with claim being reduced to the ground rate. The air ambulance provider can request the claim be reconsidered if the original claim was missing attachments or other medical information. For reconsideration please write a brief description or explanation on why the claim needs to be reconsidered. Please staple letter on top of CMS 1500 and resubmit. If reconsideration is denied then please use the formal appeal process.

Please mail the letter, a new original CMS 1500 with attachments to:

**DMAS
Transportation Unit, Suite 1300
600 East Broad Street
Richmond, Virginia 23219**

Crossover Claims for Emergency Air Ambulance Services

Medicaid reimburses providers for the coinsurance and deductible amounts on Medicare claims for Medicaid recipients who are dually eligible for Medicare and Medicaid. However, the amount paid by Medicaid in combination with the Medicare payment will not exceed the amount Medicaid would pay for the service if it were billed solely to Medicaid. DMAS is responsible for calculation and payment for all Fee For Service Medicaid/Medicare Crossover payments for Emergency Air Transportation Services. State Plan DMAS rates can be found at: http://www.dmas.virginia.gov/pr-fee_files.htm

If provider Medicare crossover claims are not forwarded to DMAS electronically then follow billing instructions filing DMAS form 30r. DMAS form 30r billing instructions can be found in the DMAS Transportation Manual, Chapter V, Titled "Billing Instructions". <https://www.viriniamedicaid.dmas.virginia.gov/wps/portal/ProviderManual> If a primary carrier payment amount applies, this payment will be subtracted from the calculated DMAS payment. DMAS payment in combination with primary carrier payment will not exceed DMAS State Plan rates.

DMAS Emergency Air Ambulance Rate Table

CPT/HCPCS Codes – A0430 with A0435 and A0431 with A0436

Rates as of with date of service of November 1, 2009 to June 30, 2012

CPT/HCPCS Codes				CPT/HCPCS Codes			
Miles	Service CPT	Mileage CPT	Total	Miles	Service CPT	Mileage CPT	Total
1	\$ 573.00	\$ 13.00	\$ 586.00	46	\$ 573.00	\$ 598.00	\$1,171.00
2	\$ 573.00	\$ 26.00	\$ 599.00	47	\$ 573.00	\$ 611.00	\$1,184.00
3	\$ 573.00	\$ 39.00	\$ 612.00	48	\$ 573.00	\$ 624.00	\$1,197.00
4	\$ 573.00	\$ 52.00	\$ 625.00	49	\$ 573.00	\$ 637.00	\$1,210.00
5	\$ 573.00	\$ 65.00	\$ 638.00	50	\$ 573.00	\$ 650.00	\$1,233.00
6	\$ 573.00	\$ 78.00	\$ 651.00	51	\$ 573.00	\$ 663.00	\$1,236.00
7	\$ 573.00	\$ 91.00	\$ 664.00	52	\$ 573.00	\$ 676.00	\$1,249.00
8	\$ 573.00	\$ 104.00	\$ 677.00	53	\$ 573.00	\$ 689.00	\$1,262.00
9	\$ 573.00	\$ 117.00	\$ 690.00	54	\$ 573.00	\$ 702.00	\$1,275.00
10	\$ 573.00	\$ 130.00	\$ 703.00	55	\$ 573.00	\$ 715.00	\$1,288.00
11	\$ 573.00	\$ 143.00	\$ 716.00	56	\$ 573.00	\$ 728.00	\$1,301.00
12	\$ 573.00	\$ 156.00	\$ 729.00	57	\$ 573.00	\$ 741.00	\$1,314.00
13	\$ 573.00	\$ 169.00	\$ 742.00	58	\$ 573.00	\$ 754.00	\$1,327.00
14	\$ 573.00	\$ 182.00	\$ 755.00	59	\$ 573.00	\$ 767.00	\$1,340.00
15	\$ 573.00	\$ 195.00	\$ 768.00	60	\$ 573.00	\$ 780.00	\$1,353.00
16	\$ 573.00	\$ 208.00	\$ 781.00	61	\$ 573.00	\$ 793.00	\$1,366.00
17	\$ 573.00	\$ 221.00	\$ 794.00	62	\$ 573.00	\$ 806.00	\$1,379.00
18	\$ 573.00	\$ 234.00	\$ 807.00	63	\$ 573.00	\$ 819.00	\$1,392.00
19	\$ 573.00	\$ 247.00	\$ 820.00	64	\$ 573.00	\$ 832.00	\$1,405.00
20	\$ 573.00	\$ 260.00	\$ 833.00	65	\$ 573.00	\$ 845.00	\$1,418.00
21	\$ 573.00	\$ 273.00	\$ 846.00	66	\$ 573.00	\$ 858.00	\$1,431.00
22	\$ 573.00	\$ 286.00	\$ 859.00	67	\$ 573.00	\$ 871.00	\$1,444.00
23	\$ 573.00	\$ 299.00	\$ 872.00	68	\$ 573.00	\$ 884.00	\$1,457.00
24	\$ 573.00	\$ 312.00	\$ 885.00	69	\$ 573.00	\$ 897.00	\$1,470.00
25	\$ 573.00	\$ 325.00	\$ 898.00	70	\$ 573.00	\$ 910.00	\$1,483.00
26	\$ 573.00	\$ 338.00	\$ 911.00	71	\$ 573.00	\$ 923.00	\$1,496.00
27	\$ 573.00	\$ 351.00	\$ 924.00	72	\$ 573.00	\$ 936.00	\$1,509.00
28	\$ 573.00	\$ 364.00	\$ 937.00	73	\$ 573.00	\$ 949.00	\$1,522.00
29	\$ 573.00	\$ 377.00	\$ 950.00	74	\$ 573.00	\$ 962.00	\$1,535.00
30	\$ 573.00	\$ 390.00	\$ 963.00	75	\$ 573.00	\$ 975.00	\$1,548.00
31	\$ 573.00	\$ 403.00	\$ 976.00	76	\$ 573.00	\$ 988.00	\$1,561.00
32	\$ 573.00	\$ 416.00	\$ 989.00	77	\$ 573.00	\$1,001.00	\$1,574.00
33	\$ 573.00	\$ 429.00	\$1,002.00	78	\$ 573.00	\$1,014.00	\$1,587.00
34	\$ 573.00	\$ 442.00	\$1,015.00	79	\$ 573.00	\$1,027.00	\$1,600.00
35	\$ 573.00	\$ 455.00	\$1,028.00	80	\$ 573.00	\$1,040.00	\$1,613.00
36	\$ 573.00	\$ 468.00	\$1,041.00	81	\$ 573.00	\$1,053.00	\$1,626.00
37	\$ 573.00	\$ 481.00	\$1,054.00	82	\$ 573.00	\$1,066.00	\$1,639.00
38	\$ 573.00	\$ 494.00	\$1,067.00	83	\$ 573.00	\$1,079.00	\$1,652.00
39	\$ 573.00	\$ 507.00	\$1,080.00	84	\$ 573.00	\$1,092.00	\$1,665.00
40	\$ 573.00	\$ 520.00	\$1,093.00	85	\$ 573.00	\$1,105.00	\$1,678.00
41	\$ 573.00	\$ 533.00	\$1,106.00	86	\$ 573.00	\$1,118.00	\$1,691.00
42	\$ 573.00	\$ 546.00	\$1,119.00	87	\$ 573.00	\$1,131.00	\$1,704.00
43	\$ 573.00	\$ 559.00	\$1,132.00	88	\$ 573.00	\$1,144.00	\$1,717.00
44	\$ 573.00	\$ 572.00	\$1,145.00	89	\$ 573.00	\$1,157.00	\$1,730.00
45	\$ 573.00	\$ 585.00	\$1,158.00		etc....	etc....	

Air Transports over 90 miles is paid at \$573.00 for service plus \$13.00 per loaded mile