



# **The Virginia Department of Medical Assistance Services**

## **Division of Program Ops**

### **"VA Medicaid Emergency and Non-Emergency Ambulance Rate Table for Crossover Calculations" (Fee for Service)**

#### **CPT/HCPCS Codes:**

**A0426, A0427, A0428, A0429, A0433,  
A0434, and mileage A0425  
A0430 with A0435, A0431 with A0436**

**For all Dates of Service on or after July 1, 2012**

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

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

#### **Crossover Claims for Emergency Air and Ground Ambulance Services**

Medicaid reimburses providers for the coinsurance and deductible amounts on Medicare claims for Medicaid members 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 and Non-Emergency Services. State Plan DMAS rates can be found at: [http://dmasva.dmas.virginia.gov/Content\\_pgs/trn-fee.aspx](http://dmasva.dmas.virginia.gov/Content_pgs/trn-fee.aspx)

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.virginiamedicaid.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.

# “VA Medicaid Fee For Service (FFS) Emergency and Non-Emergency Ambulance Rate Table for Crossover Calculations”

## DMAS Fee For Service (FFS)

### Adjusted Rates for dates of service on or after July 1, 2012

#### FFS Emergency Ground Ambulance Services Rates for DOS on or after 07-01-12

Ground Ambulance Mileage	A0425	\$ 2.74
ALS Emergency Ground Ambulance	A0427	\$ 159.86
BLS Emergency Ground Ambulance	A0429	\$ 134.62
ALS Level 2 Emergency Ground Ambulance	A0433	\$ 231.37

#### FFS Non Emergency Ground Ambulance Services Rates for DOS on or after 07-01-12

##### RATES USED FOR CROSSOVER CALCULATIONS ONLY

ALS Non Emergency Ground Ambulance	A0426	\$ 100.96
BLS Non Emergency Ground Ambulance	A0428	\$ 84.14
Non Emergency Specialty Ambulance	A0434	\$ 273.44

#### FFS Emergency Air Ambulance Services Rates for DOS on or after 07-01-12

Emergency Air Ambulance – Fixed Wing	A0430	\$1,124.41
Emergency Air Ambulance – Rotary	A0431	\$1,307.29
Emergency Air Ambulance – Fixed Wing Mileage	A0435	\$ 3.22
Emergency Air Ambulance – Rotary Mileage	A0436	\$ 8.60

#### FFS Neonatal Ambulance Services Rates for DOS on or after 07-01-12

Neonatal Ambulance Transport	A0225	\$ 132.00
Neonatal Transport Mileage with “U1” Modifier	A0425	\$ 6.60

### 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>.