



The Virginia Department of Medical Assistance Services

Division of Health Care Services

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

"Emergency Air Ambulance Rates" (Fee For Service)

CPT/HCPCS Codes A0430 and A0431

Mileage rate is included in the Service CPT code rate structure

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>

Emergency Air Ambulance Transports for Managed Care Organizations (MCO)

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

**Instructions for Calculating
VA Medicaid Fee for Service Emergency Air Ambulance rates with
dates of service October 31, 2009 and Before.**

**Emergency Fix Wing Air Ambulance (A0430)
and
Emergency Rotary Air Ambulance (A0431)**

Emergency Air Ambulance rate calculation:

1. "Both Fixed Wing and Rotary Air Ambulance claims will be paid using the following State Plan rates:

a. Mile "1" = \$586.00
Additional Miles = \$13.00

Example: Trip was for 83 loaded miles.

First (1) mile = \$ 586.00
82 miles x \$13.00 = \$1,066.00
Total charge \$1,652.00

2. For your convenience an Emergency Air Ambulance State Plan rate table is listed on page 4. The rate table is calculated up to 200 miles. DO NOT use rate table for trips over 200 miles. You would be adding in the base rate twice. Trips over 200 miles can be calculated by adding the rate of \$3,173.00 for 200 miles plus \$13.00 per mile over 200.

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

Air Ambulance Claim Review and Reconsideration

All air ambulance claims are reviewed for medical necessity of using an emergency air ambulance. Claims submitted that do not establish air ambulance medical necessity will be paid at DMAS emergency ground ambulance rates.

In certain cases, the air ambulance provider may not agree with claim being paid at 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 attachment to:

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

CPT/HCPCS Mile Codes A0425 and A0436

Claims with a date of service October 31, 2009 and before providers need to submit claims billing the number of miles on the service CPT/HCPCS. Please do not bill air mileage using

codes A0435 and A0436. Please submit total loaded miles on claim in block 24G on the same line as A0430 or A0431. Please DO NOT add “1” unit/mile for load fee.

Cross Over 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 on page 4 or can be accessed at: http://www.dmas.virginia.gov/pr-fee_files.htm

If the provider’s Medicare cross over claims are not forwarded to DMAS electronically. Please follow billing instructions filing DMAS form 30r. DMAS form 30r billing instructions can be found in the DMAS Transportation Manual, Chapter 5, Titled “Billing Instructions”. <http://websrvr.dmas.virginia.gov/manuals/TRA/tratoc.htm> 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 Fee Schedule for A0430 and A0431 – Claims with DOS October 31, 2009 and Before

Miles	Payment	Miles	Payment	Miles	Payment	Miles	Payment
1	\$ 586.00	51	\$1,236.00	101	\$1,886.00	151	\$2,536.00
2	\$ 599.00	52	\$1,249.00	102	\$1,899.00	152	\$2,549.00
3	\$ 612.00	53	\$1,262.00	103	\$1,912.00	153	\$2,562.00
4	\$ 625.00	54	\$1,275.00	104	\$1,925.00	154	\$2,575.00
5	\$ 638.00	55	\$1,288.00	105	\$1,938.00	155	\$2,588.00
6	\$ 651.00	56	\$1,301.00	106	\$1,951.00	156	\$2,601.00
7	\$ 664.00	57	\$1,314.00	107	\$1,964.00	157	\$2,614.00
8	\$ 677.00	58	\$1,327.00	108	\$1,977.00	158	\$2,627.00
9	\$ 690.00	59	\$1,340.00	109	\$1,990.00	159	\$2,640.00
10	\$ 703.00	60	\$1,353.00	110	\$2,003.00	160	\$2,653.00
11	\$ 716.00	61	\$1,366.00	111	\$2,016.00	161	\$2,666.00
12	\$ 729.00	62	\$1,379.00	112	\$2,029.00	162	\$2,679.00
13	\$ 742.00	63	\$1,392.00	113	\$2,042.00	163	\$2,692.00
14	\$ 755.00	64	\$1,405.00	114	\$2,055.00	164	\$2,705.00
15	\$ 768.00	65	\$1,418.00	115	\$2,068.00	165	\$2,718.00
16	\$ 781.00	66	\$1,431.00	116	\$2,081.00	166	\$2,731.00
17	\$ 794.00	67	\$1,444.00	117	\$2,094.00	167	\$2,744.00
18	\$ 807.00	68	\$1,457.00	118	\$2,107.00	168	\$2,757.00
19	\$ 820.00	69	\$1,470.00	119	\$2,120.00	169	\$2,770.00
20	\$ 833.00	70	\$1,483.00	120	\$2,133.00	170	\$2,783.00
21	\$ 846.00	71	\$1,496.00	121	\$2,146.00	171	\$2,796.00
22	\$ 859.00	72	\$1,509.00	122	\$2,159.00	172	\$2,809.00
23	\$ 872.00	73	\$1,522.00	123	\$2,172.00	173	\$2,822.00
24	\$ 885.00	74	\$1,535.00	124	\$2,185.00	174	\$2,835.00
25	\$ 898.00	75	\$1,548.00	125	\$2,198.00	175	\$2,848.00
26	\$ 911.00	76	\$1,561.00	126	\$2,211.00	176	\$2,861.00
27	\$ 924.00	77	\$1,574.00	127	\$2,224.00	177	\$2,874.00
28	\$ 937.00	78	\$1,587.00	128	\$2,237.00	178	\$2,887.00
29	\$ 950.00	79	\$1,600.00	129	\$2,250.00	179	\$2,900.00
30	\$ 963.00	80	\$1,613.00	130	\$2,263.00	180	\$2,913.00
31	\$ 976.00	81	\$1,626.00	131	\$2,276.00	181	\$2,926.00
32	\$ 989.00	82	\$1,639.00	132	\$2,289.00	182	\$2,939.00
33	\$1,002.00	83	\$1,652.00	133	\$2,302.00	183	\$2,952.00
34	\$1,015.00	84	\$1,665.00	134	\$2,315.00	184	\$2,965.00
35	\$1,028.00	85	\$1,678.00	135	\$2,328.00	185	\$2,978.00
36	\$1,041.00	86	\$1,691.00	136	\$2,341.00	186	\$2,991.00
37	\$1,054.00	87	\$1,704.00	137	\$2,354.00	187	\$3,004.00
38	\$1,067.00	88	\$1,717.00	138	\$2,367.00	188	\$3,017.00
39	\$1,080.00	89	\$1,730.00	139	\$2,380.00	189	\$3,030.00
40	\$1,093.00	90	\$1,743.00	140	\$2,393.00	190	\$3,043.00
41	\$1,106.00	91	\$1,756.00	141	\$2,406.00	191	\$3,056.00
42	\$1,119.00	92	\$1,769.00	142	\$2,419.00	192	\$3,069.00
43	\$1,132.00	93	\$1,782.00	143	\$2,432.00	193	\$3,082.00
44	\$1,145.00	94	\$1,795.00	144	\$2,445.00	194	\$3,095.00
45	\$1,158.00	95	\$1,808.00	145	\$2,458.00	195	\$3,108.00
46	\$1,171.00	96	\$1,821.00	146	\$2,471.00	196	\$3,121.00
47	\$1,184.00	97	\$1,834.00	147	\$2,484.00	197	\$3,134.00
48	\$1,197.00	98	\$1,847.00	148	\$2,497.00	198	\$3,147.00
49	\$1,210.00	99	\$1,860.00	149	\$2,510.00	199	\$3,160.00
50	\$1,223.00	100	\$1,873.00	150	\$2,523.00	200	\$3,173.00

Note: Do not add mileage calculations together for trips over 200 miles. You will be adding the base rate in twice. Example: On a 210 mile trip add the 200 mile rate of \$3,173 plus 10 miles at \$13.00 per mile. Trip total would pay \$3,303.00.