



The Virginia Department of Medical Assistance Services

Division of Program Ops

Rates Effective with Dates of Service on or after July 1, 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 (FFS) 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)**

DMAS FFS Air Ambulance Rates Beginning with Dates of Service on or after July 1, 2012

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

Payment Calculation

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

- a. Rotary Service CPT Code A0431 is paid at \$1,307.29 for “1” unit
- b. Rotary Mileage CPT Code A0436 is paid at \$ 8.60 per Loaded Mile

Example: Emergency Air Ambulance Rotary Transport with 83 loaded miles.

Service - (1) unit	=	\$1,307.29
83 miles x \$ 8.60	=	<u>\$ 713.80</u>
Total		\$2,021.09

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 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 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.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.