



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

"Neonatal Ambulance Rates" (Fee For Service)

CPT/HCPCS Codes

**Neonatal Ambulance Service (A0225) with
Mileage (A0425) – Must include Modifier "U1" in block 24d**

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 Neonatal Ambulance Transports

Neonatal Ambulance (A0225) and Mileage (A0425) with modifier “U1” in block 24d.

Calculating Neonatal Ground Ambulance payments for DOS Nov 1, 2009 to Jun 30, 2012:

1. Neonatal Ambulance claims will be paid using the following calculation:
 - a. Service CPT Code A0225 is paid at \$120.00 for “1” unit
Mileage CPT Code A0425 with “U1” modifier in block 24d is paid at \$6.00 per Mile.

Example: Transport for 83 miles.

Service “1” unit =	\$120.00
83 miles x \$6.00 =	<u>\$498.00</u>
Total	\$618.00

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

Note: Neonatal Ambulance claims submitted with a date of service (DOS) November 1, 2009 and forward will not require attachments. However, all Neonatal Ambulance claims are subject to a post claim review and/or 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 Neonatal transport.

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**

Crossover Claims For Neonatal 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://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.

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

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

DMAS Neonatal Ambulance Rate Table

A0225 and A0425 with MODIFIER "U1" in Block 24d

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

CPT/HCPCS Codes				CPT/HCPCS Codes			
Miles	A0225	A0425 "U1"	Total	Miles	A0225	A0425 "U1"	Total
1	\$ 120.00	\$ 6.00	\$126.00	46	\$ 120.00	\$ 276.00	\$396.00
2	\$ 120.00	\$ 12.00	\$132.00	47	\$ 120.00	\$ 282.00	\$402.00
3	\$ 120.00	\$ 18.00	\$138.00	48	\$ 120.00	\$ 288.00	\$408.00
4	\$ 120.00	\$ 24.00	\$144.00	49	\$ 120.00	\$ 294.00	\$414.00
5	\$ 120.00	\$ 30.00	\$150.00	50	\$ 120.00	\$ 300.00	\$420.00
6	\$ 120.00	\$ 36.00	\$156.00	51	\$ 120.00	\$ 306.00	\$426.00
7	\$ 120.00	\$ 42.00	\$162.00	52	\$ 120.00	\$ 312.00	\$432.00
8	\$ 120.00	\$ 48.00	\$168.00	53	\$ 120.00	\$ 318.00	\$438.00
9	\$ 120.00	\$ 54.00	\$174.00	54	\$ 120.00	\$ 324.00	\$444.00
10	\$ 120.00	\$ 60.00	\$180.00	55	\$ 120.00	\$ 330.00	\$450.00
11	\$ 120.00	\$ 66.00	\$186.00	56	\$ 120.00	\$ 336.00	\$456.00
12	\$ 120.00	\$ 72.00	\$192.00	57	\$ 120.00	\$ 342.00	\$462.00
13	\$ 120.00	\$ 78.00	\$198.00	58	\$ 120.00	\$ 348.00	\$468.00
14	\$ 120.00	\$ 84.00	\$204.00	59	\$ 120.00	\$ 354.00	\$474.00
15	\$ 120.00	\$ 90.00	\$210.00	60	\$ 120.00	\$ 360.00	\$480.00
16	\$ 120.00	\$ 96.00	\$216.00	61	\$ 120.00	\$ 366.00	\$486.00
17	\$ 120.00	\$ 102.00	\$222.00	62	\$ 120.00	\$ 372.00	\$492.00
18	\$ 120.00	\$ 108.00	\$228.00	63	\$ 120.00	\$ 378.00	\$498.00
19	\$ 120.00	\$ 114.00	\$234.00	64	\$ 120.00	\$ 384.00	\$504.00
20	\$ 120.00	\$ 120.00	\$240.00	65	\$ 120.00	\$ 390.00	\$510.00
21	\$ 120.00	\$ 126.00	\$246.00	66	\$ 120.00	\$ 396.00	\$516.00
22	\$ 120.00	\$ 132.00	\$252.00	67	\$ 120.00	\$ 402.00	\$522.00
23	\$ 120.00	\$ 138.00	\$258.00	68	\$ 120.00	\$ 408.00	\$528.00
24	\$ 120.00	\$ 144.00	\$264.00	69	\$ 120.00	\$ 414.00	\$534.00
25	\$ 120.00	\$ 150.00	\$270.00	70	\$ 120.00	\$ 420.00	\$540.00
26	\$ 120.00	\$ 156.00	\$276.00	71	\$ 120.00	\$ 426.00	\$546.00
27	\$ 120.00	\$ 162.00	\$282.00	72	\$ 120.00	\$ 432.00	\$552.00
28	\$ 120.00	\$ 168.00	\$288.00	73	\$ 120.00	\$ 438.00	\$558.00
29	\$ 120.00	\$ 174.00	\$294.00	74	\$ 120.00	\$ 444.00	\$564.00
30	\$ 120.00	\$ 180.00	\$300.00	75	\$ 120.00	\$ 450.00	\$570.00
31	\$ 120.00	\$ 186.00	\$306.00	76	\$ 120.00	\$ 456.00	\$576.00
32	\$ 120.00	\$ 192.00	\$312.00	77	\$ 120.00	\$ 462.00	\$582.00
33	\$ 120.00	\$ 198.00	\$318.00	78	\$ 120.00	\$ 468.00	\$588.00
34	\$ 120.00	\$ 204.00	\$324.00	79	\$ 120.00	\$ 474.00	\$594.00
35	\$ 120.00	\$ 210.00	\$330.00	80	\$ 120.00	\$ 480.00	\$600.00
36	\$ 120.00	\$ 216.00	\$336.00	81	\$ 120.00	\$ 486.00	\$606.00
37	\$ 120.00	\$ 222.00	\$342.00	82	\$ 120.00	\$ 492.00	\$612.00
38	\$ 120.00	\$ 228.00	\$348.00	83	\$ 120.00	\$ 498.00	\$618.00
39	\$ 120.00	\$ 234.00	\$354.00	84	\$ 120.00	\$ 504.00	\$624.00
40	\$ 120.00	\$ 240.00	\$360.00	85	\$ 120.00	\$ 510.00	\$630.00
41	\$ 120.00	\$ 246.00	\$366.00	86	\$ 120.00	\$ 516.00	\$636.00
42	\$ 120.00	\$ 252.00	\$372.00	87	\$ 120.00	\$ 522.00	\$642.00
43	\$ 120.00	\$ 258.00	\$378.00	88	\$ 120.00	\$ 528.00	\$648.00
44	\$ 120.00	\$ 264.00	\$384.00	89	\$ 120.00	\$ 534.00	\$654.00
45	\$ 120.00	\$ 270.00	\$390.00		etc....	etc....	

DMAS Neonatal Service Rate is \$120.00 plus \$6.00 per mile. Maximum Neonatal rate is \$1200.00 per transport. This includes service charge of \$120.00 plus a maximum of 180 miles.