

Provider Type 32 Ambulance, Air or Ground Reimbursement Schedule

This schedule reflects rate data as of : 4/1/2018

The information contained in the schedule is made available to provide information and is not a guarantee by the State or the Department or its employees as to the present accuracy of the information contained herein. For example, coverage as well as an actual rate may have been revised or updated and may no longer be the same as posted on the website.

This provider type was last subject to a rate review* on : 11/2016

**Rate review refers to a comprehensive review of all the rates associated with this provider type. In 2017 the NV Legislature passed Assembly Bill 108 which, starting in 2018, requires NV Medicaid to perform a comprehensive rate review for each provider type at least once every four years. These reviews may or may not result in changes to reimbursement amounts.*

Notes:

Procedure codes with a rate of \$0.00 are reimbursed at 62% of Usual and Customary charges unless noted otherwise in Nevada Medicaid policy. CPT codes, descriptions and other data only are copyright © 2008 American Medical Association. All rights reserved. Applicable FARS/DFARS apply. CPT is a registered trademark ® of the American Medical Association.

Proc Code	Description	Mod	Rate	Rate Begin Date
90460	Im admin 1st/only component		18.82	7/1/2016
90471	Immunization admin		18.82	7/1/2016
90472	Immunization admin each add		9.32	7/1/2016
90473	Immune admin oral/nasal		18.82	7/1/2016
90474	Immune admin oral/nasal addl		9.32	7/1/2016
99341	Home visit new patient		35.75	7/1/2016
99342	Home visit new patient		51.61	7/1/2016
99343	Home visit new patient		84.25	7/1/2016
99344	Home visit new patient		117.79	7/1/2016
99345	Home visit new patient		141.97	7/1/2016
99347	Home visit est patient		36.00	7/1/2016
99348	Home visit est patient		54.40	7/1/2016
99349	Home visit est patient		82.31	7/1/2016
99350	Home visit est patient		114.82	7/1/2016
A0225	Neonatal emergency transport		247.00	7/1/2013
A0380	Basic life support mileage		4.74	7/1/2013
A0390	Advanced life support mileag		4.74	7/1/2013
A0425	Ground mileage		4.74	7/1/2013
A0426	ALS 1		219.73	7/1/2013
A0427	ALS1-EMERGENCY		247.00	7/1/2013
A0428	BLS		175.71	7/1/2013
A0429	BLS-EMERGENCY		187.58	7/1/2013
A0430	FIXED WING AIR TRANSPORT		1911.37	7/1/2013
A0431	ROTARY WING AIR TRANSPORT		1918.57	7/1/2013
A0432	Pi volunteer ambulance co		271.85	7/1/2013
A0433	ALS 2		481.79	7/1/2013

Proc Code	Description	Mod	Rate	Rate Begin Date
A0434	SPECIALTY CARE TRANSPORT		569.39	7/1/2013
A0435	Fixed wing air mileage		7.13	7/1/2013
A0436	Rotary wing air mileage		18.07	7/1/2013
Q3014	TELEHEALTH FACILITY FEE		24.24	7/1/2016