Community Paramedicine

Policy

Starting with dates of service on or after July 1, 2016, Community Paramedicine is a billable service under Provider Type (PT) 32 specialty 249. Services must be delivered according to a recipient-specific plan of care under the supervision of a Nevada-licensed primary care provider (PCP). See Medicaid Services Manual (MSM) Chapter 600, Section 604, Community Paramedicine for Nevada Medicaid policy.

Only EMS agencies and hospitals, along with individual EMTs who are employed at these types of organizations can enroll into PT 32 specialty 249 to conduct Community Paramedicine services.

Fee schedule

Rates are available on the Provider Web Portal at www.medicaid.nv.gov through the Search Fee Schedule function for Fee-for-Service, which is listed under "Featured Links" on the left side of the webpage.

Please contact the Managed Care Organizations for their fee schedules.

Prior authorization

Fee-for-Service does not require prior authorization services for Community Paramedicine services. Please contact the Managed Care Organizations to determine if there are any service limitations or prior authorization requirements.

Prior authorization does not guarantee payment of a claim. Payment is contingent upon eligibility, available benefits, contractual terms, limitations, exclusions, coordination of benefits and other terms and conditions set forth by the benefit program.

Covered services

The following services are considered Community Paramedicine services:

- Evaluation/health assessment;
- Chronic disease prevention, monitoring and education;
- Medication compliance;
- Vaccinations;
- Laboratory specimen collection and point of care lab tests;
- Hospital discharge follow-up care;
- Minor medical procedures and treatments within their scope of practice as approved by the Emergency Medical Services (EMS) agency's medical director;
- A home safety assessment; and
- Telehealth originating site.

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Billing information

CPT / HCPCS Codes

The following are allowed Current Procedural Terminology (CPT) codes and Healthcare Common Procedure Coding System (HCPCS) code to be billed under Community Paramedicine services:

Code	Description	Units
90460	IM Administration 1st only/component	1 unit per claim
90471	Immunization Admin	1 unit per claim
90472	Immunization Admin each additional	1 unit per claim line
90473	Immune Admin oral/nasal	1 unit per claim
90474	Immune Admin oral/nasal additional	1 unit per claim line
99341	Home visit new patient- low severity 20 min	1 unit per claim
99342	Home visit new patient – mod severity 30 min	1 unit per claim
99343	Home visit new patient – mod-hi severity 45 min	1 unit per claim
99344	Home visit new patient – 60 min	1 unit per claim
99345	Home visit new patient – 75 min	1 unit per claim
99347	Home visit established patient – self-limited/minor 15 min	1 unit per claim
99348	Home visit established patient – low-mod severity 25 min	1 unit per claim
99349	Home visit established patient – mod-hi severity 40 min	1 unit per claim
99350	Home visit established patient – 60 min	1 unit per claim
Q3014	Telehealth originating site facility fee	1 unit per claim

How to submit claims for Community Paramedicine

EMS agencies and hospitals must bill Community Paramedicine under PT 32 specialty 249 with the appropriate National Provider Identifier (NPI) and, if applicable, Taxonomy Code that was on their enrollment information for PT 32 specialty 249.

EMS agencies and hospitals must have a separate NPI that will only be used for Community Paramedicine claims.

EMS agencies and hospitals will submit claims as the “Billing” provider with the individual EMT as the “Performing/Servicing” provider.

Follow the instructions specified in the Transaction 837P – Professional Health Care Claim and Encounter EDI Companion Guide, which is available on the Electronic Claims/EDI webpage, and Electronic Verification System (EVS) Chapter 3 Claims, which is available on the EVS User Manual webpage.

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Vaccinations

Vaccinations are a covered benefit under Community Paramedicine. All vaccinations administered to adults must be billed with the National Drug Code (NDC) code of the vaccine and the CPT code for the administration fee. Please do not bill the CPT code for the vaccine itself as this will deny.

Nevada Medicaid and Nevada Check Up do not reimburse providers for Vaccines for Children (VFC) vaccines. Providers are encouraged to enroll with the VFC Program, which provides free vaccines for eligible children. To enroll as a VFC provider, visit the Nevada Division of Public and Behavioral Health (DPBH) website. Bill administration codes at the usual and customary charge, and bill vaccines at a zero dollar amount. See the Centers for Disease Control and Prevention (CDC) website for more information on the VFC Program.

Medicare and Medicaid Recipients

Community Paramedicine is a covered service for recipients that have both Medicare and Medicaid benefits. Please review Medicaid Services Manual (MSM) Chapter 100, Section 104.1 titled "Payment Limits and Exceptions" at Chapter 100 for instructions on how to bill for Community Paramedicine when Medicare does not cover these services.

Non-covered services

The following are not billable under Community Paramedicine services:

- Travel time;
- Mileage;
- Services related to hospital-acquired conditions or treatment;
- If the recipient has a medical emergency requiring an emergency response, the ambulance transport will be billed under the ambulance medical emergency code;
- Duplicated services; and
- Personal care services.