



State of New Mexico
Medical Assistance Program Manual
Supplement



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TO: ALL GROUND AMBULANCE PROVIDERS
FROM: CAROLYN INGRAM, DIRECTOR, MEDICAL ASSISTANCE DIVISION
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SUBJECT: TREATMENT AT THE SCENE WITHOUT TRANSPORT

In accordance with Medicaid policy 8.324.7.16 NMAC, the provider's billed charge must be the provider's usual and customary charge for services. For providers with tariffs, the billed charge must be the lesser of the charges allowed by the provider's tariff or the provider's usual and customary charge. Medicaid reimburses the lesser of the provider's billed charge for the service or the Medical Assistance Division maximum allowed amount.

In order to assure that all providers are billing and being reimbursed correctly for all recipients, the following HCPCS code, modifiers, descriptions and reimbursement rates have been authorized for use effective April 1, 2006.

HCPCS CODE	MODIFIER	DESCRIPTION	REIMBURSED AMOUNT
A0998 (replaced T2006)	QL	Patient declared dead upon amb. arrival; OR basic life support assessment of recipient's condition made, but no treatment rendered	\$45
A0998	UA	Amb. team renders advanced life support according to medical protocol; patient refuses transport	\$96
A0998	UB (replaced 52)	Amb. team renders basic life support according to medical protocol; patient refuses transport	\$75
A0998	UD	Patient expired at scene despite treatment by amb. team	BLS - \$262.01 ALS - \$271.86

A copy of the Transportation policy (8.324.7 NMAC) is available on the Medical Assistance Division web site at www.state.nm.us/hsd/mad.html. If you do not have Internet access, you may request a copy by contacting the Medical Assistance Division at (505) 827-3156. Questions regarding this supplement should be directed to Rose Armijo, Benefits Bureau (505) 827-6200.