

Ambulance Provider Speed Guide



This convenient guide will help you quickly locate information about the Blue Cross and Blue Shield of Louisiana (BCBSLA) Ambulance Network program. Additional information is available in the *Professional Provider Office Manual*.

BCBSLA generally covers two types of ambulance claims when the requirements outlined in this speed guide are followed:

GROUND

ALS – advanced life support BLS – basic life support

AIR

All air ambulance claims require medical review. The medical necessity of air versus land transportation will be evaluated in every case. If it is determined that air transportation was not medically necessary, then the applicable land rate will apply.

PARTICIPATING AMBULANCE RESPONSIBILITIES

- File claims for all Blue Cross and Blue Shield (BCBS) patients.
- Collect the applicable copayment, coinsurance and/or deductible amount for covered services from the member.
- Accept the BCBSLA payment plus the subscriber's deductible, coinsurance and/or copayment (if applicable), as payment in full for covered services
- File only the codes listed in your contract. This will prevent returned claims and/or delays in claim processing.
- Patient signatures are not required for filing claims. Claim payment will be based on assignment of benefits.

AUTHORIZATION REQUIREMENTS

Traditional/Preferred Care PPO

Ground emergency, non-emergency & air emergency services

– Prior authorization is not required but the provider is advised to submit the trip notes with the claim. It will be reviewed for medical necessity once the claim has been received.

Air non-emergency services – An authorization must be obtained from BCBSLA prior to services being rendered.

(800) 922-8866, option 2 – Authorization Unit*

Advantage Blue POS/HMO Louisiana Inc. (HMOLA)

Emergency services – Emergency ambulance services do not require prior authorization, but the provider is advised to submit the trip notes with the claim. It will be reviewed for medical necessity once the claim has been received.

Non-emergency services – An authorization is required from BCBSLA/HMOLA. No payment will be made for non-emergency services rendered without prior authorization by BCBSLA/HMOLA and the patient cannot be balance billed. If a member contacts you to request non-emergency services, you must obtain an authorization from BCBSLA/HMOLA prior to rendering services.

(800) 922-8866, option 2 – Authorization Unit *

BlueCard® Program (Out-of-State)

BlueCard – Claim payments are based on medical necessity and patients' contract benefits.

BlueCard benefits are determined by the member's Home Plan. To inquire out-of-state members' benefits, call the BlueCard Eligibility® line at (800) 676-BLUE (2583). This toll-free number will link you to the patient's BCBS plan when you enter his/her three-letter alpha prefix.

NOTE: For BlueCard authorizations, you should continue to call the telephone numbers listed on the member's ID card.

Federal Employee Program

The Federal Employee Program (FEP) covers ambulance services under both the Basic and Standard Options. FEP covers local professional ambulance transport services to and from the nearest hospital equipped to adequately treat the member's condition, when medically appropriate, and when related to accidental injury. Coverage for ambulance services of a non-emergency nature is not available.

Benefits are provided locally by BCBSLA through our FEP department by choosing the FEP option when calling Provider Services at (800) 922-8866, option 4.

- * To reach the Blue Cross Authorization Unit when calling Provider Services; (800) 922-8866:
(Please have your Blue Cross provider number, member's ID number and member's date of birth handy when calling.)
Choose 2 for Precertifications/Preauthorizations.
- Option 1 - Status of previously requested preauthorization/precertification
 - Option 2 - Request a new preauthorization/precertification

AMBULANCE MODIFIERS

- D** Diagnostic or therapeutic site other than P or H when these are used as origin codes
- E** Residential, domiciliary or custodial facility
- G** Hospital-based dialysis facility
- H** Hospital
- I** Site of transfer between modes of ambulance transport
- J** Non-hospital based dialysis facility
- N** Skilled nursing facility (SNF)
- P** Physician's office
- R** Residence
- S** Scene of accident or acute event
- X** Intermediate stop at physician office on the way to the hospital (destination code only)
- AS** Ambulance trip to an out-of-state hospital (Medicaid only)
- EE** Ambulance trip from an extended care facility (ECF) or nursing home to another ECF or nursing home
- EH** Ambulance trip from an ECF or nursing home to a hospital
- EP** Ambulance trip from an ECF or nursing home to a physician's office
- ER** Ambulance trip from an ECF or nursing home to a patient's residence
- HE** Ambulance trip from a hospital to an ECF or nursing home
- HH** Ambulance trip for discharge/transfer from one hospital to another hospital
- HR** Ambulance trip from a hospital to a patient's residence
- HT** Ambulance trip from one hospital to another for diagnostic and/or therapeutic services and return
- JN** Ambulance trip from a non-hospital based dialysis facility to a skilled nursing facility
- NJ** Ambulance trip from a skilled nursing facility to a non-hospital based dialysis facility
- PH** Ambulance trip from a physician's office to a hospital
- QL** Patient pronounced dead after ambulance call
- QM** Ambulance service provided under arrangement by a provider of services
- QN** Ambulance service furnished directly by a provider of services
- RA** Ambulance trip from the patient's residence to a physician's office
- RE** Ambulance trip from the patient's residence to an ECF or nursing home
- RH** Ambulance trip from the patient's residence to a hospital
- SH** Ambulance trip from the scene of an accident to a hospital
- XX** Ambulance trip from the patient's residence, ECF or nursing home to a physician's office and then to a hospital

Electronic provider resources:

Provider Page – there is a wealth of information available to providers on the Provider page of our website. Visit www.bcbsla.com, then click on Provider.

iLinkBLUE – providers can check patient eligibility, claim status, allowable charges, payment information, medical policies and more.

Submit claims electronically via:

iLinkBLUE

(more in iLB section of Provider page)

Clearinghouses

(more in Clearinghouse Services section of Provider page)

Direct electronic payment:

Electronic Funds Transfer (EFT)

(more in EFT section of Provider page)

Provider Call Centers

Always have your NPI or Blue Cross provider number available when calling.

Provider Services

(800) 922-8866

- Option 1 - Fax or Voice Summary of Benefits or Claim Status
- Option 2 - Precertification / Authorization
- Option 3 - Out of State Policy
- Option 4 - Federal Employee Program – FEP
- Option 5 - All other Calls - Network Administration Division

Network Administration

(800) 716-2299

- Option 1 - Network Development
 - Option 2 - Credentialing
 - Option 3 - Network Operations
- network.administration@bcbsla.com

iLinkBLUE & Electronic Funds Transfer

LINKLine (800) 216-BLUE (2582) or (225) 293-LINK (5465)
ilinkblue.providerinfo@bcbsla.com

Electronic Claims Submission/Clearinghouse

(225) 291-4334 or edich@bcbsla.com

Fraud & Abuse Hotline

(800) 392-9249

Call 24/7. You can remain anonymous. All reports are confidential.

Member Benefits

Call number on the Member's ID card.

Case & Disease Management

(800) 317-2299

Where To Send Hardcopy Claims



Mail to BCBSLA

PO Box 98029

Baton Rouge, LA 70898-9029