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

<table>
<thead>
<tr>
<th>TYPE</th>
<th>SERVICES</th>
</tr>
</thead>
<tbody>
<tr>
<td>GROUND</td>
<td>ALS – advanced life support</td>
</tr>
<tr>
<td>AIR</td>
<td>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.</td>
</tr>
</tbody>
</table>

PARTICIPATING AMBULANCE RESPONSIBILITIES
- File claims for all Blue Cross and Blue Shield patients, including third-party liability claims.
- Collect the applicable copayment, coinsurance and/or deductible amount for covered services from the member.
- Accept the Blue Cross payment plus the member’s deductible, coinsurance and/or copayment (if applicable), as payment in full for covered services.
- Reimbursement will be available for only those medically necessary codes listed in your contract.
- Patient signatures are not required for filing claims. Claim payment will be based on assignment of benefits.

NON-TRANSPORT SERVICES ARE NOT BILLABLE TO BLUE CROSS

AUTHORIZED REQUIREMENTS
- Preferred Care PPO
  Emergency services (air or ground) and ground non-emergency services – Prior authorization is not required but the provider is advised to submit the trip notes with the claim. Claims are reviewed for medical necessity.
  Air non-emergency services – An authorization must be obtained prior to services being rendered.
- HMO Louisiana Inc., BlueConnect & Community Blue
  Emergency services (air or ground) – Prior authorization is not required but the provider is advised to submit the trip notes with the claim. Claims are reviewed for medical necessity.
  Non-emergency services (air) – An authorization must be obtained prior to services being rendered. No payment will be made for non-emergency air services rendered without prior authorization and services are not billable to the member. If a member contacts you to request non-emergency air services, you must obtain an authorization from HMO Louisiana prior to rendering services.
  Non-Emergency services (ground) – An authorization is not required for non-emergency ground services. Please note our criteria for approval of non-emergency ground ambulance transport described below. If the non-emergency transport criteria listed below is not met an authorization is recommended to determine medical necessity of the services prior to being provided. Failure to obtain an authorization of non-emergency ambulance services will result in our review for medical necessity prior to any payment determination.

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 about out-of-state members’ benefits, call the BlueCard Eligibility® line at 1-800-676-BLUE (1-800-676-2583). This toll-free number will link you to the patient’s BCBS plan after you enter the three-letter alpha prefix. For BlueCard authorizations, call the authorization number 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 through our FEP Customer Service Unit at 1-800-272-3029.

NON-EMERGENCY TRANSPORT
Blue Cross and HMO Louisiana member benefits may be available for ambulance services for local transportation of members for non-emergency conditions to obtain medically necessary diagnostic or therapeutic Outpatient services (e.g., MRI, CT scan, dialysis, wound care, etc.), when the member is bed-confined or his/her condition is such that the use of any other method of transportation is contraindicated.

The member must meet all of the following criteria for bed-confine:ment:
1) unable to get up from bed without assistance; and
2) unable to ambulate; and
3) unable to sit in a chair or wheelchair.

Transport by a wheelchair van is not a covered ambulance service.

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Blue Cross and Blue Shield of Louisiana is incorporated as Louisiana Health Service & Indemnity Company. HMO Louisiana, Inc. is a subsidiary of Blue Cross and Blue Shield of Louisiana. Both companies are independent licensees of the Blue Cross and Blue Shield Association.
AMBLUANCE MODIFIERS
Ambulance services must be reported with a combination of two modifiers listed below—the first character representing the origin and the second character representing the destination.

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)

REPORT FULL AMBULANCE MILES
The Centers for Medicare & Medicaid Services (CMS) established a new rule for 2011 regarding how to report fractional mileage amounts for ambulance services. Their rule requires ambulance providers and suppliers to bill mileage that is accurate to a tenth of a mile.

At this time, Blue Cross is not able to accommodate this CMS change; therefore, we will not accept mileage billed in increments of less than a full mile. Mileage billed with decimal places will not be recognized for claims processing.

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

Provider Services 1-800-922-8866
Network Administration 1-800-716-2299
Option 1 - Network Development network.development@bcbsla.com
Option 2 - Credentialing network.administration@bcbsla.com
Option 3 - Network Operations network.administration@bcbsla.com
Option 4 - Provider Relations provider.relations@bcbsla.com
iLinkBLUE & Electronic Funds Transfer
LINKLine 1-800-216-BLUE (1-800-216-2583) or 225-293-LINK (225-293-5465) or ilinkblue.providerinfo@bcbsla.com

Electronic Claims Submission/Clearinghouse
225-291-4334 or edich@bcbsla.com

Fraud & Abuse Hotline 1-800-392-9249
Call 24/7. You can remain anonymous. All reports are confidential.

Member Benefits
Call number on the Member’s ID card.

Case & Disease Management 1-800-317-2299

AIM Specialty Health (AIM) 1-866-455-8416
For imaging authorizations.

AMBULANCE SERVICES PERFORMED BY NON-CONTRACTED / NON-PARTICPATING PROVIDERS
• Payment will be made directly to the member for non-emergency related services. Please collect ALL payments—including any applicable copayment, coinsurance or deductible amount—directly from the member.
• Payment will be made directly to the ambulance company for true emergency-related services. Please collect any applicable copayment, coinsurance or deductible amounts from the member.

Get a copy of our updated Professional Provider Office Manual online at www.bcbsla.com/providers >Education on Demand or on iLinkBLUE under Manuals.

ZIP CODES ON AIR AMBULANCE CLAIMS
Air ambulance providers must include the 5-digit zip code of the point-of-pick-up on claims. This is required for both emergent and non-emergent air ambulance services. This claims filing requirement also applies for Medicare crossover claims when Medicare’s benefits do not cover the claim.

• For claims filed electronically through a clearinghouse, include the pick-up location zip code in the 2310E Ambulance Pick-up Location Loop of the ASC X12N Health Care Claim (837).
• For hardcopy and iLinkBLUE-filed claims, include the pick-up location zip code on line 23 of the CMS-1500 claim form.

Claims that do not include the point-of-pick-up zip code on the claim will be denied for insufficient information.

Where to file claims:
• If the pick-up is in Louisiana, the claim should be filed directly to Blue Cross and Blue Shield of Louisiana.
• If the pick-up is outside of Louisiana, the claim should be filed to the local Blue Plan that covers the area of pick-up.
• If the pick-up is outside of the United States, Puerto Rico or U.S. Virgin Islands, the claim must be filed to the BlueCard Worldwide Program (www.bluecardworldwide.com).