

® Marks of the Blue Cross and Blue Shield Association

AMBULANCE REIMBURSEMENT POLICY

File Name: ambulance_MA Origination: 06/2023 Last Review: 08/2023 Next Review: 12/2023

Description

An ambulance is a specially equipped vehicle designed and supplied with materials and devices to provide life-saving and supportive treatments or interventions during the transportation of ill or injured patients. The patient's clinical condition is such that the use of any other method of transportation would be contraindicated.

The vehicle must be designed and equipped to respond to medical emergencies and, in non-emergency situations, be capable of transporting individuals with acute medical conditions.

Ambulance and medical transport services may involve ground, air or sea transport in both emergency and non-emergency situations.

Policy

Blue Cross Blue Shield North Carolina (Blue Cross NC) will reimburse for ambulance transport, services and supplies according to the criteria outlined in this policy.

Reimbursement Guidelines

Ambulance transport, services and supplies submitted on a professional claim form are only eligible when filed with place of service 41 or 42.

Ambulance transport, services and supplies submitted on a facility claim form are only eligible when filed with bill types 013x, 022x, 023x, 083x, or 085x.

Ambulance transport, services and supplies are ineligible for reimbursement.

Reimbursement of revenue code 540 is limited to ambulance related services.

Ambulance Services and Supplies

The ambulance is medically equipped to include all supplies and services to provide the patient with the quality and care consistent with the transport level of care. These essential items and supplies provided by the ambulance are not separately reimbursable and are considered incidental to ambulance transport services.



® Marks of the Blue Cross and Blue Shield Association

Ambulance transport services are not eligible for reimbursement when the destination and origination modifiers are not present.

Ambulance transport or ambulance services are not eligible for reimbursement when modifiers QN or QM are not present on a facility claim form.

Air ambulance services and transport are only eligible for reimbursement when filed with one of the following modifiers: DH, EH, GH, HH, HI, IH, IH, IH, NH, PH, RH, SH, SI.

Ambulance mileage is only eligible for reimbursement when an ambulance transport code has been reimbursed for the same date of service.

Ambulance transport is only eligible for reimbursement when ambulance mileage has been submitted for the same date of service, unless transport is filed with modifier QL.

Member Deceased After Ambulance Called But Prior To Transport (Modifier QL)

Reimbursement for ambulance services will be limited to basic life support (BLS).

Ambulance Mileage is not eligible for reimbursement.

Billing and Coding

Applicable codes are for reference only and may not be all inclusive. For further information on reimbursement guidelines, please see the Blue Cross NC web site at Blue Cross NC.

Related policy

Modifier Guidelines

Ambulance and Medical Transport Services (Medical Policy)

References

CMS Processing Manual - Ambulance

History

06/13/2023	New policy developed. Medical Director approved. Notification on 6/13/2023 for effective	ə
	date 8/18/2023. (tlc)	

Application



® Marks of the Blue Cross and Blue Shield Association

These reimbursement requirements apply to all Blue Medicare HMO, Blue Medicare PPO, Blue Medicare Rx members, and members of any third-party Medicare plans supported by Blue Cross NC through administrative or operational services.

This policy relates only to the services or supplies described herein. Please refer to the Member's Evidence of Coverage (EOC) for availability of benefits. Member's benefits may vary according to benefit design; therefore member benefit language should be reviewed before applying the terms of this policy.

Legal

Reimbursement policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the group contract and subscriber certificate that is in effect at the time services are rendered. This document is solely provided for informational purposes only and is based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and knowledge are constantly changing and Blue Cross NC reserves the right to review and revise its medical and reimbursement policies periodically.

BLUE CROSS®, BLUE SHIELD® and the Cross and Shield symbols are marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans. All other marks and trade names are the property of their respective owners. Blue Cross and Blue Shield of North Carolina is an independent licensee of the Blue Cross and Blue Shield Association.