Ambulance and Emergency Medical Transport Services
Understanding the basics of BCBSNC processes

Visit us at bcbsnc.com
Agenda

- Enrollment
- Policy Overview
- Electronic Solutions
- Billing and Reimbursement
- Federal Employee Program
- Blue Medicare HMO SM and Blue Medicare PPO SM
- BlueCard® Program
- Contact Information and Resources
Enrollment
Benefits of enrolling

* Eligible providers enrolled with BCBSNC can provide services that are considered for member’s in-network benefits.

* Additional benefits of contracting with BCBSNC includes:
  - Claims payment sent directly to you
  - Lower member out-of-pocket costs
  - Online access to view eligibility, benefits, and detailed claim information via Blue eSM
Contracting basics

+ EMS providers interested in becoming a participating provider can visit us on the Web at www.bcbsnc.com/providers. From the provider’s homepage, select “Network Participation”.

  Note: A copy of, or a substitute W9 – also available for download on the Web – is required when submitting your enrollment packet.

+ Provider’s with general inquiries regarding the contracting process should contact:

  BCBSNC Network Management
  Phone: 1-800-777-1643
  Email: NMSpecialist@bcbsnc.com
  Fax: 919-765-4349
Contracting basics

+ Once BCBSNC is in receipt of the enrollment paperwork, we will mail the “Ambulance Participation Agreement” along with the reimbursement exhibit to the provider.

+ Once we are in receipt of your signed contract, providers are loaded as participating within 30 days.

+ Credentialing is only required for providers interested in participating in our Blue Medicare products.
BCBSNC will provide Ambulance and Medical Transport Services when they are determined to be medically necessary because the medical criteria and guidelines are met.

BCBSNC Corporate Medical Policies are available online at: www.bcbsnc.com/providers.
Policy Guidelines

- Ambulance and medical transport services should be operated according to all applicable laws and must have all the appropriate, valid licenses and permits.

- Reusable devices are considered an integral part of the general ambulance and medical transport services and are not eligible for coverage as separate services.

- Unusual ambulance and medical transport services, such as advanced life support charges, and those situations involving air or sea transport should be reviewed by individual consideration.
“Emergency” defined

The sudden or unexpected onset of a condition of such severity that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in a severe, acute condition.
What’s covered?

+ **Ground emergency ambulance service** for the transport of a patient is considered medically necessary when **all** the medical criteria has been met as outlined in the Corporate Medical Policy.

+ **Non-emergency medical transport services** for the transport of a hospital inpatient to another facility for specialized services are considered eligible for coverage when **all** the medical criteria has been met as outlined in the Corporate Medical Policy.

+ **Air or Sea Ambulance services** may be medically necessary in exceptional circumstances. **All** of the criteria pertaining to ground transportation must be met, as well as one of the additional conditions outlined in the Corporate Medical Policy.
What’s not covered?

- When the medical guidelines outlined in BCBSNC’s Corporate Medical Policy have not been met.
- If the patient is legally pronounced dead before the ambulance is called.
- Transportation provided primarily for the convenience of the patient, patient’s family or physician.
- Transportation for the purpose of receiving a service considered NOT medically necessary, even if the destination is an appropriate facility.
Electronic Solutions
Participation is strongly encouraged in all electronic options available to BCBSNC providers, including:

• Blue e:
  – Internet-based application for verification of membership eligibility, claims submission and inquiry, admission notification, and much more.
  – BCBSNC provides this service free-of-charge.

• Electronic Funds Transfer (EFT):
  – Easiest and most convenient choice for receiving reimbursement from BCBSNC.
  – Payments transferred electronically post to your account before normal checks, making your funds accessible sooner.
Signing up for Blue e is easy!

+ In order to utilize Blue e, providers must have a registered NPI with BCBSNC.
+ Complete the Blue e Interactive Network Agreement online.
+ After your completed forms are received, eSolutions will process your setup request.
+ An eSolutions analyst will then contact you via email to provide you with your User ID and password, and instructions to utilize the system.
+ You can expect to be using Blue e within two weeks of our receipt of the completed Interactive Network Agreement.
Signing up for EFT is easy!

- Access Blue e to complete the enrollment form or visit us online at: www.bcbsnc.com/providers.
  - The form is available for download from the “Network Participation” page, as well as the “Forms and Documentation” page.

- There is no cost for the service.
Billing and Reimbursement
Timely filing guidelines

+ Claims must be submitted within 180 days of services being rendered, with the exception of claims for FEP members.

+ Claims for FEP members must be filed by December 31 of the year after services were rendered or date of discharge.
Claims submission

- Submitting the correct and necessary information the first time will prevent claims from being mailed back to you.
- To ensure claims are paid correctly, it is imperative that we receive all the necessary codes when claims are submitted to BCBSNC for consideration.
- In addition to the HCPCS codes, please assign ICD-9 codes as appropriate based on the patient’s symptoms.
- Remember to give the correct modifiers indicating the location of the service and destination for the trip.
Billing recommendations

+ Origin and destination modifiers must be listed in the first modifier field for ALL SERVICE LINES on the claim.

  - Claims will deny systematically if the modifier does not begin or end with - D, E, G, H, I, J, N, P, R, S. This includes the modifier “X” - a destination modifier only.

+ For medical necessity review of non-emergency transport, a completed “trip sheet” in a legible format, expedites the review process.
Billing recommendations

- For Medicare Primary End Stage Renal Disease (ESRD) members transported to and from a dialysis center, ESRD must be the primary diagnosis on all service lines of the claim.

- Ensure appropriate use of codes A0998 and A0999
  - A0998 is vehicle response and treatment but no transport. A0998 can be reported similar to A0426 with claim lines for supplies, etc.
  - A0999 is typically an unlisted service but not a vehicle response.
BCBSNC has available online, an interactive copy of a “trip sheet”.

To access the form simply visit us at: www.bcbsnc.com/providers.
Medical Records

- Do not submit medical records unless they have been requested by BCBSNC.
- BCBSNC may request medical records for determination of medical necessity.
- Letters of support and/or explanation are often useful, but are not sufficient documentation unless all specific information needed to make a medical necessity determination is included.
ICD-10 – Are you ready?

+ ICD-10 codes must be used on all HIPAA transactions for dates of service on and after **October 1, 2013**. Otherwise, claims and other transactions will be rejected and will need to be resubmitted.

+ It is important to start now to prepare for the changeover to ICD-10 codes. Delays may impact your reimbursements.
ICD-9 to ICD-10 High-level Comparison

Today: ICD-9
- ICD-9-CM vol. 1 & 2 (Diagnosis)
  3-5 digits
  (e.g., 821.01 – Closed Fracture of shaft of femur)
  ~13,500 unique codes
- ICD-9-CM vol. 3 (Procedure)
  3-4 digits
  (e.g., 47.01 – Laparoscopic appendectomy)
  ~4,000 unique codes

Tomorrow: ICD-10
- ICD-10-CM (Diagnosis)
  3-6 alphanumeric plus qualifier
  (e.g., S72.344 – Displaced spiral fracture of shaft of right femur)
  ~69,000 unique codes
- ICD-10-PCS (Procedure)
  7 alphanumeric
  (e.g., ODTJ4ZZ – Laparoscopic appendectomy)
  ~72,000 unique codes
ICD-10: Industry resources

+ **BCBSNC**
  - [http://www.bcbsnc.com/content/providers/legislative/icd10.htm](http://www.bcbsnc.com/content/providers/legislative/icd10.htm)

+ **CMS**

+ **AHA**

+ **AHIMA**
  - [http://www.ahima.org/icd10/](http://www.ahima.org/icd10/)

+ **AAPC**

+ **NCHICA**
  - [http://www.nchica.org/HIPAAAResources/icd10.htm](http://www.nchica.org/HIPAAAResources/icd10.htm)
Federal Employee Program
FEP pays for ground ambulance transportation as well as air ambulance transportation when appropriate for the patient’s condition.

Under both – Standard and Basic - Options, members pay a $100 copayment per day for ground ambulance services performed by both Preferred and Non-preferred ambulance providers.

For air or sea ambulance transportation, members pay $150 per day under both Standard and Basic Option.
Members having both Medicare Part B and Service Benefit coverage have covered medical costs for ground ambulance transportation for costs associated with treatment of a heart attack and hip replacement when using Preferred providers.

**Example:**

<table>
<thead>
<tr>
<th>Covered Medical Costs Associated With Treatment Of A Heart Attack</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Service</strong></td>
</tr>
<tr>
<td>----------------</td>
</tr>
<tr>
<td>Ambulance Transportation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Covered Medical Costs Associated With Hip Replacement</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Service</strong></td>
</tr>
<tr>
<td>----------------</td>
</tr>
<tr>
<td>Ambulance Transportation</td>
</tr>
</tbody>
</table>
Blue Medicare Medicare HMO
Blue Medicare Medicare PPO
Credentialing and Enrollment

+ Credentialing is required for participation in the Blue Medicare HMO and Blue Medicare PPO benefit plans.

+ Credentialing instructions and applications are available for download on the Web. From the provider’s homepage – [www.bcbsnc.com/providers](http://www.bcbsnc.com/providers) - select the “Network Participation” option.

+ Once credentialed, BCBSNC’s Network Management Department will send the following documents:
  - Medicare Provider Agreement
  - Provider Data and Services Form
  - W-9 Form
Coverage will be provided for services when it is determined to be medically necessary.

Refer to the member’s individual Evidence of Coverage (E.O.C.) for benefit determination.

Coverage determinations will be made in accordance with:

- The CMS national coverage decision
- General coverage guidelines included in original Medicare manuals unless superseded by operational policy letters or regulations
- Written coverage decisions of local Medicare carriers and intermediaries with jurisdiction for claims in the geographic area in which services are covered
Blue Medicare HMO plan members are required to stay within a large network of doctors, specialists and providers in order to receive covered benefits. Prior approval must be obtained for any non-emergency out-of-network services.

<table>
<thead>
<tr>
<th>BENEFIT</th>
<th>ORIGINAL MEDICARE</th>
<th>STANDARD</th>
<th>MEDICAL ONLY</th>
<th>ENHANCED</th>
</tr>
</thead>
</table>
Blue Medicare PPO

- Blue Medicare PPO provides members the freedom to choose in or out-of-network providers.
  - Members could share a greater portion of the cost when electing out-of-network services.

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Original Medicare</th>
<th>Enhanced</th>
<th>Enhanced Freedom</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulance Services (medically necessary ambulance services)</td>
<td>20% coinsurance</td>
<td>General</td>
<td>General</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Authorization rules may apply.</td>
<td>Authorization rules may apply.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>In-Network</td>
<td>In-Network</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$100 copay for Medicare-covered ambulance benefits.</td>
<td>$100 copay for Medicare-covered ambulance benefits.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Out-of-Network</td>
<td>Out-of-Network</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$100 copay for ambulance benefits.</td>
<td>$100 copay for ambulance benefits.</td>
</tr>
</tbody>
</table>
Getting paid

+ For fastest claims processing, file electronically!
+ Always verify the patient’s benefits.
+ All claims must be filed directly to BCBSNC at our Winston- Salem location:

    BCBSNC
    P.O. Box 17509
    Winston-Salem, NC 27116-7509

+ Claims must be submitted within 180 days of providing a service.
  – Claims submitted after 180 days will be denied unless mitigating circumstances can be documented.
+ BCBSNC cannot correct claims when incorrect information is submitted. Claims will be mailed back.
Prior Approval

Prior approval/precertification is required for ambulance transport to/from skilled nursing facilities. Members do not have the responsibility for obtaining prior approval / precertification.

To obtain prior approval call:
BCBSNC Care Management & Operations-Medicare C/D (CM&O)
1-888-296-9790 or 1-336-774-5400
Web portal connecting providers real-time for BCBSNC Medicare Advantage members.
  - Applicable for Medicare PPO and Blue Medicare HMO

With HealthTrio, providers can:
  - Verify member eligibility and benefits information
  - Verify provider information
  - Check claim status

Participation in our Blue Medicare HMO and Blue Medicare PPO Plans is required in order to register.
Registering for HealthTrio

- Go to www.healthtrioconnect.com
- Select the icon for Providers in the upper right hand corner to register.
- Print, complete, and fax the last page of the document accessed via the Print Security Agreement hyperlink to the fax number on the form.
Available to assist providers with the following:

- Eligibility Verification
- Claims Inquiries
- Benefit Inquiries

Before calling, have the following information available:

- Patient ID number
- Patient’s date of birth (mm/dd/yyyy)
- Date of service (mm/dd/yyyy)
- Amount of charge ($0.00)

Provider Information Line:
1-888-296-9790 or 1-336-774-5400
Monday through Friday
8:00 am until 5:00 pm

Remember: HealthTrio Connect can deliver information directly to your desktop!
IPP/BlueCard Program
Servicing out-of-area members
What is the IPP/BlueCard Program?

+ A program that enables members to obtain healthcare services while traveling or living in another Blue Plan’s service area.
  - For example, BCBS of IL member travels to North Carolina and receives care from BCBSNC.

+ A program that equips providers with one source, BCBSNC, for claims submission, claims payment, adjustments and issue resolution for patients from other Blue Plans.
Air Ambulance Providers

- Remote provider arrangements don’t apply to air ambulance providers.
- Although medical transport may happen across multiple Plans’ service areas, neither the pick-up location or the drop-off location is used to determine where the claim is filed.
- Claims from providers of emergency and non-emergency air/ground ambulance services (including medical transport entities, medical personnel and the like) are to be filed to the local Plan per local contractual arrangement.
- File to the local Plan based on the location of the provider who is submitting the claim.
Air Ambulance Claim Filing

Example

- An air ambulance located in Nebraska picked up an Illinois member in Wyoming and transported the member to Colorado.

- The provider should file the claim to Blue Cross and Blue Shield of Nebraska.
Medicare Advantage PPO<sup>SM</sup> Network Sharing

- Blue Medicare Advantage (MA) PPO Plans, including the Blue Medicare PPO plan, participate in network sharing.
- Network sharing allows all Blue Cross and Blue Shield (BCBS) MA PPO members to obtain in-network benefits when traveling or living in the service area of any other Blue MA PPO Plan as long as the member sees a contracted BCBS MA PPO provider.
- Providers will be reimbursed at the BCBSNC Blue Medicare PPO contracted rate.
Eligible Members

+ The “MA” in the suitcase indicates a member who is covered under the MA PPO network sharing program.

+ Use the same process you use today to verify eligibility by calling 1-800-676-Blue (2583) and providing the alpha prefix.

+ Blue Medicare PPO providers who also participate with BCBSNC have the added convenience to submit electronic eligibility requests for out-of-state Blue Plan members using Blue e.
Claims filing is simple!

+ Submit claims to BCBSNC. *Never file directly to the member’s home plan.*
+ Do not bill Medicare directly for any services rendered to a MA member. Payment will be made directly to BCBSNC.
+ Providers can collect from the member any applicable cost-sharing amount (i.e., co-pay, deductible).
+ Members may not be balance billed for any additional amounts.

Electronic Claims
Submit electronic claims to BCBSNC under your current BCBSNC billing practices

Paper Claims
Mailing address for paper claim forms:
P.O. Box 35
Durham, NC 27702
Contact Information & Resources
Customer Service Phone Numbers

- Provider Blue Line – 1.800.214.4844
  – Dedicated provider line for health care providers participating in BCBSNC commercial lines of business.
- Blue Medicare HMO/PPO – 1.888.296.9790
  – Dedicated provider line for health care providers participating in BCBSNC Blue Medicare HMO and Blue Medicare PPO benefit plans.
- Network Management – 1.800.777.1643
- eSolutions Customer Service – 1.888.333.8594
- IPP Blue Card (verify eligibility) – 1.800.676.BLUE (2583)
- IPP Blue Card (claims assistance) – 1.800.487.5522
- State Health Plan – 1.800.422.4658
- Federal Employee Program (FEP) – 1.800.222.4739
Online resources - bcbsnc.com/providers/

+ Online provider manuals
+ Medical policies
+ Important news
+ Prior review pages
+ Newsletters
+ Much more!
Questions

This presentation was last updated on [date]. BCBSNC tries to keep information up to date; however, it may not always be possible. For questions regarding any of the content contained in this learning module, please contact Network Management at 1.800.777.1643.