

Reimbursement Policy

Subject: **Transportation Services: Ambulance and Nonemergent Transport**

Policy Number: **G-07036**

Policy Section: **Transportation**

Last Approval Date: **10/13/2021**

Effective Date: **07/01/2021**

**** Visit our provider website for the most current version of our reimbursement policies. If you are using a printed version of this policy, please verify the information by going to <https://provider.healthybluenc.com>. ****

Disclaimer

These reimbursement policies serve as a guide to assist you in accurate claims submissions and to outline the basis for reimbursement by Blue Cross and Blue Shield of North Carolina (Blue Cross NC) if the service is covered by a Healthy Blue member's benefit plan. The determination that a service, procedure, item, etc. is covered under a member's benefit plan is not a determination that you will be reimbursed. Services must meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis as well as to the member's state of residence.

You must follow proper billing and submission guidelines. You are required to use industry standard, compliant codes on all claim submissions. Services should be billed with Current Procedure Terminology® (CPT) codes, Healthcare Common Procedure Coding System (HCPCS) codes, and/or revenue codes. These codes denote the services and/or procedures performed and, when billed, must be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our reimbursement policies apply to both participating and non-participating professional providers and facilities.

If appropriate coding/billing guidelines or current reimbursement policies are not followed, Blue Cross NC may:

- Reject or deny the claim.
- Recover and/or recoup claim payment.

These reimbursement policies may be superseded by mandates in provider, state, federal, or Centers for Medicare & Medicaid Services (CMS) contracts and/or requirements. Blue Cross NC strives to minimize delays in policy implementation. If there is a delay, we reserve the right to recoup and/or recover claims payment to the effective date in accordance with the policy. We reserve the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to the website.

<https://provider.healthybluenc.com>

Policy

Blue Cross NC allows reimbursement for transport to and from covered services or other services mandated by contract unless provider, state, federal, or CMS contracts and/or requirements indicate otherwise. Reimbursement is based on the guidelines in this policy.

Due to the complex nature of transportation services, we recommend that providers also review individual state guidelines for coverage requirements.

Nonemergent Transport Services

Nonemergency Medical Transport (NEMT) entails the transport of a member by nonmedically skilled personnel (laypersons) to receive covered services. There are several types of medical transports: ambulette/medi-van, wheelchair van, invalid coach, taxicab, mini-bus and public transportation.

In some instances, NEMT services are provided through a state vendor, not our company, in the states indicated in the exemptions section of this policy.

Reimbursement for medical transport services is based on receipt of a claim or an invoice from contracted transportation vendors or other suppliers detailing:

- The nonemergency medical transport base rate per trip, where a trip is defined by the origin and destination modifiers.
- Mileage.
- Parking and/or toll fees.

Ambulance Services

Reimbursement for ambulance services is based on:

- The ambulance base rate per trip in accordance with the medically necessary level of care provided to the member, where a trip is defined by the origin and destination modifiers.
- The fee schedule or contracted/negotiated rate for services and items separately reimbursable from the ambulance base rate.
- If ambulance transport is medically necessary for inpatient-to-inpatient transfer between hospital-based facilities, reimbursement is included in the inpatient stay.

Included in the Ambulance Base Rate

Services reimbursed as part of the ambulance base rate:

- Ambulance equipment and supplies:
 - Disposable/first aid supplies
 - Reusable devices/equipment
 - Oxygen
 - Intravenous (IV) drugs
- Ambulance personnel services

Separately Reimbursable from the Ambulance Base Rate

Services that are not part of the ambulance base rate are separately reimbursable expenses:

- Mileage
- Additional appropriately licensed medical personnel as medically necessary for member's health status
- Unusual waiting time
- Disposable/first aid supplies in greater than normal use

Non-reimbursable:

Blue Cross NC does not allow reimbursement of the following for any ambulance or medical transport service provided:

- A member who is not available (no-show)
- Additional rates for night, weekend and/or holiday calls
- Mileage in transit to pick up or drop off the member (unloaded mileage)
- Mileage for additional passengers
- Mileage for extra attendant for additional passengers
- Mileage when the transport service has been denied or is not covered
- Transport for a member's or caregiver's convenience
- Transport available free of charge
- For ambulance services **only**:
 - For reasons other than medical care
 - Where another means of transportation could be used without endangering the member's health
 - For separate reimbursement for services/items included in the base ambulance rate
 - For a higher level of care when a lower level is more appropriate
 - For both basic and advanced life support when advanced life support (ALS) services are provided
 - For services provided by the Emergency Medical Technician (EMT) in addition to ALS or basic life support base rates
 - For services provided on the ambulance by hospital staff
 - Additional ground and/or air ambulance providers who respond but do not transport the member
 - Transport from the member's home to a facility other than a hospital, skilled nursing facility, dialysis facility or nursing home
 - Transport from a facility other than a hospital, skilled nursing facility, dialysis facility or nursing home to the member's home
 - Transport of persons other than the member and a medically required attendant who do not require medical attention
 - Transport for a member pronounced dead prior to the ground and/or air ambulance being contacted
 - Mileage beyond the nearest appropriate facility (excessive mileage)
- For medical transport services **only**:
 - Transportation vendor/supplier lodging or meals
 - Vehicle maintenance or gas

Related Coding

Policy Section	Code(s)	Comments
D	Diagnostic or therapeutic site/free standing facility other than P or H	Origin and destination modifier
E	Residential, domiciliary, custodial facility	Origin and destination modifier
G	Hospital-based dialysis facility (hospital or hospital associated)	Origin and destination modifier
H	Hospital (inpatient or outpatient)	Origin and destination modifier
I	Site of transfer between two types of ambulance	Origin and destination modifier
J	Nonhospital based dialysis	Origin and destination modifier
N	Skilled Nursing Facility (SNF), including swing bed	Origin and destination modifier
P	Physician's office, including HMO nonhospital facility, clinic, etc.	Origin and destination modifier
R	Private residence	Origin and destination modifier
S	Scene of accident or acute event	Origin and destination modifier
X	Intermediate stop at the physician's office en route to hospital (included HMO nonhospital facility, clinic, etc.)	Destination modifier
GM	Multiple members on one trip	Additional to origin and destination modifiers
QL	The member died after the ambulance was called	Origin and destination modifiers not required with this modifier
QM	The provider arranged for transportation services	Additional to origin and destination modifiers
QN	The provider furnished the transportation services	Additional to origin and destination modifiers
TK	Multiple carry trips	Additional to origin and destination modifiers
TQ	Life support transport by a volunteer ambulance provider	Additional to origin and destination modifiers

Policy History

10/13/2021	Biennial review approved; no policy language changes, Policy Template updated, updated Reference Materials section
07/01/2021	Initial approval effective 07/01/21

References and Research Materials

<p>This policy has been developed through consideration of the following:</p> <ul style="list-style-type: none"> • CMS • Department of Health and Human Services, DHB Contract • National Association of State EMS Officials (NASEMSO)

Definitions	
Advanced Life Support (ALS)	Invasive services provided by personnel trained as EMTs (intermediate or paramedic) in conjunction with applicable state laws
Air ambulance	An equipped and staffed aircraft necessary to rapidly transport a member to the nearest appropriate facility that could not otherwise be accomplished or be accessed by a ground ambulance without endangering the member's health. Air ambulances are either rotary-wing (helicopter) or fixed-wing (commercial or private aircraft)
Ambulance Services	The medically necessary transport of a member by a medically skilled personnel to the nearest appropriate facility equipped to provide care for the member's injury and/or illness. Services are delineated as Basic Life Support (BLS) or Advanced Life Support (ALS) levels of care, and further delineated as emergency or non-emergency.
Basic Life Support (BLS)	Noninvasive services provided by personnel trained as Emergency Medical Technicians (EMTs) (basic) in conjunction with applicable state laws
Emergency Ambulance Transportation	An urgent service in which the member experiences a sudden, unexpected onset of acute illness or injury requiring immediate medical or surgical care which the member secures immediately after the onset, (or as soon thereafter as practical) and, if not immediately treated, could result in death or permanent impairment to the member's health
Ground ambulance	An equipped and staffed land or water vehicle designed to transport a member in the supine position
Nonemergency ambulance transportation	A scheduled or unscheduled service in which the member requires attention by EMT-trained personnel while in transit
Non-Emergency Medical Transport Services (NEMT)	The transport of a member by non-medically skilled personnel (i.e., laypersons) to receive covered services. There are several types of medical transports: ambulette/medi-van, wheelchair van, invalid coach, taxicab, mini-bus, and public transportation (i.e., bus and/or subway). Also called Medical Transport Services
General Reimbursement Policy Definitions	

Related Policies and Materials
Portable/Mobile/Handheld Radiology Services

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