Ambulance response and treatment without transport

Applies to:

Advantage Individual	BCN Advantage Group	X	Both
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Blue Care Network of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association.

Ambulance response and treatment without transport

Ambulance response and treatment without transport covers emergency medical services even if the member is not transported to a facility and is stabilized at home or another location. EMS providers are dispatched as first responders to provide patient aid, dispense medical supplies and care for basic and advanced life support services, as needed. If the EMS providers stabilize the patient at home or another location, they aren't required to transport the patient to a hospital or facility.

Original Medicare

Medicare Part B (Medical Insurance) covers ground ambulance transportation when traveling in any other vehicle could endanger your health, and you need medically necessary services from one of the following facilities:

Hospital

BCN

- Critical access hospital
- · Rural emergency hospital
- Skilled nursing facility

Medicare may pay for emergency ambulance transportation in an airplane or helicopter if you need immediate and rapid transport that ground transportation can't provide. In some cases, Medicare may pay for limited, medically necessary, non-emergency ambulance transportation if you have a written order from your doctor stating that the transportation is medically necessary. Medicare will only cover ambulance services to the nearest appropriate medical facility that is able to provide the care needed.

BCN Advantage enhanced benefit

BCN Advantage is a Medicare Advantage plan, which provides at least the same level of benefit coverage as Original Medicare (Part A and Part B) and may provide enhanced benefits beyond the scope of Original Medicare within a single health care plan. This flexibility allows Blue Care Network to offer enriched plans by using Original Medicare as the base program and adding desired benefit options.

Coverage for ambulance treatment without transport is provided to members under BCN Advantage individual and select BCN Advantage group plans that include this benefit. Members are able to call emergency services for treatment without being transported to the hospital. Since Original Medicare doesn't cover ambulance treatment, without transport, the scope of the benefit, reimbursement methodology, maximum allowable payment amounts and member cost sharing are determined by Blue Care Network for individual coverage, and by the group for those with group-based coverage.

Conditions for payment

The table below specifies payment conditions for ambulance treatment without transport.

Conditions for payment		
Eligible provider	Ambulance providers	
Payable location	Home and off site	
Frequency	Based on CPT codes billed	
CPT codes	A0998	
Diagnosis restrictions	No restrictions	
Age restrictions	No restrictions	

Reimbursement

To find BCN Advantage plan's maximum payment amount for ambulance response and treatment, no transport, visit our provider portal, <u>Availity Essentials</u>. Within Secure Provider Resources, click on BCN Fee Schedules under the *Fee Schedules* tab and follow the instructions. The provider will be paid the lesser of this allowed amount or the provider's charge, minus the member's cost share. This represents payment in full and providers aren't allowed to bill the member for the difference between the allowed amount and the charge.

Member cost share

- BCN Advantage providers should collect the applicable cost share from the member at the time of the service, when possible. Cost share refers to a flat dollar copayment, a percentage coinsurance or a deductible. Providers can only collect the appropriate BCN Advantage cost share amounts from the member.
- If the member elects to receive a noncovered service, he or she is responsible for the entire charge associated with that service.
- Providers may not have members sign an Advance Beneficiary Notice of Noncoverage to accept
 financial responsibility for noncovered services. If there is any question about whether a service
 is covered, seek a coverage determination from Blue Care Network before providing the service
 to the member. If a provider issues a noncovered service to a member without first obtaining a
 coverage determination, the member must be held harmless for all charges except for any
 applicable cost share.

To verify benefits and cost share, providers may use our provider portal or call 1-800-344-8525.

Billing instructions for providers

- 1. Bill services on the CMS 1500 (02/12) claim form.
- 2. Use the BCN Advantage unique billing requirements.
- 3. Report CPT/HCPCS codes and diagnosis codes to the highest level of specificity.
- 4. Report your National Provider Identifier number on all claims.
- 5. Use electronic billing:

 - b. Providers outside Michigan: Members of BCN Advantage HMO-POS plans have a

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point-of-service benefit offered through the nationwide network of Blue Plan providers through the Blue Cross and Blue Shield Association. Providers outside Michigan who participate with Blue plans can provide preauthorized routine and follow-up care as necessary. Contact your local Blue plan for billing instructions.

Coverage outside Michigan for members of BCN Advantage HMO plans is limited to medical emergencies, urgently needed services and renal dialysis unless BCN Advantage has approved the out-of-network services, which members must request in advance.

6. Send paper claims to:

BCN Advantage Claims Blue Care Network P.O. Box 68753 Grand Rapids, MI 49516-8753

Revision history

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Revised:

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