Ambulance
Provider Speed Guide

This convenient guide will help you quickly locate information about the Blue Cross and Blue Shield of Louisiana (BCBSLA) Ambulance Network program. Additional information is available in the Professional Provider Office Manual.

PARTICIPATING AMBULANCE RESPONSIBILITIES

- File claims for all Blue Cross and Blue Shield (BCBS) patients.
- Collect the applicable copayment, coinsurance and/or deductible amount for covered services from the member.
- Accept the BCBSLA payment plus the subscriber’s deductible, coinsurance and/or copayment (if applicable), as payment in full for covered services.
- File only the codes listed in your contract. This will prevent returned claims and/or delays in claim processing.
- Patient signatures are not required for filing claims. Claim payment will be based on assignment of benefits.

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

<table>
<thead>
<tr>
<th>GROUND</th>
<th>AIR</th>
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<tbody>
<tr>
<td>ALS – advanced life support</td>
<td>AIR 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>
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<td>BLS – basic life support</td>
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AUTHORIZATION REQUIREMENTS

Traditional/Preferred Care PPO

**Ground emergency, non-emergency & air emergency services**

– Prior authorization is not required but the provider is advised to submit the trip notes with the claim. It will be reviewed for medical necessity once the claim has been received.

**Air non-emergency services** – An authorization must be obtained from BCBSLA prior to services being rendered.

1.800.922.8866, option 2 – Authorization Unit*

Advantage Blue POS/HMO Louisiana Inc. (HMOLA)

**Emergency services** – Emergency ambulance services do not require prior authorization, but the provider is advised to submit the trip notes with the claim. It will be reviewed for medical necessity once the claim has been received.

**Non-emergency services** – An authorization is required from BCBSLA/HMOLA. No payment will be made for non-emergency services rendered without prior authorization by BCBSLA/HMOLA and the patient cannot be balance billed. If a member contacts you to request non-emergency services, you must obtain an authorization from BCBSLA/HMOLA prior to rendering services.

1.800.922.8866, option 2 – Authorization Unit *

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 out-of-state members’ benefits, call the BlueCard Eligibility® line at 1.800.676-BLUE (2583). This toll-free number will link you to the patient’s BCBS plan when you enter his/her three-letter alpha prefix.

NOTE: For BlueCard authorizations, you should continue to call the telephone numbers 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 by BCBSLA though our FEP department by choosing the FEP option when calling Provider Services at 1.800.922.8866, option 4.

* To reach the Blue Cross Authorization Unit when calling Provider Services; 1.800.922.8866:
(Please have your Blue Cross provider number, member’s ID number and member’s date of birth handy when calling.)
Choose 2 for Pre certifications/Preauthorization.

• Option 1 - Status of previously requested preauthorization/precertification
• Option 2 - Request a new preauthorization/precertification
Electronic provider resources:

**Provider Page** – there is a wealth of information available to providers on the Provider page of our website. Visit [www.bcbsla.com](http://www.bcbsla.com), then click on Provider.

**iLinkBLUE** – providers can check patient eligibility, claim status, allowable charges, payment information, medical policies and more.

Submit claims electronically via:

**iLinkBLUE**  
*(more in iLB section of Provider page)*

Clearinghouses  
*(more in Clearinghouse Services section of Provider page)*

Direct electronic payment:

Electronic Funds Transfer (EFT)  
*(more in EFT section of Provider page)*

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**Provider Call Centers**

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

**Provider Services**  
1.800.922.8866  
Option 1 - Fax or Voice Summary of Benefits or Claim Status  
Option 2 - Precertification / Authorization  
Option 3 - Out of State Policy  
Option 4 - Federal Employee Program – FEP  
Option 5 - All other Calls

**Network Administration**  
1.800.716.2299  
Option 1 - Network Development  
Option 2 - Credentialing  
Option 3 - Network Operations  
network.administration@bcbsla.com

**iLinkBLUE & Electronic Funds Transfer**  
LINKLine 1.800.216.BLUE (2582) or 225.293.LINK (5465)  
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

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**Where To Send Hardcopy Claims**

*Mail to BCBSLA*  
PO Box 98029  
Baton Rouge, LA 70898-9029