



An Anthem Company

		<b>Reimbursement Policy</b>
<b>Subject: Transportation Services: Ambulance and Nonemergent Transport</b>		
Effective Date: <b>08/18/14</b>	Committee Approval Obtained: <b>07/13/18</b>	Section: <b>Transportation</b>
<p>*****The most current version of our reimbursement policies can be found on our provider website. If you are using a printed version of this policy, please verify the information by going to <a href="http://www.empireblue.com/nymedicaidoc">www.empireblue.com/nymedicaidoc</a>.*****</p> <p>These policies serve as a guide to assist you in accurate claim submissions and to outline the basis for reimbursement by Empire BlueCross BlueShield HealthPlus (Empire) if the service is covered by a member's Empire 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 CPT codes, HCPCS codes and/or revenue codes. The codes denote the services and/or procedures performed. The billed code(s) are required to be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our policies apply to both participating and nonparticipating providers and facilities.</p> <p>If appropriate coding/billing guidelines or current reimbursement policies are not followed, Empire may:</p> <ul style="list-style-type: none"> <li>• Reject or deny the claim.</li> <li>• Recover and/or recoup claim payment.</li> </ul> <p>Empire reimbursement policies are developed based on nationally accepted industry standards and coding principles. These policies may be superseded by mandates in provider, state, federal or CMS contracts and/or requirements. System logic or setup may prevent the loading of policies into the claims platforms in the same manner as described; however, Empire strives to minimize these variations.</p> <p>Empire reserves the right to review and revise our policies periodically when necessary. When there is an update, we will publish the most current policy to this site.</p>		
<b>Policy</b>	Reimbursement for emergency and nonemergency transport to and from covered services or other services are provided through a state vendor, not Empire. Due to the complex nature of transportation services, Empire recommends that providers also review state guidelines for coverage requirements.	
<b>History</b>	<ul style="list-style-type: none"> <li>• Biennial review approved <b>07/13/18</b>: Policy language updated</li> <li>• Initial approval effective <b>08/18/14</b></li> </ul>	
<b>References and Research Materials</b>	<p>This policy has been developed through consideration of the following:</p> <ul style="list-style-type: none"> <li>• CMS</li> <li>• State Medicaid</li> <li>• State contracts</li> </ul>	

**[www.empireblue.com/nymedicaidoc](http://www.empireblue.com/nymedicaidoc)**

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	<ul style="list-style-type: none"><li>• Optum 360, 2018 Edition</li></ul>
<b>Definitions</b>	<ul style="list-style-type: none"><li>• <b>General Reimbursement Policy Definitions</b></li></ul>
<b>Related Policies</b>	<ul style="list-style-type: none"><li>• Portable/Mobile/Handheld Radiology Services</li></ul>
<b>Related Materials</b>	<ul style="list-style-type: none"><li>• None</li></ul>