

APPENDIX A1

NSF AMBULANCE - BLUE SHIELD

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CLAIM FILING REQUIREMENTS

Type of Service

Type of service is required for all Blue Shield claims. The correct type of service for all Ambulance services is "9." The TOS field (FA0-08.0) must be left justified and space filled.

Diagnosis Codes

1. An ICD-9-CM diagnosis code must be associated with every billed procedure. The diagnosis indicator will be submitted in field FA0-14.0 and point to the appropriate diagnosis code (fields EA0-30.0 thru 33.0). Up to four diagnosis codes can be submitted on electronic claims. The diagnosis codes are to be entered without the decimal or a space.

MODIFIERS

HCPCS Origin/Destination Modifiers

Blue Shield does not require modifiers for ambulance services. However, if they are included in the claim, the claim will not be rejected for using the modifier.

AMBULANCE PROCEDURE CODES

The same procedure codes used when submitting Medicare claims will also be used for Blue Shield claims.