



**BlueCross BlueShield
of Illinois**

Blue Cross and Blue Shield of Illinois Provider Manual

HMO Scope of Benefits Section

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company,
an Independent Licensee of the Blue Cross and Blue Shield Association

Ambulance Services

Benefit

Ambulance service is covered under emergency conditions and under non-emergency conditions that are specified below.

Interpretation

Benefits for ambulance transportation are available in emergency situations when:

- Such transportation is ordered by the primary care physician; or
- Such transportation is rendered outside the IPA's treatment area (beyond 30 miles from IPA); or
- A physician, public safety official, or other emergency medical personnel have determined a need for immediate medical transport.

Under non-emergency conditions, ambulance service is covered if, in any of the following situations, the PCP and IPA have given prior approval:

- One-way transfer of a member from one hospital to the IPA's affiliated hospital or any other inpatient facility where specialized care is available
- One-way transfer to a skilled nursing facility for skilled care
- One-way transfer to home when a homebound member will be receiving home health care services.

Exclusions

- Transportation from home or a custodial nursing home to a doctor's office, hospital, or another facility for outpatient services.
- Medi-cars.

Note: Transfer of a hospitalized member to off-site facilities for diagnostic or therapeutic services related to the inpatient stay must be arranged and paid for by the hospital.

Note: The IPA may use the ambulance company of its choice.

Paid by	Professional Charges	N/A
	Facility Charges	N/A
	Ambulance Charges	HMO