

The Empire Plan Hospital Claim Submission Guide

Hospital or remote location owned and operated by hospital

When an enrollee receives services noted below as “Anthem Blue Cross,” Anthem Blue Cross (formerly known as Empire BlueCross) will consider payment under The Empire Plan’s Hospital Program for:

- Facility services in the inpatient or outpatient department of a hospital
- Facility services provided at a hospital extension clinic, satellite office, or other remote location (including an ambulatory surgical center) owned and operated by the hospital

The service must be performed by an employee or agent of the hospital, the hospital must bill for the service on a facility claim, and the hospital must retain the money collected for the service.

Covered facility services are subject to The Empire Plan Hospital Program copayments outlined in The Empire Plan Certificate of Coverage.

Services that do not meet the above criteria may be considered for benefits under The Empire Plan’s Medical/Surgical Program (UnitedHealthcare) or Mental Health & Substance Use Program (Carelon Behavioral Health, formerly known as Beacon Health Options) as outlined below. Actual benefit payments are subject to eligibility and coverage limitations at the time services are rendered.

Types of care



Preventive care helps avoid potentially serious health conditions and obtain early diagnosis and treatment. Preventive care includes annual exams, screenings and immunizations.



Diagnostic care helps diagnose risk factors or treat symptoms already present. Diagnostic care involves treating or diagnosing a problem by monitoring existing issues, checking for new symptoms, or following up on abnormal test results.



Routine care is non-preventive care that occurs on a regular basis. Routine care helps to manage symptoms and prevent health conditions from worsening.



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Alcohol detoxification/Rehabilitation			
Inpatient - Medical/Acute care and detoxification days	X		
Inpatient - Rehabilitation or behavioral health days			X
Outpatient			X
Ambulance/Ambulette/Air Ambulance			
Air ambulance - All	X		
Land ambulance - Owned by hospital	X		
Land ambulance - Not owned by hospital and volunteer or professional ambulance service		X	
Audiology			
Exam/Services with hearing aid		X	
Exam/Services without hearing aid	X		
Behavioral health services			
Emergency room services	See Emergency room		
All other behavioral health			X
Blood			
Outpatient department of hospital	X		
Take-home blood, blood products and derivatives for hemophiliacs	X		
Bone density			
All	X		
Cancer chemotherapy (inpatient or outpatient)			
Chemotherapy administration and related services not on same day	X		

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Cancer Resource Services			
<p>Cancer Resource Services (CRS) provided in conjunction with UnitedHealthcare Centers of Excellence for Cancer Program Patient must be registered in the program, and hospital must participate in UnitedHealthcare nationwide network of Centers of Excellence for Cancer. For more information, contact UnitedHealthcare.</p>		X	
Cardiac rehabilitation			
Outpatient		X	
Clinic (Hospital-owned)			
Clinic visit (Facility) – Single-line clinic claim when Medicare is primary carrier (service before Feb. 1, 2023)		X	
Clinic visit (Facility) – single-line clinic claim when Medicare is primary carrier (service on or after Feb. 1, 2023)	X		
Clinic visit (Facility) – All other	X		
Professional services associated with clinic visit		X	
Venipuncture only (in clinic setting)		X	
Drug detoxification			
Inpatient – Medical/Acute care and detoxification days	X		
Inpatient – Behavioral health days			X
Drug rehabilitation			
Outpatient			X
Durable medical equipment/orthotics/prosthetics			
Durable medical equipment/Orthotics/Prosthetics		X	

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Emergency room			
Outpatient hospital	X		
Associated professional charges for ER physician, pathology, radiology:			
• Bundled hospitals	Do not bill separately		
• Unbundled hospitals		X	
ALL diagnosis codes on ER claim are mental health or alcohol/substance use diagnoses:			
– Services by practitioner with mental health/Substance use specialty			X
– Service by practitioner with any other specialty		X	
– Follow-up care for cast or suture removal		X	
Facility fees			
Outpatient medical facility	X		
Treatment room	X		
Hemodialysis			
Outpatient	X		
Home care			
Home skilled nursing services		X	
Hospice	X		
Hyperbaric oxygen therapy (HBOT)			
All	X		
Immunizations			
Preventive	X		
Infusion therapy			
Non-cancer	X		



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Inpatient hospital			
All admissions	X		
Facility after hospital program benefit exhausted		X	
In vitro fertilization (IVF)			
UnitedHealthcare Infertility Center of Excellence		X	
Not UnitedHealthcare Infertility Center of Excellence	X		
Laboratory (including pathology)			
Hospital outpatient - Not preventive	X		
Hospital outpatient - Pap smear (including preventive)	X		
Hospital outpatient - Prostate specific antigen (including preventive)	X		
Hospital outpatient - All other preventive		X	
Blood drawn in physician office and sent to hospital laboratory		X	
Venipuncture only (drawing station)		X	
Nerve conduction studies			
All	X		
Neuropsychological testing			
Medical diagnosis	X		
Mental health/Substance use diagnosis			X
Nutritional/diabetic counseling			
All		X	
Occupational therapy			
Inpatient	X		

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Occupational therapy (cont.)			
Outpatient Managed by Managed Physical Medicine Network (MPN) under the Medical Program.		X	
Pharmacy			
During a covered hospital program inpatient or outpatient service	X		
Physical therapy			
Inpatient	X		
Outpatient - Meets criteria for hospital program benefits	X		
Outpatient - Does not meet criteria for hospital program benefits Managed by Managed Physical Medicine Network (MPN) under the Medical Program.		X	
Preadmission testing			
All	X		
Preventive services			
Colonoscopy and Sigmoidoscopy - Preventive	X		
Immunizations - Preventive	X		
Laboratory - Hospital outpatient - Preventive pap smear	X		
Laboratory - Hospital outpatient - Preventive prostate specific antigen	X		
Laboratory - Hospital outpatient - All other preventive		X	
Laboratory - Blood drawn in physician office and sent to hospital laboratory		X	
Radiology - Preventive mammogram and bone density	X		
Radiology - Lung cancer screening (CT of the thorax)	X		
Radiology - All other outpatient preventive radiology		X	
Pulmonary function testing			
All	X		

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Radiation therapy			
Outpatient hospital	X		
Associated professional charges:			
• Bundled hospitals	Do not bill separately		
• Unbundled hospitals		X	
Radiology			
Mammogram and bone density (including preventive)	X		
Lung cancer screening (CT of the thorax)	X		
CT, PET, MRI, MRA, nuclear radiology Prior notification is required for elective radiology procedure.	X		
Outpatient diagnostic radiology not listed above	X		
Outpatient preventive radiology not listed above		X	
Respiratory therapy			
All		X	
Skilled nursing facility			
Hospital	X		
Physician		X	
Speech/Swallow therapy			
All		X	
Surgery (outpatient hospital)			
Hospital	X		
Physician		X	



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Surgery (freestanding ambulatory surgical center – ASC)			
Freestanding ASC owned and billed by hospital	X		
Freestanding ASC Not owned and billed by hospital		X	
Professional services associated with surgery		X	
Therapeutic cardioversion			
All	X		
Transplants			
<p>Centers of Excellence – Blue Cross and Blue Shield Association’s Blue Distinction Centers for Transplants (BDCT):</p> <p>Types:</p> <ul style="list-style-type: none"> • Bone marrow • Peripheral stem cell • Cord blood stem cell • Heart • Heart-lung • Kidney • Liver • Lung • Simultaneous kidney-pancreas 	X		
NON-BDCT providers:			
Hospital – Optum® Cancer Resource Services (CRS) provider		X	
Hospital – All other	X		
Physician		X	

