



Providing Ambulance Billing Service to New England Since 1984

NEWSLETTER

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NEW!

EMS Law Corner:

CMS Audits for Patient Signatures

One of the CMS (Medicare) Program Safeguard Contractors, EDS, has conducted an audit of an ambulance company and placed them on pre-payment review due to their not obtaining the signature of the Medicare beneficiary, even for emergencies. This has just occurred, so it is too early to tell where this is headed. **Comstar's EMS Attorney, David Werfel**, suggests the following: You should obtain the signature of the patient on all calls. If the signature cannot be obtained, the crew should write "Patient Unable To Sign" or "PUTS", with a reason, and the crew should document that no one was able to sign for the beneficiary or some abbreviation for that, e.g "NOTS", and obtain a copy of the ER face sheet or other facility admitting record.

On 11/1/07, CMS issued a new exception to the beneficiary signature requirement. This new rule will go into effect on January 1, 2008, The suggestions above would appear to put you in position for compliance. In the next column, I have provided some excerpts from the new rule. The entire text can be viewed using the following web link:

<http://www.cms.hhs.gov/physicianfeesched/downloads/CMS-1385-FC.pdf> .

New Rule for Patient Signatures

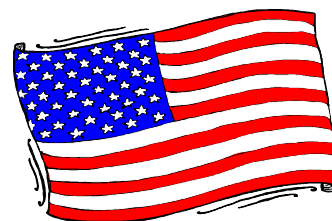
You must obtain a patient signature, subject to the following exception: , an ambulance service would be permitted to submit a claim without the beneficiary's (or representative's) signature if:

- a. The ambulance service documented that the beneficiary was physically or mentally incapable of signing a claim at the time the service was provided;
- b. There was no other person legally authorized to sign on the patient's behalf at the time of the service; and
- c. The ambulance service obtained the following documentation (and kept it for 4 years from the date of service):
 - 1) A signed contemporaneous statement from an ambulance service employee present during the transport documenting that the patient was unable to sign and that no one was legally authorized to sign on the patient's behalf;
 - 2) The date and time the beneficiary was transported, and the name and location of the facility where they were received; and
 - 3) A signed contemporaneous statement from a representative of the receiving facility, documenting the name of the beneficiary and the time they were received.

This newsletter is not intended as legal advice. Consult an attorney for specific legal advice concerning your situation.



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RUN REPORT

DOCUMENT DISPATCH DUE TO 911 EMERGENCY CALL

One of the common pieces of information that we do not receive is how an ambulance is dispatched. A simple statement at the beginning of the narrative such as “Dispatched for 911 call...” easily clarifies response level. Also, that statement assists us when we have to appeal a claim that an insurance carrier has denied as non-emergency justifying the emergency base rate that was billed. Additionally, if a nursing facility is involved as a point of pick-up, knowing that the ambulance transport was due to a 911 call will assist us in determining the appropriate Medicare coverage.

SUGGESTIONS

DOCUMENTING BILLABLE MILEAGE

When Comstar’s EMS Attorney, David Werfel, performed his annual audit, he brought up a discussion on mileage. There are several factors on mileage that are important and useful to remember. First off, only actual mileage traveled from scene of the incident to the destination can be billed. Estimated, flat or average mileage is not permissible and can be considered fraud or abuse. Second, mileage can be rounded up for billing purposes. If you’re personnel are recording whole mileage, getting them to record the decimal point may allow you to capture some additional revenue. Do not worry about rounding up, we’ll take care of that.

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