



Providing Ambulance Billing Service to New England Since 1984

NEWSLETTER

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Narrative Suggestions to Reduce Denials

Medicare carriers are reviewing claim narratives closer, causing an increase in denials because trips are deemed “not medically necessary, another means of transport could have been used”. Most of these denials are paid upon appeal, however, a high initial denial rate can adversely affect your services standing with Medicare. Please review the following narrative suggestions and pass them along to your crews:

- Indicate on trip that immediate response was given and 911 call was received when appropriate
- State findings: pulse, BP, glasgow scale, etc as part of your narrative
- Indicate if stretcher is needed
- Elaborate on narratives when appropriate – more info is better
- Clearly indicate interventions (O2, IV, etc)

If you are already following this guidance, thank you, you are in good shape.

New Rule for Patient Signatures – Sample Forms

Our EMS Attorney, David Werfel, has provided sample forms to assist with your compliance of the new signature rule.

Sample Form #1 uses very "soft" language and is designed to meet the new exception for emergency that was created in the Final Rule

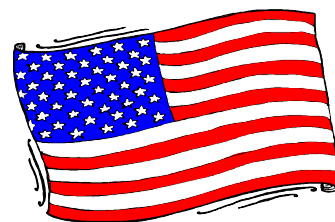
Sample Form #2 replaces the "Emergency" language and reason and is designed to cover the situation where the facility is signing on behalf of the patient, which we believe would therefore be good for emergencies and non-emergencies. We are waiting for confirmation from CMS on this point.

The full text of Mr. Werfel’s explanation of these sample forms and the forms themselves can be found on Comstar’s website, www.comstarbilling.com, click on Home Page, then On-Line Documents (in lower right corner of Home Page).

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

**I WISH YOU AND YOUR FAMILY
SAFE & HAPPY HOLIDAYS AND
GOOD HEALTH & PROSPERITY IN
2008**

*America
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Home of the Brave*



END