

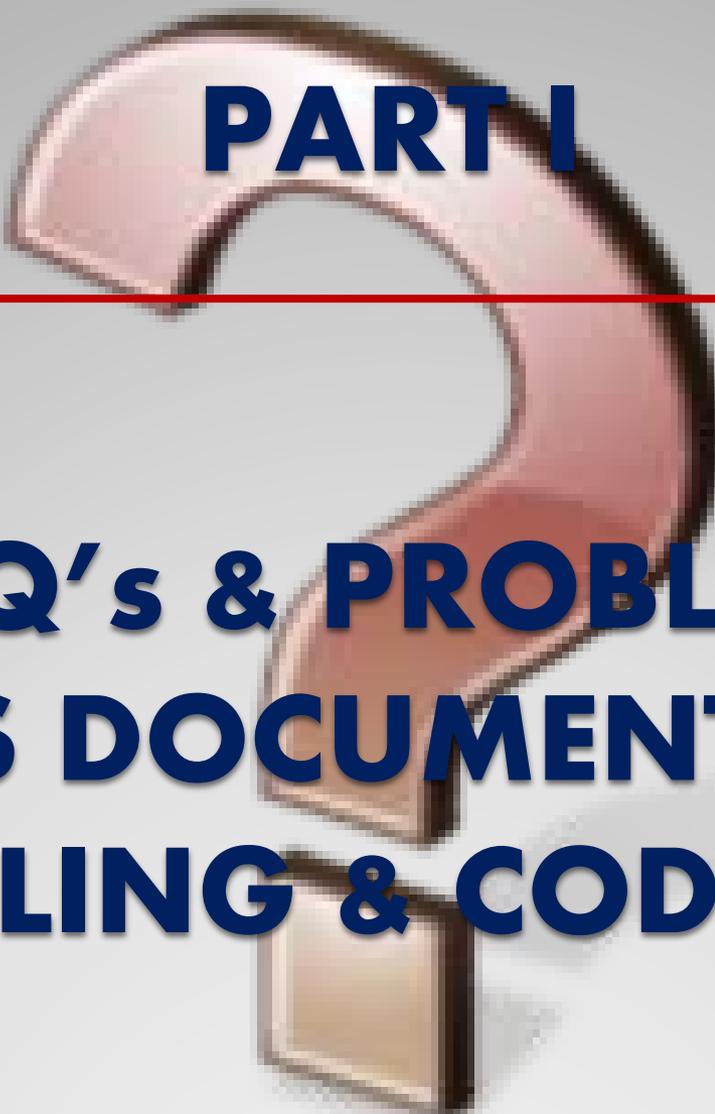
# EMS CONSULTANTS

**Hosted By  
G. Christopher Kelly**

# EMS QUIZ SHOW

**Throughout the next several screens, a series of questions will appear with 5 multiple choice answers. Keep track of how many you get correct.**

**GOOD LUCK!**



**PART I**

---

**FAQ's & PROBLEMS  
IN EMS DOCUMENTATION,  
BILLING & CODING**

# EMS Documentation, Billing & Coding

---

If we send an ALS unit to a call based on the 9-1-1 assessment, but do not provide ALS services, can we still bill for ALS level 1?

- A. Yes, we sent the truck, we can bill ALS.
- B. Maybe, it depends on which MAC you send claims to.
- C. No way! You always have to bill for the level of care provided **and** necessary.
- D. Why does it matter? Just put the patient on a monitor and you can always bill ALS regardless of what the patient condition is.

# EMS Documentation, Billing & Coding

---

**If we send an ALS unit to a call based on the 9-1-1 assessment, but do not provide ALS services, can we still bill for ALS level 1?**

**C**

**In the past we have been able to bill for the level of equipment, but CMS has made it clear that they will prosecute routine billing of ALS where no ALS service is required.**

# EMS Documentation, Billing & Coding

---

## If we respond to a call, can we bill emergent?

- A. Yes, if we are the 9-1-1 service we can always bill the claim as emergent.
- B. Yes, but only if we responded immediately and we are the 9-1-1 service.
- C. Yes, we can bill as emergent whether we are the 9-1-1 provider or not, as long as we respond immediately.
- D. Yes, we can bill as emergent whether we are the 9-1-1 provider or not, as long as we respond immediately AND the call type requires an immediate response.
- E. Anyone can bill emergent as long as they run with lights and sirens.

# **EMS Documentation, Billing & Coding**

---

**If we respond to a call, can we bill emergent?**

**D**

**You don't have to be the 9-1-1 provider, but the call does need an immediate response to qualify. This includes H-H transfers.**

# EMS Documentation, Billing & Coding

---

**If a physician signs a statement saying that the patient needs to travel by ambulance, then the patient can travel by ambulance and we will be paid by the patient's insurance company.**

- A. Yes, we are just ambulance drivers. Who are we to question what the doctor tells us? If they say the patient needs transport, we will get paid.
- B. Maybe, but we are required to do our own patient assessment. If that assessment does not match what the physician says, we have to bill the claim based on our information and assessment and may have to bill it as not medically necessary, regardless of what the physician says.
- C. Maybe, but we are required to do our own patient assessment. If that assessment does not match what the physician says, we can use his assessment in our bill. If we are ever audited the insurance company will look to the physician for the repayment.
- D. Maybe, but if the insurance denies it, the physician will write us a check.

# EMS Documentation, Billing & Coding

---

If a physician signs a statement saying that the patient needs to travel by ambulance, then the patient can travel by ambulance and we will be paid by the patient's insurance company.

## B

Some auditors will note that the PCS and PCR don't match, but there is no requirement that they do and we should not cut and paste.

# EMS Documentation, Billing & Coding

---

**Documentation should be kept on file for:**

- A. 6 years under HIPAA.
- B. Up to 10 years, depending on what State I am in.
- C. Up to 20 years, depending on the age of the patient at the time of transport.
- D. A, B, and C are all correct
- E. Just keep them forever, it's easier and we have a big storage unit!

# **EMS Documentation, Billing & Coding**

---

**Documentation should be kept on file for:**

**D**

**HIPAA is a floor, not a ceiling.**

**Don't forget the minors.**

# EMS Documentation, Billing & Coding

---

**In order for a non-emergent transport to be covered, the patient must be:**

- A. Unable to get up from bed without assistance, unable to ambulate AND unable to sit in a chair.
- B. Unable to get up from bed without assistance, unable to ambulate, OR unable to sit in chair.
- C. Unable to get up from bed without assistance, unable to ambulate AND unable to sit in a wheelchair in a moving vehicle.
- D. "Bed-confined" OR have a condition that contraindicates any other method of transportation.

# EMS Documentation, Billing & Coding

---

In order for a non-emergent transport to be covered, the patient must be:

**D**

**Bed confinement is a set definition few patients will meet. Be specific on why other means of transport is "contraindicated".**

# EMS Documentation, Billing & Coding

---

**Transports of patients who are in-patients during a covered Part A stay in a hospital or nursing home:**

- A. Can always be billed to Medicare Part B.
- B. Are usually covered under Part A unless they are dialysis trips or outside of the plan-of-care.
- C. Must always be paid by the Hospital or Nursing Home who is receiving the Part A per diem payment.
- D. Must be written off because we do not charge the Hospital or Nursing Home for those, and in exchange they call us for all of their other transports as well.

# EMS Documentation, Billing & Coding

---

Transports of patients who are in-patients during a covered Part A stay in a hospital or nursing home:

**B**

Dialysis is an exception.

**D**

Will get you 10 – 20.

# EMS Documentation, Billing & Coding

---

**You pick up a Medicare patient who has fallen and has sustained a fractured arm. The patient is in pain, but is stable. You are located in a small suburb at the edge of a large metropolitan city. The town you are in has a community hospital that can care for your patient, and the city has two large hospitals. The patient wants to go to the large hospital at the far side of the city (the longest transport). You can:**

- A. Transport the patient to any of the three facilities that they choose and their insurance will pay for it.
- B. Transport the patient to the facility in your town, because that facility sends your dispatcher \$50 gift cards every month and she uses them to buy everyone donuts.
- C. Transport the patient to the facility in your town, because that facility is the closest appropriate facility.
- D. Transport the patient to the facility that they have picked, but tell them they will have to pay for the miles past the local hospital because their insurance won't cover it.

# EMS Documentation, Billing & Coding

---

You pick up a Medicare patient who has fallen and has sustained a fractured arm. The patient is in pain, but is stable. You are located in a small suburb at the edge of a large metropolitan city. The town you are in has a community hospital that can care for your patient, and the city has two large hospitals. The patient wants to go to the large hospital at the far side of the city (the longest transport). You can:

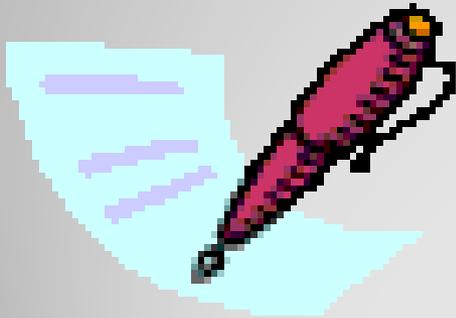
**A**

**The “locality rule” will normally apply to services within 30 miles where patients normally go to receive medical care.**

# Part II

---

# SIGNATURES



# Signatures

---

## **“Signature On File” is ok...:**

- A. For HIPAA so long as you have an acknowledgement that the patient has received a copy of your NPP in the past.
- B. For assignment of benefits if you have a “lifetime” signature.
- C. For crew signature as long as they are assigned to the truck making the transport.
- D. Both A & B.

# Signatures

---

**“Signature on File” is ok...:**

**A**

**You may have a signature already on file for HIPAA, but CMS is coming down hard on other “lifetime” signatures.**

# Signatures

---

## **If a patient can not sign our trip report:**

- A. The crew should put "PUTS" on the paper, the patient on the stretcher, and go.
- B. The crew must get another person to sign before they can load the patient.
- C. The crew must sign stating why the patient can not sign for themselves AND the receiving facility must also sign and date the trip report to show the patient was received and when.
- D. There is no legal requirement that a patient sign the trip report.

# Signatures

---

**If a patient can not sign our trip report:**

**C**

**WARNING:**

**Carriers and Auditors are taking a very  
literal reading of the Regulation!**

# Signatures

---

**If you provide a non-repetitive non-emergent transport, such as a hospital discharge, you must:**

- A. Have a contract with the hospital.
- B. Obtain a physician's signature certifying medical necessity before the transport takes place.
- C. If a physician is not available, you may get the signature of a PA, RN, NP, CNS or a discharge planner.
- D. All of the above.

# Signatures

---

**If you provide a non-repetitive non-emergent transport, such as a hospital discharge, you must:**

**C**

**“Discharge Planner” is magic language  
and is not equal to “LPN”!**

# Signatures

---

**If you provide a repetitive non-emergent transport, such as a SNF to dialysis trip, you must:**

- A. Have a contract with the SNF.
- B. Obtain a physician's signature within 60 days before the transport takes place.
- C. If a physician is not available, you must tell the PA, RN, NP, CNS or discharge planner that they are not good enough for you and that you need their boss to sign the form.
- D. All of the above.

# Signatures

---

**If you provide a repetitive non-emergent transport, such as a SNF to dialysis trip, you must:**

**D**

**Credentials and Dates are Important.**

**SNFs should contract with you and guarantee Part A notification and payment rates.**

# **Part III**

---

# **Audits and Appeals**

# Audits & Appeals

---

## Pre-payment review...:

- A. Begins with a request for only 20 trip reports.
- B. Can be extended to ALL of your claims if you have a “high error rate” on initial exam.
- C. Lasts a minimum of 3 months even if you fix your errors and win claims on appeal.
- D. Causes you to submit electronic claims, followed by paper supporting documents, then followed by appeals before most of your claims are finally paid several months after initial submission.
- E. All of these.

# Audits & Appeals

---

**Pre-payment review...:**

**E**

**Pre-Pay Review is a nightmare!**

**Avoid this with careful and complete  
initial responses.**

# Audits & Appeals

---

**Post-payment review is the normal course of business for Medicare today. If your paid claims are audited, it will be by:**

- A. The Medicare Administrative Contractor (MAC).
- B. The Recovery Audit Contractor (RAC).
- C. The Zone Program Integrity Contractor (ZPIC).
- D. The Office of the Inspector General (OIG)
- E. Any of these are likely to review my claims.
- F. These guys have better things to do than look at ambulance services.

# Audits & Appeals

---

Post-payment review is the normal course of business for Medicare today. If your paid claims are audited, it will be by:

**E**

**Lots of eyes means your chance of being reviewed is higher than ever.**

# Audits & Appeals

---

**If you are audited and a seven figure overpayment is assessed against your company, you should:**

- A. Close the doors and tell the last one out to get the lights.
- B. Make sure you take your time and gather any documents that were missing from your first submission and get additional written statements from family and physicians about the patient's condition. Then appeal at or just before the 120 day deadline for filing your request for Redetermination.
- C. Appeal as quickly as possible and worry about gathering more information while you are waiting on the first appeal decision.
- D. Get new passport photos taken.

# Audits & Appeals

---

**If you are audited and a seven figure overpayment is assessed against your company, you should:**

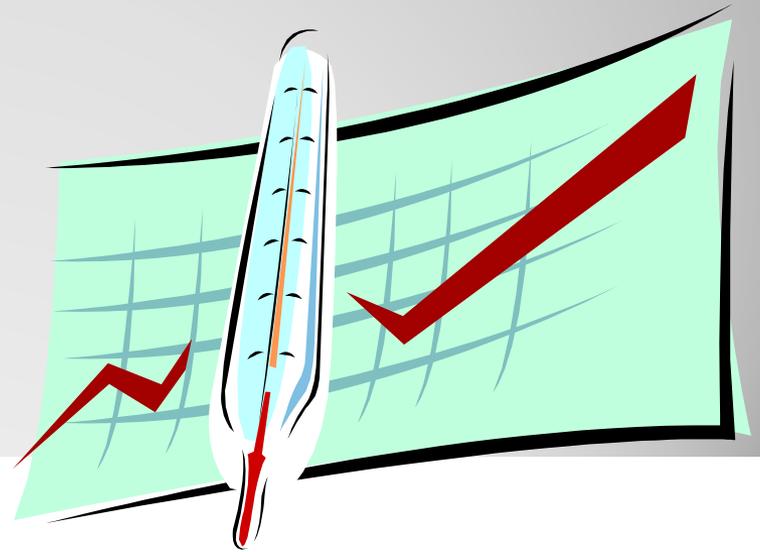
**C**

**You have more time, but if you do not appeal within 40 days of initial decision, they will begin offset.**

# Part IV

---

# HIPAA



# HIPAA

---

## HIPAA allows the following:

- A. Ambulance crews may talk about patients they treated at the end of each shift, so everyone will know about these patients should they ever be transported again in the future.
- B. A hospital may tell an ambulance service over the telephone the patient's social security number, in-patient status and diagnosis in order for the ambulance service to bill for the transport to the hospital.
- C. Faxing medical records to an attorney as long as he or she has indicated that they represent the patient.
- D. Giving a copy of a trip report to a newspaper reporter as long as there is an underlying criminal case that the reporter is investigating.

# HIPAA

---

**HIPAA allows the following:**

**B**

**CMS example of disclosures between providers was an ambulance service and a hospital, so they can, but they may not.**

# HIPAA

---

**Once you get a patient signature on your HIPAA form, you are HIPAA compliant.**

- A. True. HIPAA is all about giving notice of privacy rights to the patient.
- B. False. HIPAA requires obtaining a signature and training employees on your Privacy Policy.
- C. False. HIPAA requires obtaining a signature, training employees and implementing security measures to keep records locked and electronic transactions safe.
- D. I thought HIPAA was a new type of viral infection.

# HIPAA

---

Once you get a patient signature on your HIPAA form, you are HIPAA compliant.

**C**

There is a LOT more to HIPAA than a signature, and there are new teeth to help with HIPAA enforcement.

**If I missed more than 10 of these:**

- A. Do these prison stripes make my butt look big?
- B. Where do you get those passport pictures again?
- C. Can you help me??

**The correct answer is:**

**C**

**Yes we can!**

**For a copy of this presentation or for more information about our training materials, email me at [ckelly@emscltd.com](mailto:ckelly@emscltd.com).**