KCEAA
Billing Department
New Employee Orientation
Disclaimer

- At any time that I, or any of my staff speaks with the field staff, nothing said or implied should be interpreted in such a manner to indicate that we are requesting that you commit fraud or falsify documentation in the interest of reimbursement.
Overview

- Welcome To KCEAA
- Lisa Bailey
  - Billing Department Manager
- First EMS Job?
  - How many EMTs, Paramedics, RNs
Department Function

- Billing of Claims
  - Emergency (911 calls)
  - Non-Emergency
  - CCT
- Total in excess of 70,000 /year
- Claim processing for CFD, CGVFD and Clay Co.
- Bill “All” payors
  - A few exceptions
    - KY and PA Medicaid
- Call approval
  - Long distance
  - Long Durations
  - Other
Department Configuration/Location

- 603 Brooks Street Building—Secure Area
- One receptionist
  Mary Brown at Ext. 1110
- Nine persons to handle:
  - Ticket entry
  - Patient account questions
  - Transmissions to payors
  - Posting funds to account
  - Correspondence
  - Review of denied claims
  - Audit Rebuttals
    - More on Audits in a bit
Monthly Collections from Year To Year

- 2007: $1,100,000.00
- 2008: $550,000.00
- 2009: $825,000.00
- 2010: $275,000.00
- 2011: $0.00
- 2012: $0.00
- 2013: $0.00
- 2014: $0.00
TEAMWORK
Share Victory. Share Defeat.
Your new office

- Not like a Physician office
  - There is no front office staff in an ambulance

- You are solely responsible for collecting patient information
  - Name, address, phone, and other
  - Billing information
    - Company, numbers
      - The SS# with an “A” after not always the Medicare number
    - OK to make copies of information
Billing Department as a Resource

- Use the Department as a resource
  - Have patients to call if they have questions
- Call Lisa
  - Help with documentation of calls
  - Questions on medical necessity
  - Contract issues with facilities
  - Lisa — ext. 1138 or 304.543.8512
- Call to verify patient billing information
- We are here to help and support YOU in your efforts to provide patient care
Other Facts

Current Situation
- Jan 2014 EMS took a 12% decrease from Medicare on dialysis patient alone!
- 2% on all other patients

Extrapolation
- Used by both carriers
- Detrimental to cash flow
- A bad claim now cost $2,000
- We take exception to methodology used in accessing amounts

Always sites no medical necessity as result of denial
- Poor Documentation
- Wrong Documentation
Emergency Calls vs Non-Emergency Calls

- 911 calls
  - WV Layperson Law
- NET (non-emergency transports)
  - Ambulance transport has to be justified
Medical Necessity

42 CFR 410.40 (d) (1)

For nonemergency ambulance transportation, transportation by ambulance is appropriate if the beneficiary is bed-confined and it is documented that the beneficiary’s medical condition is such that other methods of transportation are contraindicated, or if his or her medical condition, regardless of bed-confinement, is such that transportation by ambulance is medically required. In determining whether a beneficiary is bed-confined, the following criteria must be met: * * *
Bed confined (Definition)

*All three below must be met to qualify for bed confinement*

- Unable to ambulate*
- Unable to get out of bed without assistance*
- Unable to safely sit up in a wheelchair*

- Unable to maintain erect sitting position in a chair for time needed to transport, due to moderate muscular weakness and de-conditioning.
- Unable to sit in chair or wheelchair due to grade II or greater Decubitus ulcer on buttocks.
Medical Necessity

- Crew must document the reason why the patient could not go safely by other means
  - Not sufficient to simply document the patient’s complaint
  - What if the patient has no complaint at the present time?
    - i.e., what if the reason for the ambulance is a chronic condition such as dialysis treatment?
Medical Necessity

- It is **documented** that the patient’s medical condition is such that other methods of transportation are contraindicated.
  - **OR**

- If his or her medical condition, regardless of bed-confinement, is such that transportation by ambulance is medically required.
  - Mainly pertains to interfacility transfers
Medical Necessity

- If you had to pay for the transport what documentation would you require?
Common Pitfall

- “Pt is bed confined d/t prior CVA”

- How an auditor thinks
  - No one is bed confined due to a prior CVA
  - They might be bed confined due to a lingering effect of that CVA
    - e.g., paralysis
Medical Necessity

- Danger to self or others requiring continued supervision (Mental confusion, Alzheimer’s, OBS, CVA, Drug induced & etc.)
  - e.g. periods of confusion
Medical Necessity

- Danger to self or others – seclusion (flight risk) e.g. suicidal, homicidal, and mental disturbances.
- Decubitus Ulcers on buttocks and sacral region
  - Grade II or higher
Medical Necessity

- Severe muscular weakness and deconditioned state precludes any significant physical activity
  - long stay in hospital,
  - major surgery,
  - chemo/radiation treatments
  - neuromuscular diseases
    - MS
    - MD
Medical Necessity

- Non-healed fractures
  - Hip
  - Femur
- Moderate to severe pain on movement
  - Usually the magic number is 7 or greater
- DVT requires elevation of lower extremity
Medical Necessity

- Morbid obesity requires additional personnel/equipment to handle
- Orthopedic device requiring special handling in transit
  - splints/cast
  - halo
  - back board
  - use of pins in traction
  - Any device that prevents the patient from sitting correctly in the vehicle.
Medical Necessity

- Risk of falling off wheelchair or stretcher while in motion (Not related to obesity)
  - Unable to balance self in a moving vehicle
    - Bilateral AKA
    - Hemiparesis
    - Paraplegia

- Confused, combative, lethargic or comatose
  - e.g. periods of confusion

- Special handling – Isolation due to active
  - MRSA
  - VRE
  - TB
Rules Of Thumb!

1. “Patient unsafe to go by other means of transportation due to:_________
   
2. “Patient required XYZ hospital due to ________ not available at ABC hospital”

*This needs to be in every NET narrative*
What is this called?
MEDICARE’s Physician Certification Statement (PCS)
**Physician Certification Statement (PCS)**

- **Required** by Medicare!
  - EMS agencies must have a PCS to bill Medicare.
- The “CHECK ALL THAT APPLY” box should be filled out by the person signing form.

**Section I – Patient Information**

<table>
<thead>
<tr>
<th>Name</th>
<th>Date(s) of Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last</td>
<td>/</td>
</tr>
<tr>
<td>First</td>
<td>/</td>
</tr>
<tr>
<td>Middle</td>
<td>/</td>
</tr>
</tbody>
</table>

**Section II – Qualifying documentation supporting presumptive reasons that non-emergency ground transport by any other means than ambulance is contraindicated.**

- Supporting documentation for any boxes checked must be maintained in the patient’s medical records.

**CHECK ALL THAT APPLY**

- Bed Confined (All three below must be met to qualify for bed confinement)
  - Unable to ambulate
  - Unable to get out of bed without assistance
  - Unable to safely sit up in a wheelchair
    - Unable to maintain erect sitting position in a chair for a time needed to transport, due to moderate muscular weakness and de-conditioning
    - Unable to sit in chair or wheelchair due to grade II or greater Decubitus ulcer on buttocks
- Third party assistance required to apply, administer, or regulate or adjourn oxygen en route
- I.V. medications fluids required during transport
- Cardiac Hemodynamic monitoring required during transport
- Special Handling En route (e.g. Isolation, Poor Skin Integrity)
- Contractures
- Non-healed fractures
- Moderate to severe pain on movement
- DVT requires elevation of a lower extremity
- Morbid Obesity requires additional personnel/equipment to handle
- Orthopedic device (backboard, halo, use of pins in traction, etc.) requiring special handling in transit
- Severe muscular weakness and de-conditioned state precludes any significant physical activity
- Restraints (physical or chemical) anticipated or used during transport
- Danger to self or others – medical supervision required
- Risk of falling off wheelchair or stretcher while in motion (not related to obesity)
- Danger to self or others – seclusion (flight risk)
- Confused, combative, lethargic, comatose
- Inter-Facility Transport – Patient transported for higher level or specialized care not available at sending facility
  - List reason(s) for transfer or care not available at sending facility:

**Section III – Physician/Nurse Authorization**

I certify that the information contained above represents an accurate assessment of the patient’s medical condition on the date of service.

<table>
<thead>
<tr>
<th>Signature of attending Physician, RN or Higher** with Credentials</th>
<th>Date</th>
<th>Print Name of Person Signing</th>
</tr>
</thead>
</table>

**Authorizations must be completed and signed by the attending physician for schedule repeat transports (e.g. KDU patient).**

**For unscheduled or out-of-schedule awaitings**

- Authorization may be signed by the attending physician, physician assistant, clinical nurse specialist, nurse practitioner, registered nurse or discharge planner (employed by the facility where the beneficiary is being treated) who has personal knowledge of the beneficiary’s condition at the time ambulance transport is ordered or furnished.

For billing questions call Kanawha Co. Ambulance Pt Accounts at 304-352-5313 or to fax 304-352-5316

*Version 12/4/2006*
PCS Form

- Repetitive transport
  - (e.g. KDU, Chemo, Radiation) must be signed by Physician.
  - physician’s signature must be dated the day of or within 60 days prior to initial transport.

- Non-repetitive transports
  - (e.g. Dr. appt., discharges) RN or higher to sign the PCS.
  - 48 hours to get the PCS signed
PCS Form

- **Section II** – Qualifying documentation supporting presumptive reasons that non-emergency ground transport by any other means than ambulance is contraindicated.
  - *Supporting documentation for any boxes checked must be maintained in the patient’s medical records.*
Medical Necessity and PCS Form!!!!

- "Third party assistance/attendant required to apply, administer, or regulate or adjust oxygen en route"
  - Mainly used for inter-facility transports.
  - People are on portable O\textsubscript{2} tanks are everywhere (e.g. Walmart, Kroger, Malls)
    - Without ambulance transportation
Hospital to Hospital

- MUST document in the narrative why specifically the patient is being transported to the second hospital!
  - e.g. Pediatric Cardiologist, Juvenile Behavioral facilities

- Risk of falling off wheelchair or stretcher while in motion (not related to obesity)
- Danger to self or others – seclusion (flight risk)
- Confused, combative, lethargic, comatose
- Inter-Facility Transport – Patient transported for higher level or specialized care not available at sending facility
  - List reason(s) for transfer or care not available at sending facility: ____________________________

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PCS Form

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• Must be signed by RN or higher
  – Must have your credentials
  – Must be dated
  – Must print your name
Section I - Obtain Patient’s Signature

Kanawha County Emergency Ambulance Authority Signature Form

Patient Name: __________________________ Transport Date: ___________ Call Number: ___________

Privacy Practices Acknowledgment: by signing below, the signer acknowledges that Kanawha County Emergency Ambulance Authority (KCEAA) provided a copy of its Notice of Privacy Practices (NPP) to the patient or other party with instructions to provide the Notice to the patient.

*A copy of this form is valid as an original*

SECTION I - PATIENT SIGNATURE

The patient must sign here unless the patient is physically or mentally incapable of signing.

NOTE: if the patient is a minor, the parent or legal guardian should sign in this section.

I authorize the submission of a claim for payment to Medicare, Medicaid, or any other payor for any services provided to me by KCEAA now, in the past, or in the future, until such time as I revoke this authorization in writing. I understand that I am financially responsible for the services and supplies provided to me by KCEAA, regardless of my insurance coverage, and in some cases, may be responsible for an amount in addition to that which was paid by my insurance. I agree to immediately remit to KCEAA any payments that I receive directly from insurance or any source whatsoever for the services provided to me and I assign all rights to such payments to KCEAA. I authorize KCEAA to appeal payment denials or other adverse decisions on my behalf without further authorization. I authorize and direct any holder of medical information or other relevant documentation about me to release such information to KCEAA and its billing agents, the Centers for Medicare and Medicaid Services, and/or any other payors or insurers, and their respective agents or contractors, as may be necessary to determine these or other benefits payable for any services provided to me by KCEAA, now, in the past, or in the future.

*If the patient signs with an “X” or other mark, a witness should sign below.*

Patient Signature or Mark __________________________ Date _______ X Witness Signature __________ Date _______

X _______ I refuse a copy of the Notice of Privacy Practice _______ Witness’ Address __________ City __________ State _______
Signature Rule No 2!

- Section II - If Patient cannot sign, then a **Representative** can!

SECTION II - AUTHORIZED REPRESENTATIVE SIGNATURE
Complete this section ONLY if the patient is physically or mentally incapable of signing.

On the line below, explain the circumstances that make it impractical for the patient to sign: ____________________________________________________________

I am signing on behalf of the patient to authorize the submission of a claim for payment to Medicare, Medicaid, or any other payor for any services provided to the patient by KCEAA now or in the past, (or in the future, where permitted). By signing below, I acknowledge that I am one of the authorized signers listed below. **My signature is not an acceptance of financial responsibility for the services rendered.**

Authorized representatives include **ONLY** the following individuals:

- Patient’s legal guardian
- Relative or other person who receives social security or other governmental benefits on behalf of the patient
- Relative or other person who arranges for the patient’s treatment or exercises other responsibility for the patient’s affairs
- Representative of an agency or institution that did not furnish the services for which payment is claimed (i.e., ambulance services) but furnished other care, services, or assistance to the patient

Representative Signature __________________________ Date ____________
Printed Name and Address of Representative __________ City __________ State __________
Signature Rule No 3!

Section IIIA - If no Pt Representative, then Crew **must** sign and document a reason the patient can’t sign!
Signature Rule No 3!

Continued

Section III B – After Crew signature, you MUST obtain either a Facility Rep signature or a Facesheet from RECEIVING facility!