



They're From the Government and They're Here to Help New Medicare Signature Rules Effective January 1, 2008

Unfortunately, the Centers for Medicare and Medical Assistance (CMS) efforts to obtain signatures easier for ambulance services will do just the opposite. Today, the responsibility for emergency medical service providers is far more reaching than having the desire to help people and the willingness to complete the necessary training. It is your responsibility to obtain the appropriate information for reimbursement so the billing may be properly processed.

A key component of reimbursement today is that of signatures. Medicare's new rules on obtaining signatures, the ambulance service/provider's job just became a little more difficult. The form contains an authorization to release information, acknowledges financial responsibility, acknowledges the receipt of the ambulance service's NPP, authorizes direct payment, allows appeal of a claim, and now under the new CMS rules, it also verifies that the ambulance services were actually provided as claimed.

Obtaining a signature at the time of service from the patient is now more important than ever. Unless the patient is legitimately incapable (physically or mentally) of signing, you must obtain the patient's signature.

CMS has provided for situations where the patient is incapable of signing and has identified several authorized signers. Primarily, these signers are those that have either provided care to the patient, they have some type of fiscal responsibility or they are responsible for the patient's affairs. The important thing to remember is the authorized signers may only sign if the beneficiary is incapable of signing.

As a third option, if the patient is unable to sign and there are no authorized signers available or willing to sign, ambulance services may sign a contemporaneous statement certifying that they transported the patient, they must also provide specific documentation regarding the transport, and thirdly it must accompany a contemporaneous statement from a representative from the facility where the patient was transported. As an option, if the facility is unwilling to sign, you can obtain secondary forms of verification.

The bottom line is the best option for field crews to obtain a patient's signature is at the time of service when possible.

By obtaining signatures at time of transport, you not only help your billing service, but you also help the patient. Patients are entitled to an expectation that their forms are processed appropriately in order to minimize their out-of-pocket expenses. By obtaining those signatures, you are helping fulfill this expectation. More information and a complete article on the new CMS rules can be viewed at the following website: www.lifequest-services.com. ■

About the Author:

Gerald Miller is the owner, CEO, and President of LifeQuest and LifeQuest Technologies. Miller has over 27 years in EMS with experience, as a NREMT-P, EMS Director, Haz Mat Tech, EMS Instructor and Firefighter I. LifeQuest, which has been in business since 1992, is a premier EMS and Fire Billing and Collection Agency which provides services to over 110 ambulance services throughout the Midwest, including departments from very small rural services to large municipal fire based services.

Miller is also a member of the American Ambulance Association, Wisconsin EMS Association, Medicare Provider Education and Training Committee, CMS Region V Ambulance Advisory Committee, State of Wisconsin EMS Information Management Committee, Wisconsin EMS Systems Management Committee, Wisconsin Fire Chiefs Association, and Iowa EMS Association.