



Welcome to the electronic version of our EMS Billing Issues Newsletter. The first thing we learned in our venture into producing an online version of our newsletter is that it is important to make sure your web page designer is kept in the loop! Oops... So, pardon the delay in getting this version to press, but we hope the wait will be worthwhile. If you know of someone else who is interested in a free subscription, have them go to our web site and sign-up.



Medicare Condition Codes: On January 13th many of you joined us for the **Page, Wolfberg & Wirth** audio conference about the new Condition Codes. Thanks to all who attended. For those of you who didn't, here are a few of the highlights.

Medicare has finally released the list of ambulance condition codes which were first discussed in the Negotiated Rule Making Committee in 1999. CMS (Centers for Medicare and Medicaid) has recognized that the ambulance industry needs its own unique coding system. Even though ambulance providers don't 'diagnose', for years we have had to use the ICD-9 diagnosis codes in order to get your claims processed. We will now be able to use the 74 Condition Codes instead of the literally thousands of ICD-9 codes.

We have begun using the new codes in our office and have seen the first batches of payments come in. So far, it looks like it is working OK.

So, what does this all mean to you? First of all, it does NOT mean you can slack off on your documentation on the incident reports. In fact, the documentation becomes even more important as Medicare may be requesting more copies as the codes become less specific. Furthermore, we would encourage you to

begin documenting what the condition codes are at both the time of dispatch and at the scene. These can be written on the incident report or the batch control log. Remember, if the ambulance was dispatched for an ALS call, but upon assessment it was determined to be a BLS level of service, it can still be billed ALS. This is where documenting the Condition Code at dispatch will become very important.

You can get a copy of the new codes from the official Medicare site is at: (note: It's 30 pages long!)

www.cms.hhs.gov/manuals/pm_trans/R395CP.pdf

If you would prefer a more user friendly version, we will be posting one on our web site in the next few days. The plan is to add a page titled 'Documents'. If you need a copy sooner, send me an e-mail. Thanks to Gary Aleshire and Koree Baker at Pierce 2 for converting the 30 page version into a 2 page document!

For more Medicare information for Ambulance Services, log onto their web site at:

www.cms.hhs.gov/suppliers/ambulance/



Charity Policies: For those of you who have a written Charity Policy, the beginning of the year is a good time to review your charity care income parameters to make sure that they are keeping up with inflation. If your policy is based on the federal poverty guidelines, the US Department of Health and Human Services expects to publish those 2005 guidelines during the second half of February. That web site is:

<http://aspe.hhs.gov/poverty/index.shtml>

If you don't currently have a formal Charity Policy but would like to develop one, please give your account manager a call for some sample forms.



The **Correct Coding Initiative (CCI)** was implemented by Medicare to edit claims for coding combinations that should not be billed together as determined by CPT definitions or standard medical practice. In their infinite wisdom they have determined that a BLS transport and an IV supply charge are a mutually exclusive code pair and therefore they routinely deny these claims. While we realize that many counties recognize the designation of an IV Tech, Medicare has stated that an IV insertion is a paramedic level service and therefore ALS. Your only options are to bill it as a BLS level of service without billing for the IV supplies, or change it to an ALS level of service.

We are asking for your assistance in determining the correct coding for these claims. If we receive a BLS and IV supply charge together we will contact your office to make this determination.



Mileage - Urban vs. Rural. As you probably know, Medicare pays a higher rate for Rural ambulance miles



than they do for Urban miles. The determination of Urban vs. Rural is based exclusively on the zip code where the patient was picked up. Their formulas have changed several times over the

past few years. The current formula (effective July 1, 2004) for determining the Medicare reimbursement rate for Rural miles is:

- Miles 1 - 17 = 1.50 x Urban rate
- Miles 18 - 50 = 1.00 x Urban rate
- Miles 51 + = 1.25 x Urban rate

In any case, continue to submit your control sheets to us showing the total miles times your normal mileage rate. Medicare will make the determination on the appropriate reimbursement.



On the lighter side: The 49ers and the Bears were playing a rough-and-tumble game on a particularly rainy day. The field was one great big mud pit. At one point, Dick Butkus was chasing a runner when a large ball of mud flew into Butkus' eye. He blacked out from the pain. Immediately, he was carried off the field to a waiting doctor. There was the terrible possibility that Butkus might lose his eye. Soon, the

doctor had it cleaned out and everything was all right again. As Butkus jumped to his feet, referee Norm Schachter yelled after him, "Thought you'd lost that eye. What would you do then?"



Butkus, without hesitation, yelled back, "If I lost my eye, I would become a referee. One eye is more than I would need from what I've seen out here today." (Norm

Schachter, *CLOSE CALLS*, New York: William Morrow and Company, Inc., 1981)



Watch our web site. In the coming months, we will begin adding new features to our web site. Specifically, we will be adding a documents section which will contain samples of many of the documents used in the EMS billing process. There's no sense in reinventing the wheel when designing a charity policy or a combination signature form. Also, if there are documents, policies, forms or other items you would like to see, let us know.



Phone Numbers: Please help us out. When giving out our phone number to patients who have a question about their bill, please use the following numbers. They ring

directly into the billing department so they will be helped faster.

(360) 613-1627 or (800)-238-9398



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