

EMS Billing Issues

July 14, 2004

ALS Assessments: Normally, the patient's condition at the time of transport will dictate whether a transport is at the BLS, ALS1 or ALS2 level of service. However, there is an exception to this rule, the ALS Assessment. Medicare has realized that there are times when, due to the patient's reported condition at the time of the dispatch, only an ALS crew was qualified to perform the assessment. Even if the resulting transport is a BLS level of service, you can bill these as ALS1. It is very important that the Incident Report indicates that an ALS Assessment was performed.

Billing for non-transport: We have been asked by several clients if they can bill when they respond to a call, but the patient is not transported. The answer is: Well, sort of... The basic policy of insurance companies is that they will pay for your services only if you actually transport the patient. A response without a transport is considered a non-covered service, so they really have no input on whether or not you can bill the patient. The exception is DSHS (Medicaid). In order for you to bill a patient who is a DSHS recipient, you must have a signed agreement with them in which they agree to pay for your services. DSHS specifies exactly what must be included in the agreement. If you would like to get the specifics, give us a call. Unfortunately, if they refuse to sign, there's not much you can do about it.

For all other individuals, you are allowed to bill them without any prior agreement. However, it now becomes a PR issue. Most people will believe that their insurance should pay for the service and will insist that we bill it for them. Of course it will be denied and they will end up having to pay, but they are usually not happy about it.

On another related issue... You may find yourself in the situation of responding to a call, treating the patient, then passing them off to another agency to do the actual transport. The transporting agency is the only one who can bill for the service. The services you have provided are included in the amount the transporting agency will be paid by the insurance company. Therefore, you should have some type of agreement in place which states how the insurance payment will be divided between you and that agency.

Regional Fee Schedule - More Information? OK, in the last newsletter I stated that I would have more information on the regional fee schedule. Unfortunately, there's not a lot of new news. Here are the basic points: All of our clients are located within the Pacific Region, which will receive the greatest benefit from the Regional Fee Schedule (RFS). The RFS is temporary. It is effective for dates of service as of July 2004 and will be completely phased out by January 2010. Your actual reimbursement level will be computed based on a blending of your current rate (which is already a blending of your old rate and the National Fee Schedule) and the new Regional Fee Schedule. At the end of the phase in/out period, all providers will be on the National Fee Schedule, unless of course Medicare makes more changes (Any bets on that one?). Once we start receiving payments for July dates of service, we will be able to more accurately project the impact this change will have on your revenue stream. Be assured, no one will be negatively impacted by this change and most will benefit. As I said last month...stay tuned!

Coming up future monthly (sort of) newsletters:

Signatures	Mileage documentation	Condition Codes
Rural mileage reimbursement	Transports if not medically necessary	