

# **COVID Coding**

## ***What Ambulance Revenue Cycle Professionals Need to Know***

Presented by  
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1

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2

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3

**Webinar Overview**

- CARES Act Payments
- Signatures
- New Covered Destinations and Modifier Guidance
- New ICD-10 Codes
- Medical Necessity
- Other Issues



4

**Thank you to our webinar  
sponsor!**



5

**CARES Act Relief Fund**



6

### CARES Act Relief Fund

- The Coronavirus Aid, Relief and Economic Security (CARES) Act created a \$100 billion Public Health and Social Services Emergency Relief Fund
  - The initial \$30 billion of this funding started arriving in provider/supplier bank accounts on Friday, April 10
  - Deposits for all ambulance services should have all been completed by April 17



7

### Hotline Number to Check on CARES Act Relief Fund Payments

866-569-3522



8

### CARES Act Relief Fund

- These funds will be deposited directly into your designated Medicare payment account
  - ACH notation: "US HHS Stimulus" or "HHS Payment"
- Any Medicare-enrolled providers and suppliers that received Medicare FFS payments in 2019 are eligible



9

### Payments Made by TIN

- Payments made according to tax ID number (TIN) of the entity
  - Note that some entities may have different provider types under one TIN
  - Example: a county which operates a nursing home and an ambulance service
    - Total payment will reflect all Medicare FFS reimbursement to the entity



10

### CARES Act Relief Fund

- Quick estimate of your payment amount:
  - Multiply your 2019 Medicare Part B fee-for-service payment amounts by 0.06198
    - Rule of thumb: \$62,000 per \$1 million of Medicare FFS reimbursement
  - Do *not* include Medicare Advantage payments in this calculation



11

### CARES Act Relief Fund

- These are grants – *not* loans
- These amounts do *not* have to be repaid
- However, there is a catch...
  - All recipients will be required to submit an attestation making certain certifications
  - Read these carefully! We are only covering a small piece of the Terms and Conditions



12

## Attestation

- The website to sign the attestation is now live

- <https://covid19.linkhealth.com/#/step/1>

As a reminder, you must sign an attestation confirming receipt of the funds and agree to the terms and conditions within 30 days of payment. Should you choose to reject the funds, you must also complete the attestation to indicate this. This Payment Portal will guide you through the attestation process to accept or reject the funds.

- ***If you choose not to accept the Terms and Conditions, you must return the funds back to HHS***



13

## Terms & Conditions

- The Recipient certifies that the Payment will only be used to prevent, prepare for, and respond to coronavirus, and shall reimburse the Recipient only for health care related expenses or lost revenues that are attributable to coronavirus.
- The Recipient certifies that it will not use the Payment to reimburse expenses or losses that have been reimbursed from other sources or that other sources are obligated to reimburse.



14

## Terms & Conditions

- “The Secretary has concluded that the COVID-19 public health emergency has caused many healthcare providers to have capacity constraints. As a result, patients that would ordinarily be able to choose to receive all care from in-network healthcare providers may no longer be able to receive such care in-network. Accordingly, for all care for a possible or actual case of COVID-19, Recipient certifies that it will not seek to collect from the patient out-of-pocket expenses in an amount greater than what the patient would have otherwise been required to pay if the care had been provided by an in-network Recipient.”



15

**Let’s take a closer look...**



16

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17

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18

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19

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20

## PWW's Take: Balance Billing

- *For possible or actual COVID-19 patients only:*
  - You **can** bill the pt for in-network cost sharing amounts
  - You **cannot** bill the pt any more than what their cost-sharing would be if services were furnished by an in-network provider



21

## PWW's Take: Balance Billing

- *To obtain cost sharing info:*
  - Refer to EOB for patient responsibility amount
  - If PR amount not there:
    - Check pt's insurance card – educate your crews to copy this info at time of service or take a picture of the pt's card
    - Or, ask payor



22

## PWW's Take: Balance Billing

- *This CARES Act attestation does **not** regulate the amount a plan must pay*
  - The practical reality is that the plan is most likely to pay the in-network amount
  - But this does not constitute a limitation on what the provider may bill to the plan or the amount it is required to accept
    - **EXCEPTION:** states which have laws that require out-of-network providers to accept amounts paid by a plan as payment in full



23

## PWW's Take: Balance Billing

- *Make sure billers are trained on what a “possible or actual COVID patient” is*
  - Work with your agency's medical director
  - General guidance from CDC: pts with fever, cough, shortness of breath
  - Pts with confirmed positive COVID-19 test



24

## Commercial Insurers

- Some commercial insurers are implementing cost-sharing waivers and paying 100% for certain COVID-related services
- This varies by insurer
- AHIP maintains a good site summarizing policies of many of the major commercial insurers:
  - <https://www.ahip.org/health-insurance-providers-respond-to-coronavirus-covid-19/>



## Signatures



25

26

## Signature Concerns

- EMS agencies nationwide have expressed concern about known or suspected COVID-19 patients using ePCR devices to sign
- Also, CDC EMS guidance says to complete the PCR *after* the transport and after crew removes PPE and practices hand hygiene
- PWW and others raised these concerns to CMS



## For COVID-19 Patients

- CMS has issued the following clarification:
  - “CMS will accept the signature of the ambulance provider’s or supplier’s transport staff if that beneficiary or an authorized representative gives verbal consent.”
  - “Documentation should note the verbal consent.”



27

28

## **PWW’s Take:** COVID-19 Patient Signatures

- This new CMS guidance creates something of a new category of AOB signature
  - Patient is physically/mentally capable of signing, but can give consent to ambulance crew to sign on their behalf



## **PWW’s Take:** COVID-19 Patient Signatures

- ***PWW has created a COVID-19 specific version of its patient signature form to assist with this unique new signature category during the pandemic***



29

30

### PWW's COVID-19 Signature Form

**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 to Medicare, Medicaid, or any other payer for any services provided to me by [ABC] now, in the past, or in the future, until I revoke this authorization in writing. I understand that I am financially responsible for the services and supplies provided to me by [ABC], regardless of my insurance coverage, and in some cases, may be responsible for an amount in addition to what was paid by my insurance. I agree to immediately remit to [ABC] 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 [ABC]. I authorize [ABC] to appeal payment denials or other adverse decisions on my behalf. I authorize and direct any holder of medical, insurance, billing or other relevant information about me to release such information to [ABC] and its billing agents, the Centers for Medicare and Medicaid Services, and/or any other payers 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 ABC, now, in the past, or in the future. I also authorize [ABC] to obtain medical, insurance, billing and other relevant information about me from any party, database or other source that maintains such information.

X Patient Signature or Mark _____ Date _____ X Witness Signature (only if Pt signs by mark) _____ Date _____ X Witness Address (only if Pt signs by mark) _____	<p style="text-align: center;"><b>For Known or Suspected COVID-19 Patient Only</b></p> <input type="checkbox"/> CHECK HERE if patient gave verbal consent for ambulance crew to sign _____ Ambulance Crew Member Signature & Printed Name _____ Date _____ (Crew member should sign own name and not p.g. name)
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Word Version Available on PWW COVID Resource Page

31

### PWW's COVID-19 Signature Form

**SECTION I - PATIENT SIGNATURE**  
 The patient must sign here unless the patient is physically or mentally incapable of signing.  
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I authorize the submission of a claim to Medicare, Medicaid, or any other payer for any services provided to me by [ABC] now, in the past, or in the future, until I revoke this authorization in writing. I understand that I am financially responsible for the services and supplies provided to me by [ABC], regardless of my insurance coverage, and in some cases, may be responsible for an amount in addition to what was paid by my insurance. I agree to immediately remit to [ABC] 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 [ABC]. I authorize [ABC] to appeal payment denials or other adverse decisions on my behalf. I authorize and direct any holder of medical, insurance, billing or other relevant information about me to release such information to [ABC] and its billing agents, the Centers for Medicare and Medicaid Services, and/or any other payers 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 ABC, now, in the past, or in the future. I also authorize [ABC] to obtain medical, insurance, billing and other relevant information about me from any party, database or other source that maintains such information.

X Patient Signature or Mark _____ Date _____ X Witness Signature (only if Pt signs by mark) _____ Date _____ X Witness Address (only if Pt signs by mark) _____	<p style="text-align: center;"><b>For Known or Suspected COVID-19 Patient Only</b></p> <input type="checkbox"/> CHECK HERE if patient gave verbal consent for ambulance crew to sign _____ Ambulance Crew Member Signature & Printed Name _____ Date _____ (Crew member should sign own name and not p.g. name)
---	--

32

This part of Section 1 is the same

This part is the new, COVID-19 specific signature section. Crew member checks box and signs and prints their own name.

Or, if You're Using the  
 "Standard" PWW Signature Form  
 (or its electronic equivalent in one of the many software programs and applications which use it...)

33

### One Option...

**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 to Medicare, Medicaid, or any other payer for any services provided to me by [ABC] now, in the past, or in the future, until I revoke this authorization in writing. I understand that I am financially responsible for the services and supplies provided to me by [ABC], 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 [ABC] 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 [ABC]. I authorize [ABC] to appeal payment denials or other adverse decisions on my behalf. I authorize and direct any holder of medical, insurance, billing or other relevant information about me to release such information to [ABC] and its billing agents, the Centers for Medicare and Medicaid Services, and/or any other payers 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 ABC, now, in the past, or in the future. I also authorize [ABC] to obtain medical, insurance, billing and other relevant information about me from any party, database or other source that maintains such information.

X JOHN SMITH by Douglas Wolfberg 4/14/20 \_\_\_\_\_  
 Patient Signature or Mark \_\_\_\_\_ Date \_\_\_\_\_  
 \_\_\_\_\_  
 Witness Signature \_\_\_\_\_  
 \_\_\_\_\_  
 Witness Address \_\_\_\_\_

34

Crew member writes the patient's name here and "By" and then the crew member signs his or her own name

### Another Option...

... necessary to determine these or other benefits payable for any services provided to me by ABC, now, in the past, or in the future. I also authorize [ABC] to obtain medical, insurance, billing and other relevant information about me from any party, database or other source that maintains such information.

X VERBAL CONSENT TO SIGN 4/14/20 \_\_\_\_\_  
 Patient Signature or Mark \_\_\_\_\_ Date \_\_\_\_\_  
 \_\_\_\_\_  
 Witness Signature \_\_\_\_\_  
 \_\_\_\_\_  
 Witness Address \_\_\_\_\_

Patient  
 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

X Douglas Wolfberg, EMT 4/14/20 \_\_\_\_\_  
 Representative Signature \_\_\_\_\_ Date \_\_\_\_\_ Printed Name of Representative \_\_\_\_\_

35

Crew member writes "verbal consent to sign" here (Section 1)

Then the crew member signs and prints his or her own name in Section 2

### For Non-COVID-19 Patients

- Apply the standard signature rules
  - If patient is physically and mentally able to sign, the patient signs
  - If patient is not physically or mentally capable, obtain signature of an authorized signer
  - If no authorized signer is available or willing, then need contemporaneous crew + receiving facility signatures

36

### Authorized Signers if Pt Physically or Mentally Incapable of Signing...

- Pt's legal guardian
- Someone who receives the pt's Social Security or government benefits on pt's behalf
- Someone who arranges for the pt's care or exercises other responsibility for pt's affairs
- Representative of an agency or institution that provides care, services or assistance to the pt



### CMS Rules

- Remember, CMS controls Medicare
  - Check with your state Medicaid program regarding any state-specific waivers



37

38

### Always Remember...

- The EMS documentation must always be *detailed* and *accurate* and explain the *manifestations* of the pt's COVID-19 status
- And if a pt can't sign, document the clinical conditions which render the pt incapable of signing



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39

40

### New Covered Destinations



### New Covered Destinations

- All destinations that are equipped to treat the condition of the patient consistent with EMS protocols established by state and/or local laws where the services will be furnished



41

42




**Approved alternative destinations may include, but are not limited to:**



43

**New Covered Destinations**


- Any location that is an alternative site determined to be part of a hospital, critical access hospital (CAH) or skilled nursing facility (SNF)
  - *PWW's Take:*
    - *This includes parking lot clinics, tents, hospital ships, temporary locations on hospital or facility property*



44

**New Covered Destinations**


- Community mental health centers
- Federal qualified health clinics ("FQHCs")
- Rural health clinics ("RHCs")
- Physicians' offices
- Urgent care facilities
- Ambulatory surgery centers ("ASCs")



45

**New Covered Destinations**


- Any location furnishing dialysis services outside of an ESRD facility when an ESRD facility is not available
- More on this later when we discuss modifiers



46


**New Covered Destinations**

- The beneficiary's home
  - *PWW's Take:*
    - *Discharges to home are covered under regular CMS rules*
    - *However, in some cases, a patient could be at a non-facility point of origin and it is determined that the patient should be treated or quarantined at home*




47

**Question:**  
***Do these alternative destinations apply just to COVID-19 patients?***



48


**Answer:**  
**No. They apply to any Medicare beneficiary during the public health emergency.**



49

**New Covered Destinations**


- This is important, because hospitals may be directing ambulances to bring *non*-COVID patients to sites other than the hospital
- This may be particularly true in “hot spots” where the main hospital facility is being dedicated to COVID patients and non-COVID patients are directed elsewhere



50

**EMS Protocols**


- Remember that the CMS rules state that these alternative destinations are covered only when *consistent with EMS protocols*



51

**EMS Protocols**


- Some state EMS regulations or protocols limit the destinations to which EMS practitioners may transport patients
- These would have to be updated in order to bill for these alternative destinations
- Make sure these regulations or protocols are in place before billing



52

**EMS Protocols**


- In some areas, this may be up to the local EMS agency or EMS council to make this determination
- In others, this may require a state waiver, temporary protocol or emergency rule



53

**New Covered Destinations**

- Do not presume that these new alternative destinations are automatically approved in all areas just because they were in the CMS rule
  - The EMS system protocols must allow for transport to these destinations
  - And remember, if you are a billing company, this must be checked for each agency you bill for – especially in different states



54

## Treat-No-Transport

- CMS is *not* paying for treatment without transport
- Remember that other payors might be covering these services
  - Many commercial payers recognize A0998 or A0999 for these claims



55

## ET3 Program

- It is not necessary to be an ET3 participating agency to utilize these new covered destinations during the public health emergency
- ET3 now delayed until Fall 2020 anyway



56

## New Modifier Guidance



57

## Modifier “D”

- Community mental health center
- FQHC, RHC
- Urgent care facility
- Non-provider-based ASC or freestanding emergency center
  - *PWW note: if the FSED or ASC is provider-based, use “H”*



58

## Modifier “D”

- Any location furnishing dialysis services outside of an ESRD facility when an ESRD facility is not available
  - *PWW’s Take:*
    - *We believe this would be used in situations where neither “G” (hospital-based dialysis) nor “J” (freestanding dialysis) would apply*
    - *Example: dialysis provided at a non-hospital-based facility that is not exclusively an ESRD facility*



59

## Modifier “E”

- Residential, domiciliary, custodial facility (other than 1819 facility) if the facility is the beneficiary’s home
- *PWW Note:*
  - *If the patient’s residence is a private home and not a residential facility, use “R”*



60

## Modifier “H”

- Alternative care site for hospital, including CAH, provider-based ASC, or freestanding emergency center
- *PWW’s Take:*
  - *This would include sites such as hospital ships and provider-based FSEDs*
  - *If not provider-based, use “D”*



## Modifier “N”

- Alternative care site for SNF
- *PWW’s Take:*
  - *This could apply where an “1819 Facility” (a SNF) receives a waiver from CMS to make some off-campus location (e.g., a school, hotel, etc.) a satellite of the SNF during the public health emergency*



61

62

## Modifier “P”

- Physician’s office
- *PWW’s Take*
  - *Previously this was a covered destination only as an intermediate stop enroute to a facility*
  - *Now it is covered as a destination during the public health emergency if it is permitted by protocol and medically necessary*



## Modifier “R”

- Beneficiary’s home
- *PWW’s Take:*
  - *Remember, this is always a covered destination, but only for facility discharges (H-R, N-R)*
  - *Now, during the public health emergency, this may be a destination from any point of origin (when medically necessary, of course)*



63

64

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## New ICD-10 Codes



65

66

### New ICD Codes

- These codes are all approved for use effective April 1, 2020 – September 30, 2020
- Remember that all existing ICD-10 codes are also applicable
- Not all MACs may be processing these yet
  - May want to use an “existing” code as primary and not use these new codes as the only ones



67

### MAC LCDs

- Remember, if your MAC has an ambulance-specific Local Coverage Determination (LCD) be sure to follow those
  - May have a required set of primary codes



68

### New ICD Codes

- **PWW's Take:**
  - We recommend including a COVID-19-specific code on each claim for a possible or actual COVID-19 patient
  - May also wish to add a simple “COVID-19 YES” field in your software
  - Some commercial payers are waiving copays and paying providers 100% based on COVID-related ICD-10 codes
  - Also, there are a host of reasons for which you will want the ability to be able to readily identify the universe of your COVID-19-related calls in the future



69

### “COVID-19” - U07.1

- Code a positive test result or presumptive positive test result
  - “Presumptive positive test result” means positive test at state or local level but not yet CDC-confirmed
  - “Confirmation” does not require documentation of the type of test performed; the provider’s documentation that the individual has COVID-19 is sufficient



70

### “Acute Respiratory Illness Due to COVID-19” (Used With U07.1)

- Pneumonia
  - For a case confirmed as due to COVID-19, use **J12.89**
- Acute Bronchitis
  - For a case confirmed as due to COVID-19, use **J20.8**
  - If caused by COVID-19 but not specified as acute or chronic, use **J40**



71

### “Acute Respiratory Illness Due to COVID-19” (Used With U07.1)

- Lower Respiratory Infection
  - If COVID-19 associated with a lower respiratory infection, use **J22**
  - If COVID-19 associated with a respiratory infection not otherwise specified, use **J98.8**
- Acute Respiratory Distress Syndrome
  - For ARDS due to COVID-19, use **J80**



72

## Exposure to COVID-19 **Z03.818**

- For cases where there is a concern about a possible exposure to COVID-19, but this is ruled out after evaluation, use this code
  - Definition “Encounter for observation for suspected exposure to other biological agents ruled out.”



73

## Exposure to COVID-19 **Z20.828**

- For cases where there is an actual exposure to someone who is confirmed or suspected (not ruled out) to have COVID-19, and the exposed individual either tests negative or the test results are unknown, assign this code
  - Definition: contact with and (suspected) exposure to other viral communicable diseases.



74

## Signs/Symptoms *Without* Definitive COVID-19 Diagnosis

- For patients presenting with any signs/symptoms associated with COVID-19 (such as fever, etc.) but a definitive diagnosis has not been established, assign the code for the presenting signs and symptoms such as:
  - Cough: **R05**
  - Shortness of Breath: **R06.02**
  - Fever, unspecified: **R50.9**
  - If pt has COVID-19 signs/symptoms and an actual or suspected contact or exposure to someone who has COVID-19, use **Z20.828** in addition



75

**Remember, all ICD-10 codes  
must be supported by the  
clinical documentation**



76

## Medical Necessity



77

## Question

- Will Medicare (and other payors) pay for ambulance service *solely* because a patient is (or may be) COVID-19 infected?



78

### Answer

- No
  - CMS has issued numerous waivers of certain Medicare requirements during the pandemic
  - CMS has *not* issued a waiver of any medical necessity requirements for ambulance services



### However...

- Existing Medicare regulations state that ambulance services are medically necessary when “other means of transportation are contraindicated”



79

80

### “Contraindicated”

- Means that if a patient cannot be safely transported by other means, ambulance transport is considered medically necessary
- “Other means” include:
  - Car, taxi, Uber/Lyft/wheelchair van, shuttle, shared ride, etc.



81

### “Safely Transported?”

- Is it safe to transport a COVID-19 patient in a vehicle other than an ambulance?
  - Other vehicles not set up for infection control
  - Other vehicles may not have necessary equipment
  - Other vehicles may transport more than one patient



82

### Documentation: Making the Case

- EMS documentation must be *detailed* and *accurate* to make the case why a COVID-19 patient cannot be safely transported by other means



83

### Example: Not Enough

- “Patient being transported due to poss. COVID-19”
  - Does not give any indication *why* an ambulance was needed
  - Many known or suspected COVID-19 patients may drive themselves to the hospital, or be taken there by a family member



84

### Example: More Detailed

- *“Patient confirmed COVID-19 positive on 3/30/20 via positive test result from County health dept. Infectious disease protocols in place. Crew in full PPE and isolation precautions being followed. Pt currently complaining of SOB with SPO2 of 88%. Pt has fever of 102.2° and experiencing dry cough. Pt placed on O2 at 10 lpm via non-rebreather mask and transported to isolation section of ED.”*



85

### Repetitive Patient Transports

- Transporting a COVID-19 patient on a repetitive basis (dialysis, etc.)
  - Medical necessity for each leg of a round trip transport must be independently met and documented accurately



86

### Repetitive Patient Transports

- Not sufficient:
  - “See prior PCR”
  - Copy and paste narratives



87

### In All Cases...

- Other documentation best practices also need to be followed in each case
  - Detailed patient assessment
  - Vital signs
  - Reassessment
  - Treatment (what treatment, why indicated, description of tx, results or reassessment after tx)



88

### Billers and Coders

- Remember, even though the whole world is in crisis because of COVID-19, standing alone an infection does not necessarily meet the medical necessity criteria for use of an ambulance
- Review all clinical documentation carefully and ensure that “other means of transport were contraindicated” before deciding to bill



89

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90



## Other Issues



91

## “Sequestration” Suspension

- The CARES Act temporarily suspends the 2% payment reduction implemented in 2013 as a result of the Budget Control Act of 2011
- This +2% adjustment is effective for claims with dates of service May 1 – December 31, 2020
- Remember that this should also be reflected in your Medicare Advantage payments for non-contracted suppliers and providers



92

## Ambulance Staffing

- Some state EMS agencies have issued ambulance staffing waivers during the pandemic
- Potential problem: CMS regulations still specifically state that:
  - A BLS ambulance must be staffed by two persons, one of whom is an EMT certified by the state where services are rendered
  - An ALS ambulance must have two persons, one of whom must be an A-EMT or EMT-P licensed in the state where services are rendered



93

## Ambulance Staffing

- Some states are:
  - Allowing out-of-state certified providers
  - Allowing for staffing configurations that may not meet CMS regulations
    - Example 1: allowing an ALS ambulance to be staffed with an RN instead of a paramedic or AEMT
    - Example 2: allowing a BLS ambulance to be staffed with an EMR instead of an EMT-Basic



94

## Ambulance Staffing

- PWW has asked CMS to address this issue
- In the meantime, try to meet CMS minimum staffing



95

## Audit Activity

- Some MACs have announced a moratorium on TPE audits during the public health emergency



96

### CMS Ambulance Cost Data Collection

- This is still going forward, has not been delayed
- For many providers, costs are increasing and revenue is decreasing as a result of the pandemic
- Track all COVID-related costs
  - Payroll, training PPE, workers comp, etc.



97

### Repetitive Patient Prior Authorization Model

- This pilot program has been suspended during the public health emergency
  - Current states: Delaware, the District of Columbia, Maryland, New Jersey, North Carolina, Pennsylvania, South Carolina, Virginia, and West Virginia
  - However, MACs will still be processing prior auth requests during this pause and you may continue to submit requests



98

### Repetitive Patient Prior Authorization Model

- If you are in a model state, you must resume compliance with the Prior Auth requirements as soon as you are able (even prior to the end of the PHE)
- If you have a UTN that covers a particular claim, your claim will be denied if you do not include the UTN on that claim
- Any claims that are submitted and paid with a UTN, will not be subject to post-payment review



99

### Repetitive Patient Prior Authorization Model

- Claims that are submitted without a UTN, and paid under the rules of the “Pause” will be subject to post-payment review
- **PWW's Take:**
  - *If you are in a model state and are able to comply with the Prior Auth requirements, even during the pause, continue to do so*



100

### Other Prior Authorization News

- Some states have received approval for prior authorization requirements for Medicaid FFS programs
  - Would include non-emergency ambulance services, where applicable
  - Check with your state Medicaid program
- For commercial payers who require prior authorization for non-emergency transports, check with those payers



101

### EMS Law COVID-19 Corona Update Webpage



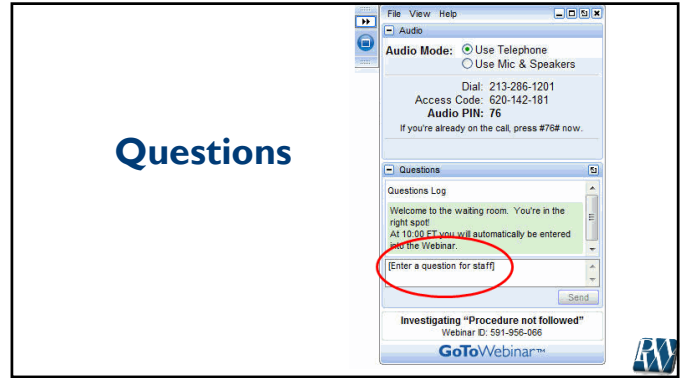
<https://www.pwwemslaw.com/content/ems-law-covid-19-corona-update-webpage>



102



103



104

**Sample Ambulance Signature/Claim Submission Authorization Form – Version 2.2CV**

**Patient Name:** \_\_\_\_\_ **Transport Date:** \_\_\_\_\_

**Privacy Practices Acknowledgment:** by signing below, the signer acknowledges that [ABC Ambulance Service (ABC)] provided a copy of its Notice of Privacy Practices 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 to Medicare, Medicaid, or any other payer for any services provided to me by [ABC] now, in the past, or in the future, until I revoke this authorization in writing. I understand that I am financially responsible for the services and supplies provided to me by [ABC], regardless of my insurance coverage, and in some cases, may be responsible for an amount in addition to what was paid by my insurance. I agree to immediately remit to [ABC] 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 [ABC]. I authorize [ABC] to appeal payment denials or other adverse decisions on my behalf. I authorize and direct any holder of medical, insurance, billing or other relevant information about me to release such information to [ABC] and its billing agents, the Centers for Medicare and Medicaid Services, and/or any other payers 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 ABC, now, in the past, or in the future. I also authorize [ABC] to obtain medical, insurance, billing and other relevant information about me from any party, database or other source that maintains such information.

X \_\_\_\_\_  
**Patient Signature or Mark** \_\_\_\_\_ **Date** \_\_\_\_\_

X \_\_\_\_\_  
**Witness Signature (only if Pt signs by mark)** \_\_\_\_\_ **Date** \_\_\_\_\_

X \_\_\_\_\_  
**Witness Address (only if Pt signs by mark)** \_\_\_\_\_

**For Known or Suspected COVID-19 Patient Only**

**CHECK HERE** if patient gave verbal consent for ambulance crew to sign

\_\_\_\_\_  
**Ambulance Crew Member Signature & Printed Name** \_\_\_\_\_ **Date** \_\_\_\_\_  
(Crew member should sign own name and not pt's name)

**SECTION II - AUTHORIZED REPRESENTATIVE SIGNATURE**

Complete this section **only** if the patient is physically or mentally incapable of signing.

**Describe 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 to Medicare, Medicaid, or any other payer for any services provided to the patient by [ABC] now or in the past or in the future. 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

X \_\_\_\_\_  
**Representative Signature** \_\_\_\_\_ **Date** \_\_\_\_\_ **Printed Name of Representative** \_\_\_\_\_

**SECTION III - AMBULANCE CREW AND RECEIVING FACILITY SIGNATURES**

Complete this section **only** if: (1) the patient was physically or mentally incapable of signing, **and**  
(2) no authorized representative (Section II) was available or willing to sign on behalf of the patient at the time of service.

**Describe the circumstances that make it impractical for the patient to sign:** \_\_\_\_\_

**Name and Location of Receiving Facility:** \_\_\_\_\_ **Time:** \_\_\_\_\_

A signature below authorizes submission of a claim to Medicare, Medicaid, or any other payer for any services provided to the patient by [ABC].

**A. Ambulance Crew Member Statement (must be completed by crew member at time of transport)**

My signature below indicates that, at the time of service, the patient was physically or mentally incapable of signing, and that none of the authorized representatives listed in Section II of this form were available or willing to sign on the patient's behalf. **My signature is not an acceptance of financial responsibility for the services rendered.**

X \_\_\_\_\_  
**Signature of Crewmember** \_\_\_\_\_ **Date** \_\_\_\_\_ **Printed Name and Title of Crewmember** \_\_\_\_\_

**B. Receiving Facility Representative Signature**

The patient named on this form was received by this facility on the date and at the time indicated and this facility furnished care, services or assistance to the patient. **My signature is not an acceptance of financial responsibility for the services rendered.**

X \_\_\_\_\_  
**Signature of Receiving Facility Representative** \_\_\_\_\_ **Date** \_\_\_\_\_ **Printed Name and Title of Receiving Facility Representative** \_\_\_\_\_



*this*

## *Certificate of Completion*

*is presented as evidence of completion, by the CAC, CACO whose signature and Certification Number appear below, of the NAAC® approved Continuing Education course entitled*

**COVID Coding: What Ambulance Revenue Cycle Professionals Need to Know**

**CEU Code: EGpZfx  
CEU Units: 1.50**

I hereby certify that I have completed the continuing education training as represented on this certificate.

Signed: \_\_\_\_\_ NAAC® Certification Number: \_\_\_\_\_

*Jason J. Leet*

Program Coordinator

04/20/20

Date of Training

Certificate is invalid without the signature and certification number of the attendee.