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Page, Wolfberg & Wirth (PWW) EMS Law COVID-19 Webinar Summary

Page, Wolfberg, and Wirth (PWW) EMS Law held a webinar on Monday, April 20 specific to COVID Coding, "What Ambulance Revenue Cycle Professionals Need to Know." EMS | MC attended the informative webinar and have summarized the meeting below. Many of these topics have been covered in greater detail through previous EMS | MC publications, and this document is meant to clarify certain provisions of the regulations.

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 $30B of this funding was directly deposited into provider/supplier bank accounts on Friday, April 10. A second wave of deposits were made on Friday, April 17. All eligible providers/suppliers should have received their stimulus deposit by Friday, April 17.
In order to accept the funding, all providers must sign the attestation statement within 30 days of receipt of the stimulus fund. **If you do not sign the Terms and Conditions attestation statement, but do not refund the payment in full, you are still bound by the Terms and Conditions.** If you choose not to accept the Terms and Conditions, you must return the funds back to HHS. The Terms and Conditions must be read very carefully to ensure that you understand the full impact of the document.

One provision of the Terms and Conditions states "All care for a possible or actual case of COVID-19, recipients 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 provider." Under this provision, you can bill the patient for in-network cost sharing amounts such as co-insurance and/or deductible amounts but cannot bill the patient more than what their cost-sharing would be if services were

furnished by an in-network provider. This provision applies to all commercial insurers for "possible or actual cases of COVID-19". **PWW addressed the broader statement made by HHS that all patients should be treated as "possible" COVID patients from a safety perspective; however, they felt that this provision is only applicable to those possessing signs and symptoms of a possible or actual case of COVID.** In addition, it was clarified that this provision is only valid throughout the Public Health Emergency period and would not have an unlimited effect on future commercial insurance claims.

Patient Signatures

CMS has issued the clarification for obtaining a beneficiary signature of a possible or actual case of COVID-19. CMS will accept the signature of the ambulance provider's transport staff if that beneficiary or authorized representative gives verbal consent. Be sure to document that the patient/authorized representative has provided verbal consent. The crew member should not sign the patient's name but should write the patient's name in the beneficiary signature field followed with "By {Paramedic's Name}." For example: Johnny Patient, by Jane Paramedic – provided verbal consent. Another alternative is to write "Verbal Consent to Sign" in the beneficiary signature field, followed by the transport staff's signature and printed name as the authorized representative (Section 2). The relationship box should not be checked as it is not applicable in this situation. PWW has issued an updated signature form, available on their website, that contains a COVID-19 specific signature section.

Alternative Destinations

CMS has approved alternative destinations for ambulance transports to include the following:

- Any location that is an alternative site determined to be part of the hospital
    - i.e. parking lot clinics, tents, hospital ships, temporary locations on hospital or facility property
- Community Mental Health Centers
- Federal Qualified Health Clinics (FQHC)
- Rural Health Clinics (RHC)
- Physician Offices
- Urgent Care Facilities
- Ambulatory Surgical Centers (ASC)
- Any location furnishing dialysis services outside of an ESRD facility when the ESRD facility is not available
- Beneficiary Home
    - PWW clarified that the patient could be transported from a non-facility when it is determined that the patient should be treated or quarantined at home

The alternative destinations applies to all Medicare beneficiaries, not only those that are possible or actual COVID patients. For example, a hospital may be directing ambulances to bring Non-COVID patients to

sites other than the hospital. These regulations must be consistent with EMS protocols as certain states have regulations that limit the destinations to which EMS may transport patients.

ICD-10 Coding

PWW outlined various ICD-10 codes that have been created to identify COVID patients, including U07.1 – COVID-19, to indicate a patient that has tested positive, or presumptive positive, under CDC guidelines. PWW recommended using codes for COVID-19 to identify the claims for future reference. These codes will assist in applying in-network benefits to patients covered under Commercial Insurance. Additionally, they will provide data collection for increased transport volume to properly allocate stimulus funding.

PWW clarified that it was recommended that the provider retrospectively update claims with the ICD-10 code for positive COVID patients that were deemed positive under the Ryan White Act, specifically for patients not possessing signs and symptoms, so that proper balance billing provisions can be applied to these claims.

Medical Necessity

CMS has not issued a blanket statement stating that all possible or actual COVID-19 patients are medically necessary for ambulance transport. However, existing Medicare regulations state that ambulance services are medically necessary when "other means of transport are contraindicated." Contraindicated is further defined as a patient that cannot be safely transported by other means. Under the safely transported provision, the question is posed as to whether a patient can be safely transported in a vehicle other than ambulance that is not setup for infection control, does not have necessary equipment and does not provide isolation precautions in order to ensure safety of the patient and other individuals.

PWW recommended documenting in greater detail why the patient cannot be safely transported by other means. Using the following example does not give any indication of why an ambulance was needed:

"Patient being transported due to possible COVID-19"

The following narrative better describes the need for an ambulance:

"Patient confirmed COVID-19 position via positive test result from County Health Department. Infectious disease protocols in place. Crew in full PPE and isolation precautions being followed. Patient 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".

Sequestration

The CARES Act temporarily suspends the 2% payment reduction for payments made May 1 – Dec 31, 2020. The sequestration is applicable to both Medicare Fee for Service and Medicare Advantage claims.

Ambulance Staffing

While certain states are revising their staffing requirements for ambulance services, remember that CMS requires the following in order to bill Medicare:

- A BLS ambulance must be staffed by two people, one of whom is a EMT certified by the state where services were rendered
- An ALS ambulance must have two people, one of whom must be an A-EMT or EMT-P licensed in the state where services are rendered

The following examples were provided as those that might not meet CMS regulations:

- An ALS ambulance staffed with an RN instead of a paramedic or A-EMT
- BLS ambulance staff with an EMR instead of an EMT-B

If you have any questions or need clarification, please reach out to your Strategic Account Manager.

Thank you,

Chief Compliance Officer
EMS Management & Consultants, Inc.