

## **2009 Medicare Signature Rule Effective January 1, 2009**

A key component of reimbursement is that of signatures. Obtaining patient signatures, hospital face sheets or insurance information at the time of transport will assist your service in maximizing revenues and alleviate a great deal of stress for your patients. When you obtain this information upfront, the patient will not have to revisit the trauma or medical event that precipitated the ambulance transport and their ambulance claim can be paid in a timely manner.

Remember –The signature encompasses many important components:

- It authorizes the release of information to ambulance services and to Medicare/insurance companies.
- It acknowledges the patient's financial responsibility for the ambulance transport.
- It acknowledges receipt of the ambulance service's Notice of Privacy Practices (NPP).
- It authorizes payment to the ambulance service.
- It provides a mechanism to appeal a claim that has been denied.
- Under the Center for Medicare and Medicaid Services (CMS) new rule, it verifies that the ambulance services were actually provided as claimed.

On November 19, 2008, the Centers for Medicare and Medicaid Services published the 2009 Final Physician Fee Schedule Rule for 2009 (Final Rule). Changes to the ambulance beneficiary signature requirements were part of this Final Rule.

**Significant changes: The New Signature Rule now encompasses both emergency and non-emergency situations. Additionally, in the event the patient is a minor, the minor patient's parent will need to sign in Section I. In previous versions of the signature form, a parent of a minor patient signed in Section II.**

**The patient's signature is required in Section I of the Signature Form UNLESS the patient is physically or mentally incapable of signing.**

As a reminder, **IF** the ambulance service cannot obtain the signature of the patient in Section I because the patient is physically or mentally incapable of signing **AND** the ambulance service cannot obtain the signature of an authorized signer at the time of transport in Section II,

the ambulance service may sign on behalf of the beneficiary in both emergency and non-emergency situations if the ambulance service representative completes the "Contemporaneous Statement" under Section III of the Signature Form. **In addition to the ambulance service's signature and Contemporaneous Statement in Section III, a signature of a representative from the Receiving Facility will need to be obtained at the time of transport.**

In the event that a signature cannot be obtained from a representative from the Receiving Facility under Section III, a secondary form of verification that indicates that the patient was transported to the facility is required in addition to the ambulance service's "Contemporaneous Statement" and signature under Section III.

In order of preference, the following are acceptable authorized individuals that can sign the signature form:

#### **Section I :**

- Patient
- Patient's parent or legal guardian if patient is a minor

#### **Section II : Authorized Signers**

- Patient's legal guardian, if patient is NOT a minor
- Patient's Healthcare Power of Attorney
- Relative or other person who receives government benefits on behalf of the patient
- Relative or other person who arranges treatment or handles the patient's affairs
- Representative of an agency or institution that furnished care, services, or assistance to the patient (i.e. Nursing Home, SNF, etc.)

**\*\*\*Remember, the reason the patient is physically or mentally incapable of signing must also be noted in Section II.**

#### **Section III : Ambulance Crew AND Receiving Facility Signatures**

**(Needed ONLY in the event no signature was obtained in Section I or Section II)**

- Ambulance crewmember signature AND Contemporaneous Statement as to why the patient is incapable of signing.

**AND**

- Signature of representative of the receiving facility

**OR**

- Secondary form(s) of verification

This verification includes one or more of the following:

- a. Patient Care Report signed by a representative of the facility;
- b. A facility or hospital Face Sheet/Admissions Record;
- c. Patient medical record;
- d. Hospital log or other similar facility record. This verification must be kept on file for four (4) years.

**What should you do in the event that the patient is physically and mentally capable of signing but refuses to sign the Signature Form?**

If a Medicare patient refuses to sign the form and he or she is physically and mentally capable of signing, **do NOT fill out Section II or Section III**. These sections only pertain to when the patient is physically or mentally incapable of signing the form.

An ambulance crewmember should document that the patient was physically and mentally capable of signing in Section I but refused to sign the form. By doing this, the Medicare patient can be billed for the transport. Medicare cannot be billed. If the patient refuses to sign any form, write **“patient refused to sign”** on the patient signature line and have the crewmember initial it. Additionally, this information should be documented in the narrative.