

The Certified Ambulance Coder Course



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Information Sources

The CAC course is based on applicable laws, regulations and policies. The information presented is believed to be accurate at the time it is presented. However, NAAC is not a governmental agency and this course does not constitute an official statement of the law or policy with regard to ambulance billing. You must consult all official sources of information, including laws, regulations, manuals and policies in order to ensure compliance, and you must recognize that these official sources of information may change from time-to-time. NAAC cannot be responsible to update you on any such changes.



Navigating the Course

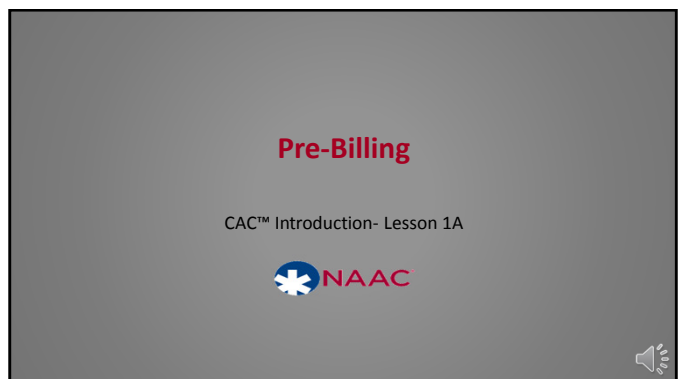
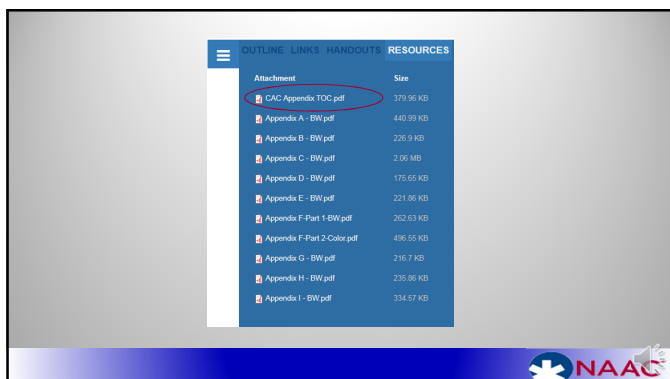
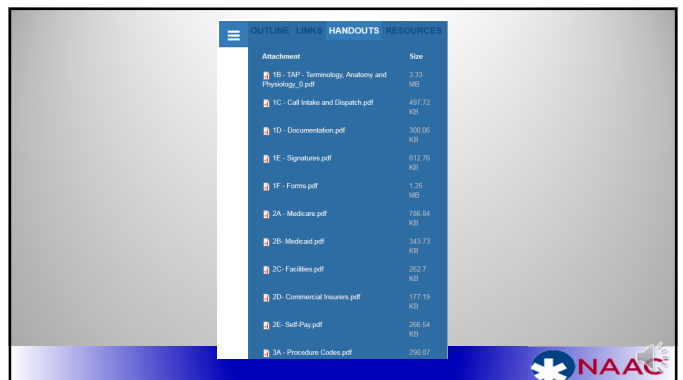
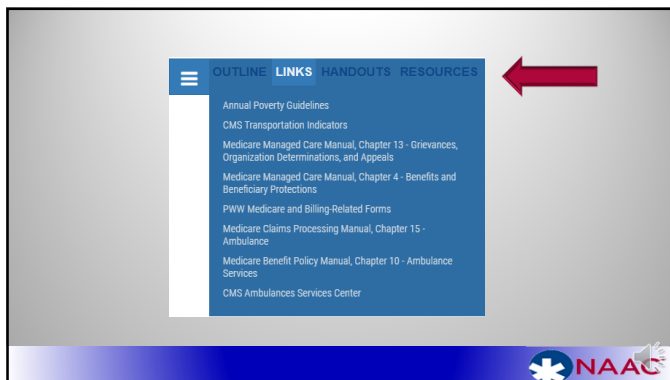
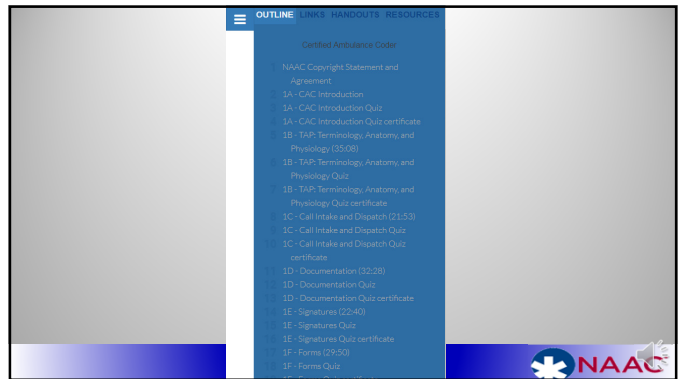
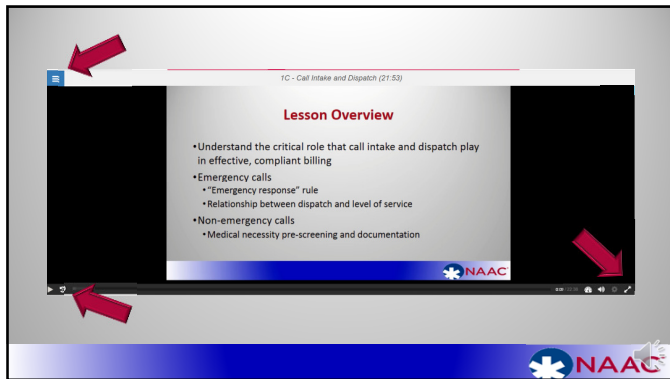


Lesson Run Times

- Once you begin a lesson, you will not be able to exit the lesson and then resume from where you left off
- We've posted the lesson run time for each lesson so that you can plan accordingly

1B - TAP: Terminology, Anatomy, and Physiology (35:08)
1B - TAP: Terminology, Anatomy, and Physiology Quiz
1B - TAP: Terminology, Anatomy, and Physiology Quiz certificate
1C - Call Intake and Dispatch (21:53)
1C - Call Intake and Dispatch Quiz
1C - Call Intake and Dispatch Quiz certificate





Lesson Overview

- CAC course overview
- CAC responsibilities
- Maintaining your certification
- Billing office operations
- Compliant billing
- Revenue cycle phases



CAC Course Overview

- Module 1 – Pre-Billing
- Module 2 – Payers
- Module 3 – Coding
- Module 4 – Revenue Cycle Management
- Module 5 – Compliance



CAC Responsibilities

- Perform all responsibilities in an ethical and compliant manner
- Respect the privacy of all patients and maintain the confidentiality of their information
- Adhere to all applicable laws, regulations and policies regarding healthcare coding and billing



CAC Responsibilities

- Ensure that all claims are properly coded based upon accurate documentation in the patients' medical records
- Maintain your professional education through continuing education and CAC recertification
- Interact with patients, providers, payers and the public in a professional and positive manner



CAC Responsibilities

- Participate fully in your agency's compliance program
- Strive to always improve your knowledge, performance and compliance



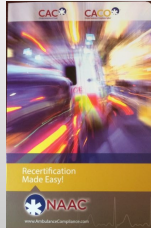
Maintaining Your Certification

- CAC certification valid for 1 year
- Continuing Education is required to maintain CAC certification
 - Online offerings through NAAC's website: AmbulanceCompliance.com
 - Live training is available across the country at NAAC-approved events
 - The annual abc³⁶⁰ conference satisfies all annual con-ed requirements (abc360conference.com)



Maintaining Your Certification

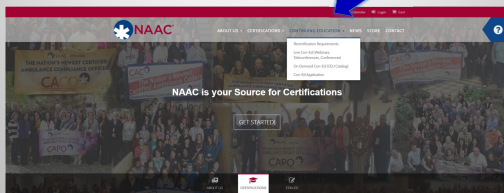
- Two categories
 - Mandatory CE – 4 hours
 - Elective CE – 8 hours



Look for the NAAC® Logo



The NAAC Website



The Billing Office



Effective A/R Management

- Adequate staff to handle volume
- Ongoing staff training
- Understand your payer mix
- Set good standards
- Maximize software utilization
- Monitor reports and performance

Staffing the Billing Department

- Need experienced, knowledgeable staff
- Experienced ambulance billing professionals are often difficult to find
- Certified Ambulance Coders are the "gold standard"

Staffing Expectations

- Certified Ambulance Coders need comprehensive knowledge of ambulance specific billing issues
 - Medicare and Medicaid regulations
 - Commercial insurer and other payer rules
 - Compliance related laws and regulations



Stay Current!

- Regulations change frequently
- Plan for annual training updates
 - NAAC sponsored or approved conferences, workshops, and webinars
 - Medicare contractor training events
 - NAAC continuing education



Billing Personnel Duties

- Verifiers (verify insurance and patient info)
- Coding
- Data entry
- Billing
- Medicare Specialists
- Medicaid Specialists
- Commercial and Self-pay Specialists

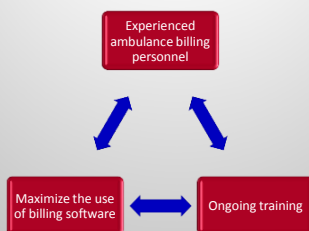


How Many Employees?

- The number of employees needed is affected by several variables:
 - Annual trip volume
 - Automation
 - Type of transports
 - Paper vs. Electronic PCR
 - Quality of documentation
 - Payer mix



Improving Billing Volume



Improving Billing Volume

- Billing personnel (when seasoned) can handle 5,000+ trips per year
- Don't compromise compliance



Billing Volume Decreases

- Billing volume goes down when billing staff have to perform additional duties like:
 - Answer phones
 - Handle information requests
 - Deal with vendors
 - Manage ambulance subscription programs
 - Perform other administrative tasks unrelated to the revenue cycle
 - Go on ambulance runs as an EMS provider



Negative Impact on Billing

- Lack of written policies and procedures
 - Staff takes time from their work to discuss what to do
 - Inconsistent billing practices
 - “Whisper policies” develop



Whisper Policies

- “Whisper policies” are those billing policies that are established by staff discussion over partition walls, by the coffeemaker or copier
 - Caused by a lack of written policies
 - Take valuable time from billing
 - Can lead to compliance risk due to lack of consistency



Written Billing Policies

- Written billing policies and procedures help improve billing volume and increase cash flow
- Save time and money by doing things right the first time
- Whisper policies no longer needed
- Compliance will be improved



Monitoring Performance

- Use meaningful standards to monitor performance and communicate them to staff
- Be careful of “we’ve always done it that way”
- Update standards and goals regularly
- Report results to management and post performance charts



Compliant Billing



Compliance

- Healthcare billing is subject to numerous laws, regulations and policies
- It is imperative that these be strictly followed
- Everyone involved in the billing, coding and payment process is expected to know the rules



CACs are responsible for billing correctly - every claim, every time



Compliance

- There are serious consequences for improper billing
 - Refunds of overpayments
 - "Treble" (triple) damages
 - Civil monetary penalties
 - Exclusion
 - Criminal penalties



Mistakes vs Fraud

- Honest mistakes may happen without any improper intent
- Billers and payers may make mistakes
- Any funds paid to your agency in excess of what it was entitled to receive are "overpayments," which must be refunded regardless of who made the mistake



Mistakes vs Fraud

- Fraud is the intentional falsification or misrepresentation of facts in order to get paid, or to receive more reimbursement than what you are entitled to receive
- Fraud is a criminal act, punishable by sanctions that include fines and prison
- Anti-fraud laws apply to everyone, regardless of their position in the organization



Proper Billing

- Not all ambulance transports are covered by insurance
- Your job is to help your agency obtain the reimbursement it is legally entitled to receive
- Some claims may have to be billed to the patient, or written off entirely depending on the circumstances



**The key to proper billing is timely, accurate,
and complete information**



The Billing “Gatekeeper”

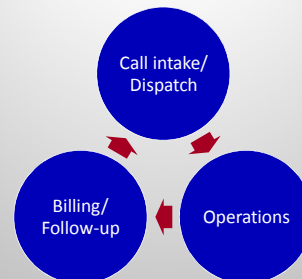
- You may be the one to make the final decision about whether or not to submit the claim
- If at any point in this process legitimate questions arise – or you can’t verify that all coverage requirements of the payer are met, *stop the claim*
- The penalties for submitting an improper claim are simply too great to outweigh any perceived benefits



Revenue Cycle



Revenue Cycle Phases



Call Intake/Dispatch

- This first phase is critical for obtaining accurate and reliable information for use later in the billing process
- Medical necessity pre-screening
- Obtaining financial responsibility information or ABN forms (when necessary)
- Making “emergency” vs. “non-emergency level-of-service” determinations

More in Lesson 1C



Operations

- This second phase involves ambulance response and transport, and the delivery of patient care
- This phase generates critical information, including:
 - Patient care reports
 - Physician certification statements (PCSs)
 - Clinical documentation from facilities and other providers

More in Lesson 1D



Effect of Type of Transport

- Emergency trips easier to demonstrate medical necessity, but due to the nature of the emergency, billing information may not have been available
- Non-emergency transports difficult to bill due to tougher documentation requirements
 - Medical necessity is often more difficult to establish



Billing and Follow-Up

- The third phase involves the review of all of the information gathered during the first two phases
- Applying the rules of the specific payer to determine coverage
- Selecting proper codes in accordance with the documentation and the rules of the payer



Billing and Follow-Up

- Filing claims in a timely manner to comply with payer rules and optimize your agency's cash flow
- Following-up on unpaid claims and invoices
- Billing patients (or their financially responsible party) for copayments, deductibles or other out-of-pocket expenses not covered by insurance



Billing and Follow-Up

- Checking payments for accuracy
- Promptly posting payments to patient accounts
- Promptly identifying and refunding overpayments
 - Medicare and Medicaid must be refunded within 60 days
- Appealing when appropriate

More in Lesson 4C



The Follow-up Process

- Process driven by billing software
- Software can tell which accounts should be followed up, the next action needed and when
 - A daily list of calls needing follow-up
 - Interactive collections tool to help automate this process



Summary

- The Certified Ambulance Coder plays a critical role in the ambulance billing and compliance process
- Strictly adhere to legal and ethical responsibilities
- Understand all phases of the ambulance revenue cycle
- Assemble all information and documentation necessary to proper billing and ensure that it meets the requirements of the specific payer



