OREGON OFFICE of RURAL HEALTH

OPPORTUNITY Just knock.

Session 6 of the Rural EMS Billing & Coding Webinar Series

"Medicare Rules: Signatures, ABN Use & Billing"

Ryan Stark, Esq. EMS | MC

September 10, 2026

Joan Field, EMT-I, CP-C, CHW
OREGON OFFICE OF RURAL HEALTH, RURAL EMS

The mission of the Oregon Office of Rural Health is to improve the quality, availability and accessibility of health care for rural Oregonians.

The Oregon Office of Rural Health's vision is to serve as a state leader in providing resources, developing innovative strategies and cultivating collaborative partnerships to support Oregon rural communities in achieving optimal health and well-being.

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Webinar Logistics

- Audio will be muted for all attendees at the beginning of the webinar.
- **However**, this is meant to be an interactive session with discussion, so feel free to raise your hand and unmute, and you can also post your question or comment in the chat.
- We encourage you to leave your camera on; it helps us feel connected!
- Presentation slides and recordings will be posted shortly after the session at: https://www.ohsu.edu/oregon-office-of-rural-health/emergency-medical-services-programs.

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Medicare Rules:
Signatures, ABN Use & Billing

Assignment of Benefits, Physician Certification & Advance Beneficiary Notices under Medicare Part B

Prepared for the Oregon Office of Rural Health at OHSU

PWW | AG

Ryan Stark, Esq.

CHIEF COMPLIANCE OFFICER | EMS|MC

LAW PARTNER — Page Wolfberg & Wirth, The National EMS Industry Law Firm®

EMS CONSULTANT — PWW|AG

PROFESSOR — Creighton University; HACC; Widener Law Commonwealth

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COURSE ROADMAP

What We'll Cover

- Medicare Payment, Assignment & Billing Rules
- AOB Forms & Medicare Signature Rules
- PCS Forms & Medical Necessity Certification
- ABN Forms: Mandatory vs. Permissible Use
- Wrap-Up & Key Takeaways

Medicare Background

Medicare Administration

- Medicare is a Federal program, enacted in 1965
  - Title XVIII of the Social Security Act
- Overseen by a Federal agency called the Centers for Medicare and Medicaid Services (CMS)

MACs

- Medicare claims are processed by companies that hold contracts to handle claims in specific geographic areas
  - Called Medicare Administrative Contractors (MACs)
  - MAC contracts are periodically put out to bid, so your MAC can change over time

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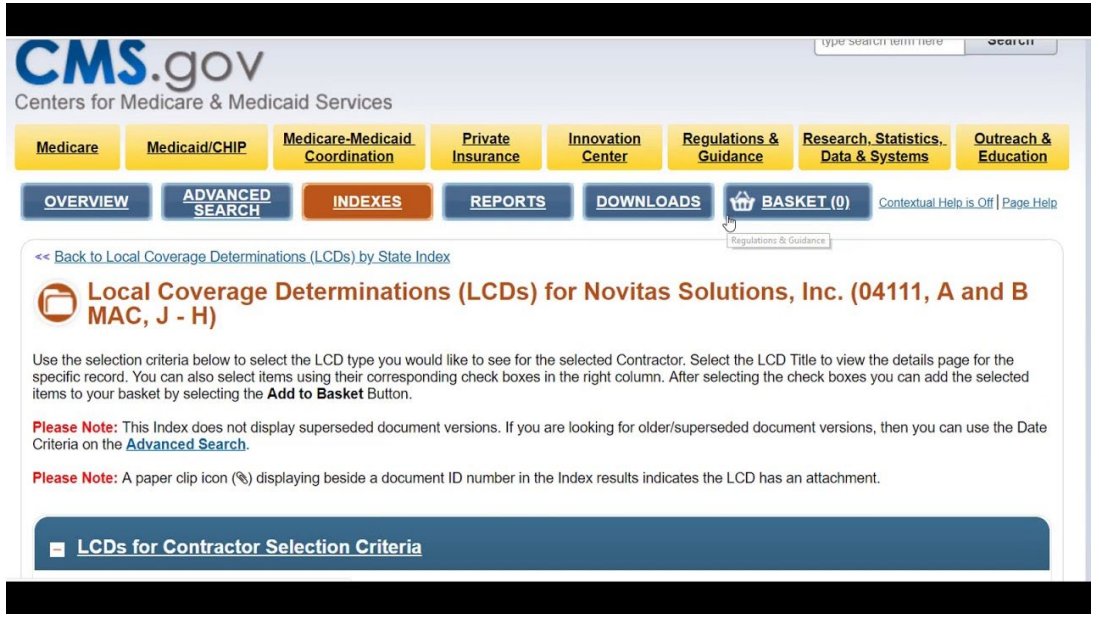
MACs

- Medicare rules are Federal, so they are consistent across the country
- However, MACs have some discretion to establish their own rules and policies
  - Known as "Local Coverage Determinations" (LCDs)
  - Must be consistent with Medicare laws and regulations
  - Usually published on the MAC's website



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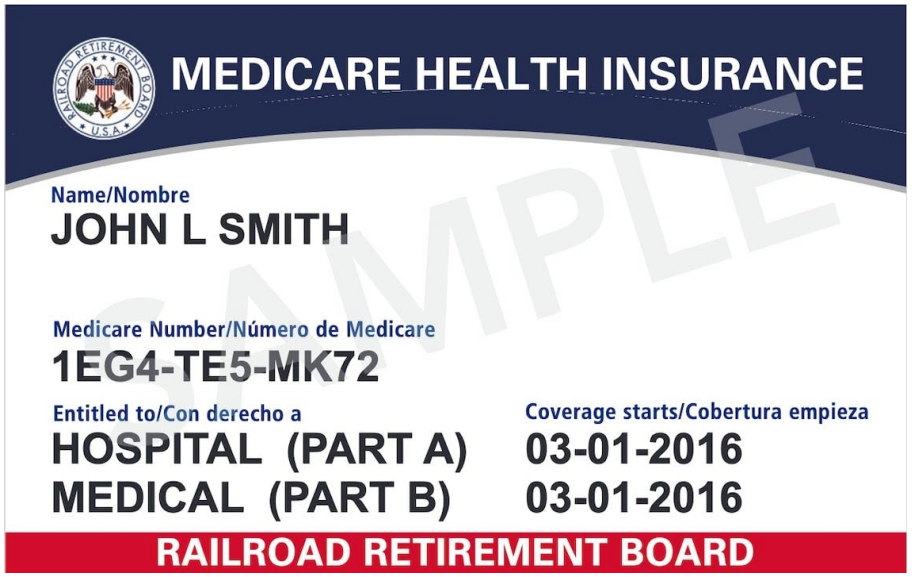
Railroad Medicare

- For a small percentage (< 1%) of Medicare beneficiaries, their Medicare benefits are administered by an agency called the Railroad Retirement Board
- This program has a dedicated "Specialty MAC"
  - Important to bill the correct MAC if the pt is a Railroad Medicare beneficiary



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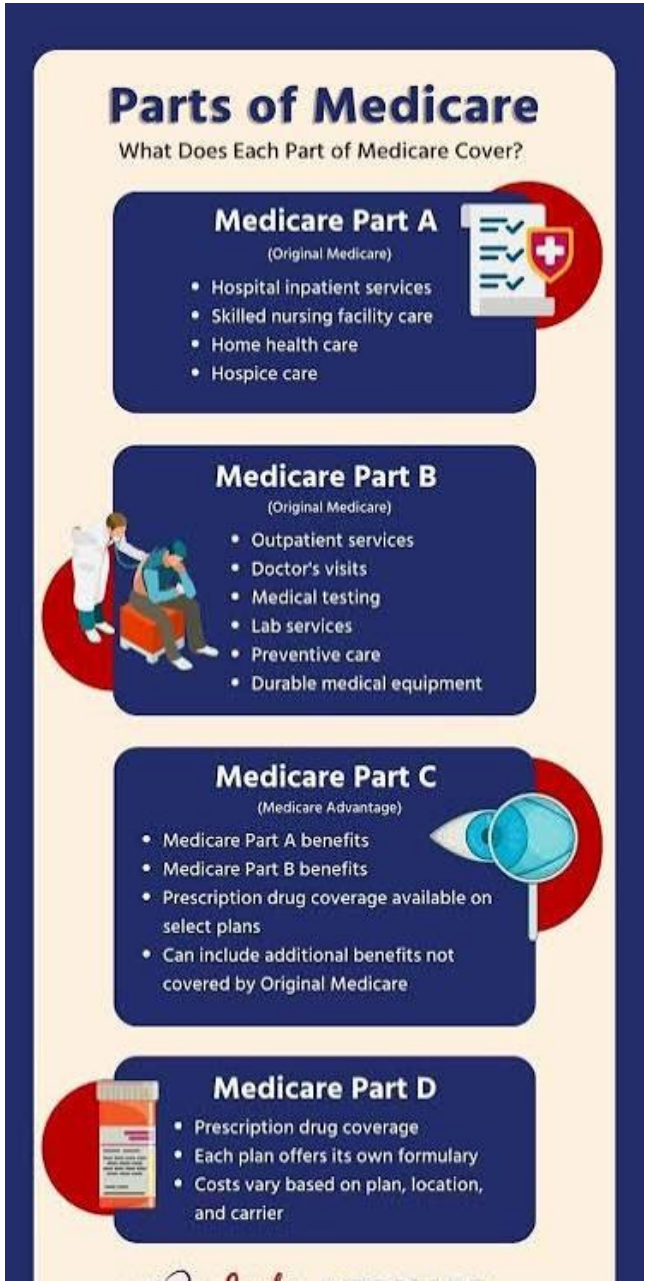
Medicare Basics

- Medicare is organized into four basic parts
  - Part A – Hospital Insurance
  - Part B – Medical Insurance
  - Part C – Medicare Advantage
  - Part D – Prescription Drug Coverage



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Medicare Ambulance Spending

- Medicare spending on ambulance services is a very small part of overall Medicare spending
  - About 1% of Medicare Part B expenditures
  - About 0.5% of all Medicare expenditures (Parts A, B, C and D)

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Medicare Ambulance Revenues

Medicare constitutes the single largest payer for most ambulance services

Medicare (both Parts B and C) comprise anywhere from 45% – 65% of the payer mix for most ambulance services in the U.S.

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Medicare Eligibility

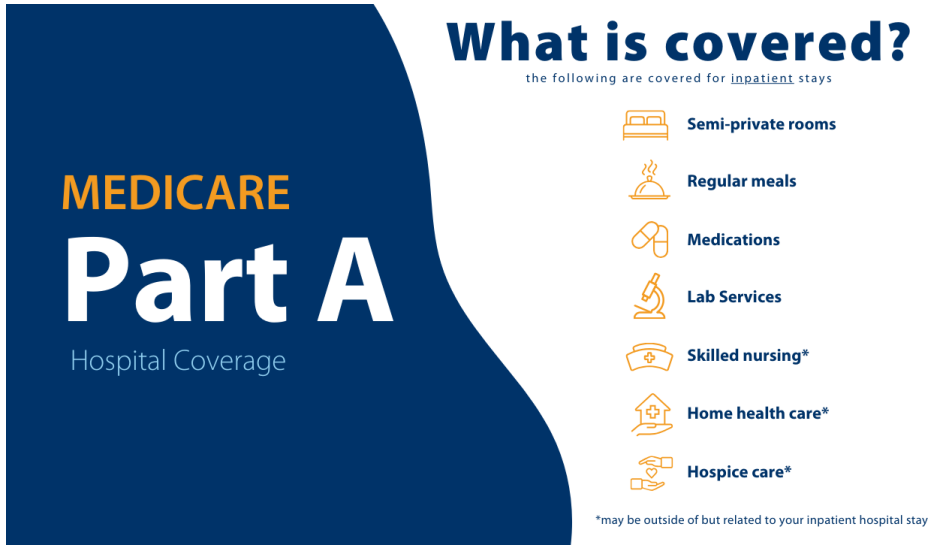
- The following classes of individuals are eligible for Medicare
  - 65 or older
    - This group comprises about 90% of all Medicare beneficiaries
  - Disabled
  - End-Stage Renal Disease (ESRD)

Providers vs. Suppliers

- In Medicare terminology, a *provider* is actually a facility (for example, a hospital)
- A *supplier* is a non-facility-based entity, including most ambulance services
- Many use the term "provider" generically
  - However, this distinction can be important when reading specific Medicare laws and rules

Medicare Part A

- Referred to as “hospital insurance”
- Covers
  - Inpatient hospital services
  - Skilled Nursing Facility (SNF) care (up to 100 days)
  - Hospice care
  - Home health services



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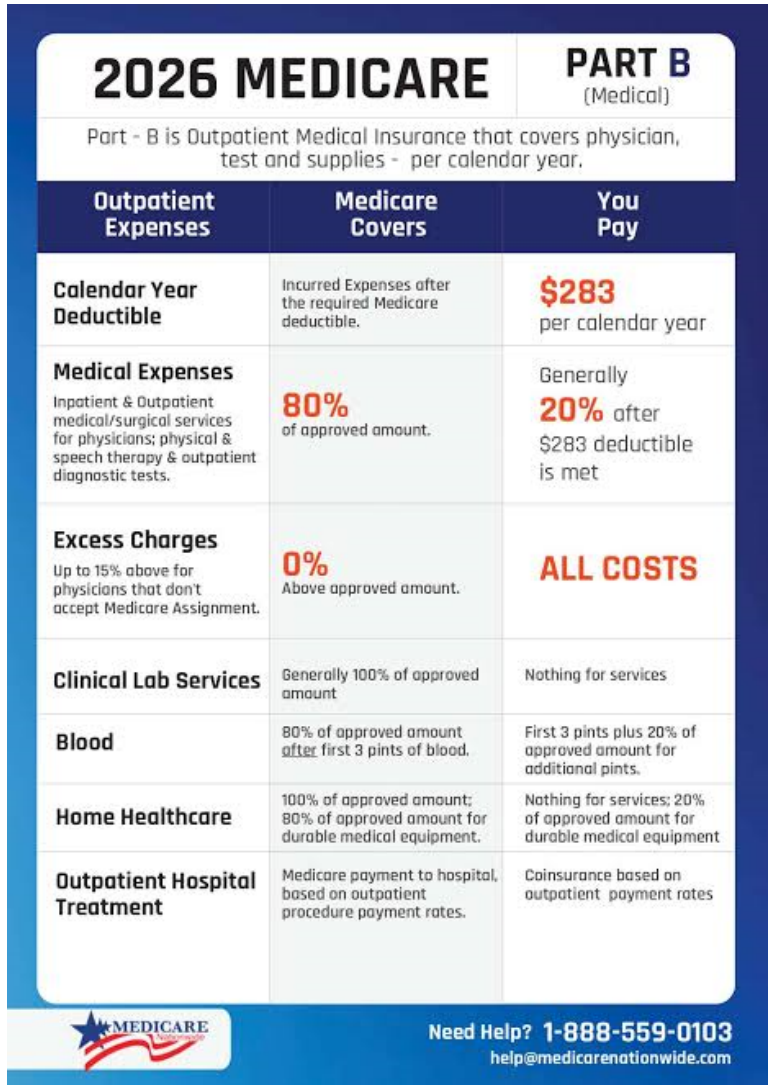
Medicare Part B

- Referred to as “medical insurance”
- Ambulance services are paid under Part B
- Also covers
  - Physician and other healthcare practitioner services
  - Outpatient care
  - Durable medical equipment (DME)
  - Some preventative services



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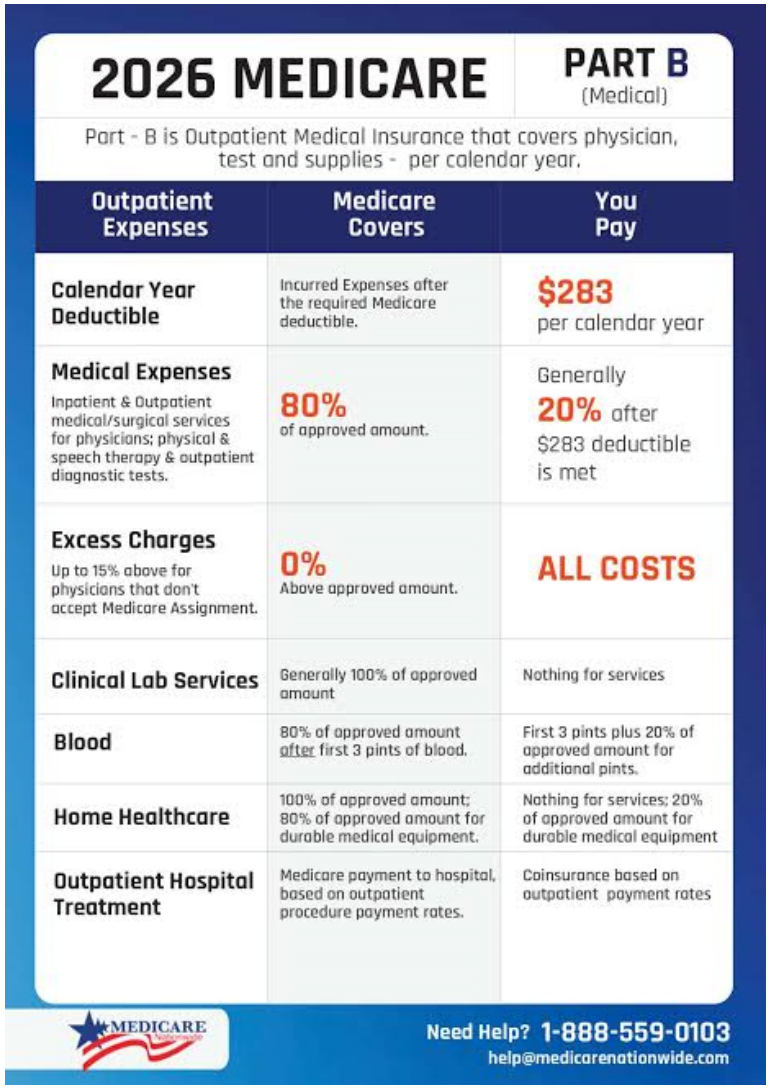
Medicare Part B

- Medicare Part B is a voluntary program
- However, the vast majority of beneficiaries enroll in Part B
- Part B requires a modest monthly premium
  - This amount is adjusted annually based on inflation



2026 MEDICARE — **PART B** (Medical)

Part - B is Outpatient Medical Insurance that covers physician, test and supplies - per calendar year.

Outpatient Expenses	Medicare Covers	You Pay
Calendar Year Deductible	Incurred Expenses after the required Medicare deductible.	**$283** per calendar year
Medical Expenses Inpatient & Outpatient medical/surgical services for physicians; physical & speech therapy & outpatient diagnostic tests.	**80%** of approved amount.	Generally **20%** after $283 deductible is met
Excess Charges Up to 15% above for physicians that don't accept Medicare Assignment.	**0%** Above approved amount.	**ALL COSTS**
Clinical Lab Services	Generally 100% of approved amount	Nothing for services
Blood	80% of approved amount after first 3 pints of blood.	First 3 pints plus 20% of approved amount for additional pints.
Home Healthcare	100% of approved amount; 80% of approved amount for durable medical equipment.	Nothing for services; 20% of approved amount for durable medical equipment
Outpatient Hospital Treatment	Medicare payment to hospital, based on outpatient procedure payment rates.	Coinsurance based on outpatient payment rates

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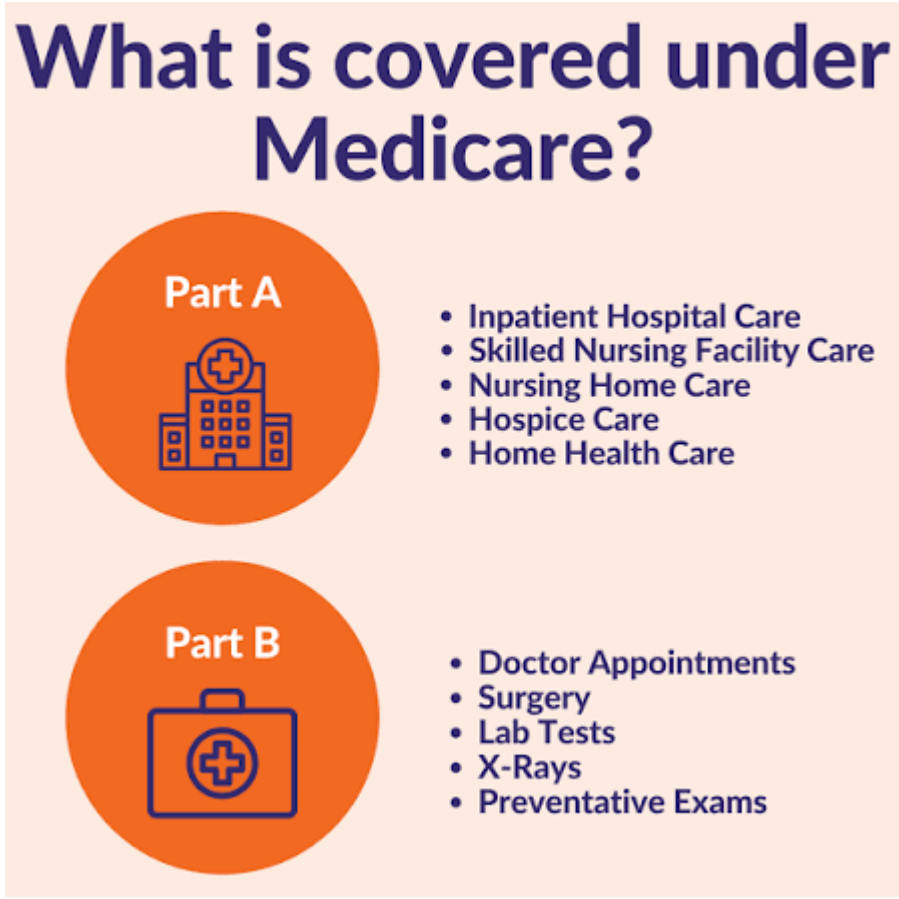
“Traditional Medicare”

- Parts A and B are referred to as “Traditional Medicare”
- These are traditional, fee-for-service insurance-type programs



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Beneficiary Cost Sharing: Part B

Medicare Parts A and B both require the beneficiary to pay an annual deductible each calendar year

- These amounts are updated annually for inflation

Beneficiaries are also responsible for copayments on covered services

- For Part B services, this is 20% of the approved amount

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Medicare Supplemental Insurance

- Most "traditional Medicare" beneficiaries (around 90%) have some form of supplemental insurance
  - "Medigap" coverage
  - Could also be employer or union-sponsored retiree health benefits
  - In some states, Medicaid acts as supplemental Medicare insurer

Medicare Part C

Known as “Medicare Advantage”

Medicare managed care program

Sometimes called “Medicare replacement plans”

A majority of Medicare beneficiaries (>54%) receive their Medicare coverage through MA plans

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Medicare Part C

- MA plans must provide the same basic benefits as Parts A and B
  - Plans can offer additional benefits and covered services
  - This may include additional types of medical transportation that traditional Medicare doesn't cover

Beneficiary Cost Sharing: Part C

- Co-pays and deductibles vary from plan to plan
- Important to check beneficiary cost-sharing requirements for each MA plan
- Beneficiaries with a Medicare Advantage Plan are not allowed to have a Supplemental Plan

Medicare Payment, Assignment & Billing Rules

Claim filing, the Ambulance Fee Schedule, mandatory assignment & medical necessity

Claim Submission Requirements

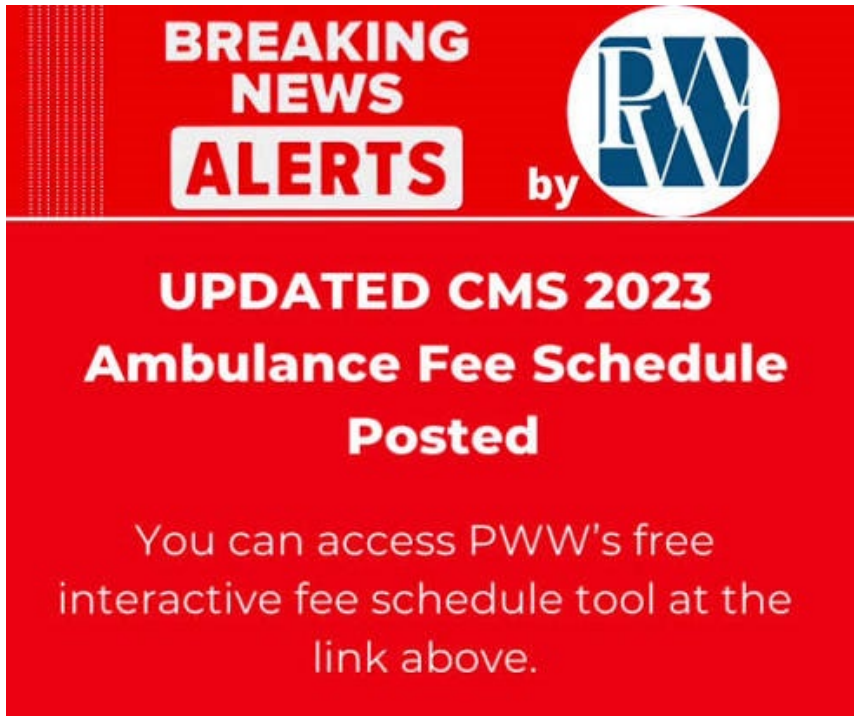
- Medicare claims must be filed electronically, with a few rare exceptions
- Electronic claims must comply with HIPAA electronic transaction standards

Timely Filing

- Claims must be filed within **one year** of the date of service
- Medicare will not pay claims filed outside this window unless a limited exception applies

Medicare Ambulance Fee Schedule

- Medicare pays for ambulance services under a national Ambulance Fee Schedule (AFS)
- Rates are consistent nationwide except for a geographic adjustment called the Geographic Practice Cost Index (GPCI)
- AFS rates are updated annually by the Ambulance Inflation Factor (AIF), which can be positive, negative, or zero



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Rural & Super Rural Bonuses

- AFS rates include an add-on bonus based on classification: Urban (2%), Rural (3%), Super Rural (22.6%)
- The applicable bonus is based on the ZIP code of the point of pickup — document this carefully
- CMS publishes updated rates annually by locality in the Ambulance Fee Schedule Public Use Files

2026 MEDICARE & REIMBURSEMENT UPDATE

Navigating Changes.
Strengthening Care. Maximizing Value.

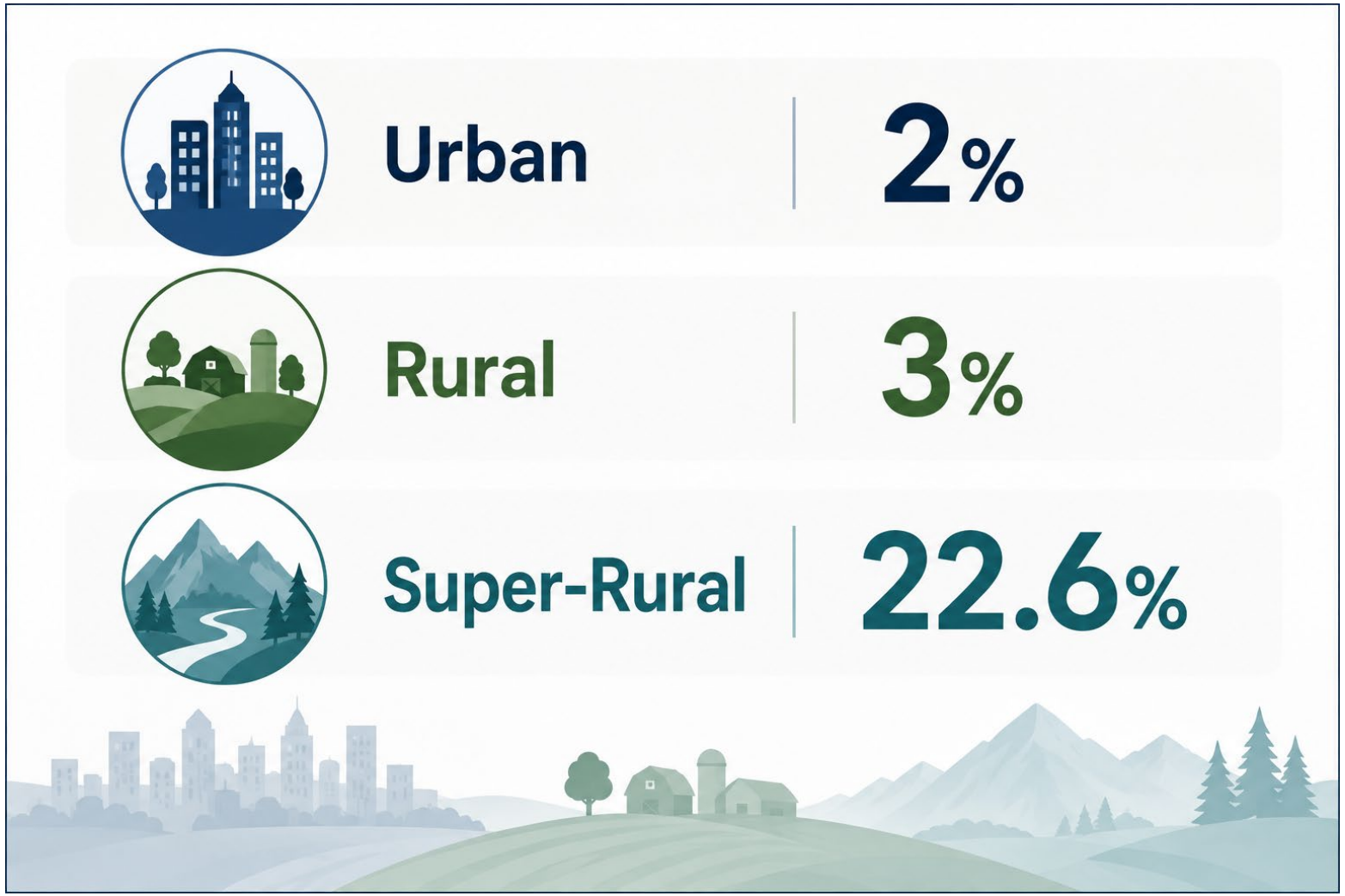
POLICY CHANGES

PAYMENT UPDATES

COMPLIANCE & REPORTING

PARTNERSHIP. SUSTAINABILITY. SUCCESS.

Medicare Ground Ambulance Bonuses Here Until Dec. 31, 2027



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AAA Preliminary Calculation of 2027 Medicare AIF is 2.6%

AUGUST 20, 2026, BY BRIAN WERFEL

AAA HQ, Executive, Finance, Government Affairs, Medicare, Member Advisories

1834(l)(3)(B) of the Social Security Act mandates that the Medicare Ambulance Fee Schedule be updated each year to reflect inflation. This update is referred to as the “Ambulance Inflation Factor” or “AIF”.

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Basis of Payment

- Medicare pays the lesser of the actual charge or the applicable fee schedule amount
- Example:
  - Provider charge $500
  - Fee schedule amount $525
  - → Medicare pays $500
- Medicare will not increase payment above the fee schedule amount, even when that amount is higher than the charge

Mandatory Assignment

- All Medicare ambulance payments are made on an assignment-related basis — paid directly to the supplier, not the patient
- The maximum the ambulance service can collect is:
  - 80% Part B payment plus
  - 20% copayment (or deductible, if applicable)
- The supplier must write off the difference between the approved amount and its retail charge — the "contractual allowance"

Mandatory Assignment Example

- Submitted charge: $1,200
  - Medicare-approved amount: $500
  - Medicare pays 80% ($400)
  - Copayment due from patient or supplemental: $100
  - Contractual allowance (write-off): $700

Medicare Balance Billing Prohibition

- Federal law prohibits billing a Medicare beneficiary for any amount above the Medicare-approved amount — including any part of the contractual allowance
- This prohibition applies to all Medicare beneficiaries nationwide, regardless of state law

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Bundled Base Rates

- Medicare pays two line items
  - Base rate (BLS-NE, BLS-E, ALS1-E, etc.)
  - Mileage (patient-loaded)
- The base rate is "bundled" — all supplies, medications, equipment, and personnel costs are included and cannot be separately billed (example: a disposable nasal cannula)

Non-Covered Services

- Non-covered services
  - Example: Mileage beyond the nearest appropriate facility
  - Can be billed directly to the beneficiary at the supplier's full retail rate — check state laws, which may limit these charges

Date of Service

- The date of service is the date the loaded ambulance departs the point of pickup — usually, but not always, the same as the date of dispatch
  - Watch for transports dispatched before midnight where the loaded departure occurs after midnight; the later date controls
  - Exception: if the beneficiary is pronounced dead after dispatch (or after aircraft takeoff) but before being loaded, the date of service is the date of dispatch or takeoff

Medical Necessity & Reasonableness

- **Medical necessity:** the patient's condition contraindicates transportation by any means other than ambulance
- **Reasonableness:** whether the reason the patient needs to be transported in the first place justifies the trip
- Both standards must be met for a covered transport

The "Presumed" Medical Necessity Criteria

- Medicare presumes medical necessity when documentation supports specific criteria, including:
  - Emergency transport;
  - Need for restraint
  - Unconsciousness or shock
  - Need for oxygen or other emergency treatment
  - Signs of acute respiratory or cardiac distress
- Additional presumed criteria: Signs of possible acute stroke; an

The "Presumed" Medical Necessity Criteria

- Additional presumed criteria:
  - Signs of possible acute stroke
  - Unset fracture or possible fracture;
  - Severe hemorrhage
  - Inability to be moved safely except by stretcher
  - Patient was bed-confined

Origin & Destination Rules

- Medicare covers transport to a limited set of destinations:
  - Hospitals
  - Skilled nursing facilities
  - Beneficiary's residence
- Physician offices, freestanding diagnostic/therapeutic centers, clinics, and most freestanding emergency departments — are not normally covered

"Nearest Appropriate" Facility

- Only local transportation is covered — generally, only mileage to the nearest facility equipped to appropriately treat the patient
  - "**Locality**" means the service area surrounding a facility to which patients normally travel or are expected to travel
  - "**Appropriate**" means the facility is generally equipped to treat the illness or injury — not that a particular physician has privileges there, or that a more distant facility is better equipped

Go Beyond the Closest Appropriate Facility?

Medicare may only make a partial payment.

1. If a patient is transported beyond the closest appropriate facility and outside the locality without a valid reason (e.g., no beds available), Medicare makes only **partial payment.**

2. Medicare pays the **base rate** (if medically necessary) **plus mileage** to the nearest appropriate facility.

3. The patient is responsible for the **excess mileage.**

Billing Rules Recap

- ☑ File claims within one year of the date of service
- ☑ Never bill a Medicare beneficiary above the approved amount
- ☑ Confirm medical necessity, reasonableness, and destination rules before submitting the claim

Forms & Signatures in the Ambulance Revenue Cycle

Why the right form, signed by the right person, matters for reimbursement

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Forms & Signatures Overview

- Ambulance transports are covered by many of the same healthcare payment and reimbursement rules that apply to healthcare generally
- This includes requirements for specific forms, and rules governing who is permitted to sign each one

Agency Forms vs. Government Forms

- Some forms may be generated by the specific ambulance service or EMS agency
- Others are standardized government forms that must be used exactly as issued
- Rules also specify when a form may or must be signed, and how long it remains effective

Temporary Flexibilities

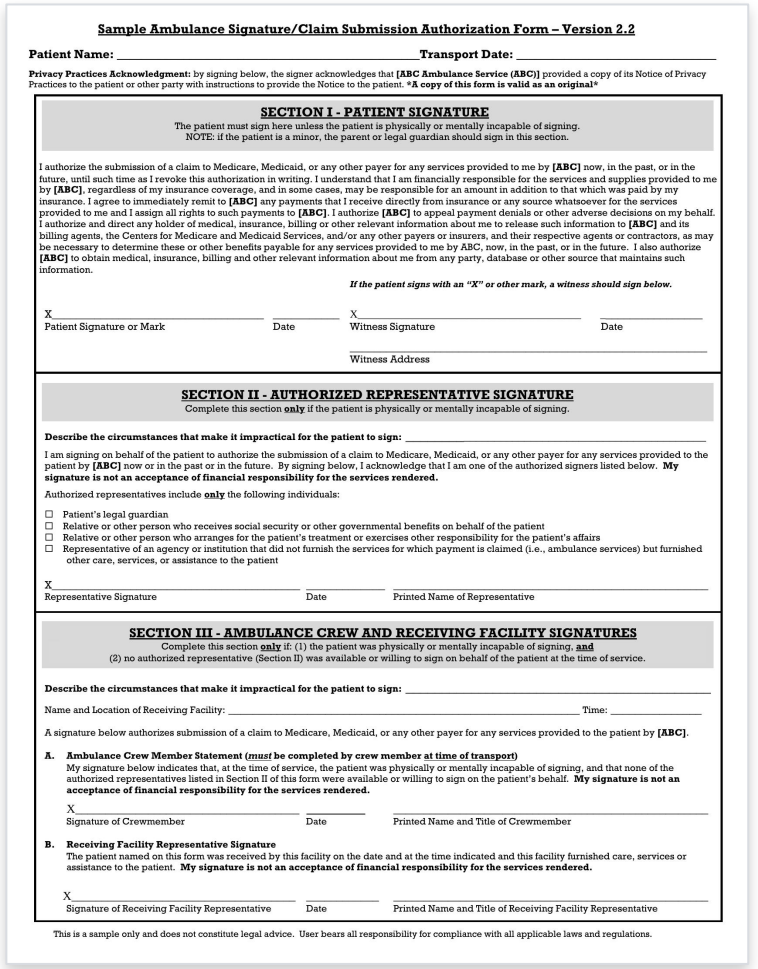
- During a declared Public Health Emergency (PHE), CMS may temporarily relax certain signature requirements
- These flexibilities vary and are governed by CMS rules specific to each PHE declaration
- Verify that any flexibility you're relying on is still in effect before using it

AOB Forms & Medicare Signature Rules

Who can sign, when a substitute signer applies, and the ambulance exception

What Is an AOB?

- An Assignment of Benefits (AOB) form authorizes the ambulance service to submit a claim for payment for services provided to the patient
- This is a Medicare requirement, and usually a state Medicaid requirement as well
- Requirements may vary among private and commercial payers



Sample Ambulance Signature/Claim Submission Authorization Form – Version 2.2

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 such time as 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.

If the patient signs with an "X" or other mark, a witness should sign below.

X_____ _____ X_____ _____
Patient Signature or Mark | Date | Witness Signature | Date

_____
Witness Address

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 is a sample only and does not constitute legal advice. User bears all responsibility for compliance with all applicable laws and regulations.

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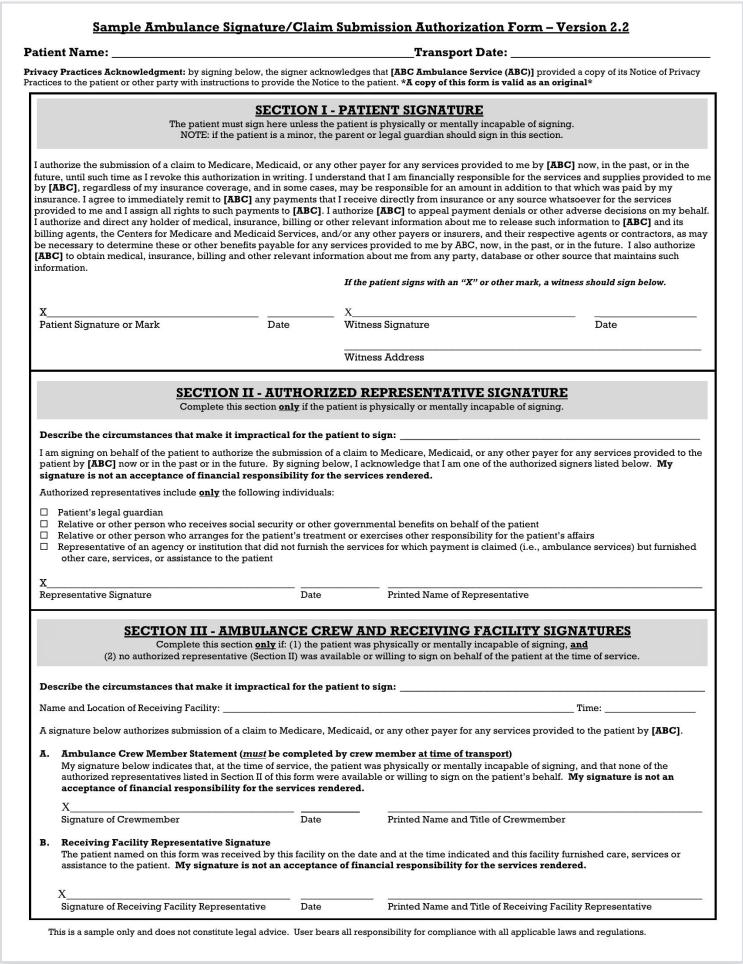
AOB Form Format

- The AOB may be a stand-alone form or integrated into an ePCR application
- There is no standardized, mandatory version of an ambulance AOB form
- A particular three-section format has become an industry standard and tracks Medicare's signature rules



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Signature of Receiving Facility Representative | Date | Printed Name and Title of Receiving Facility Representative

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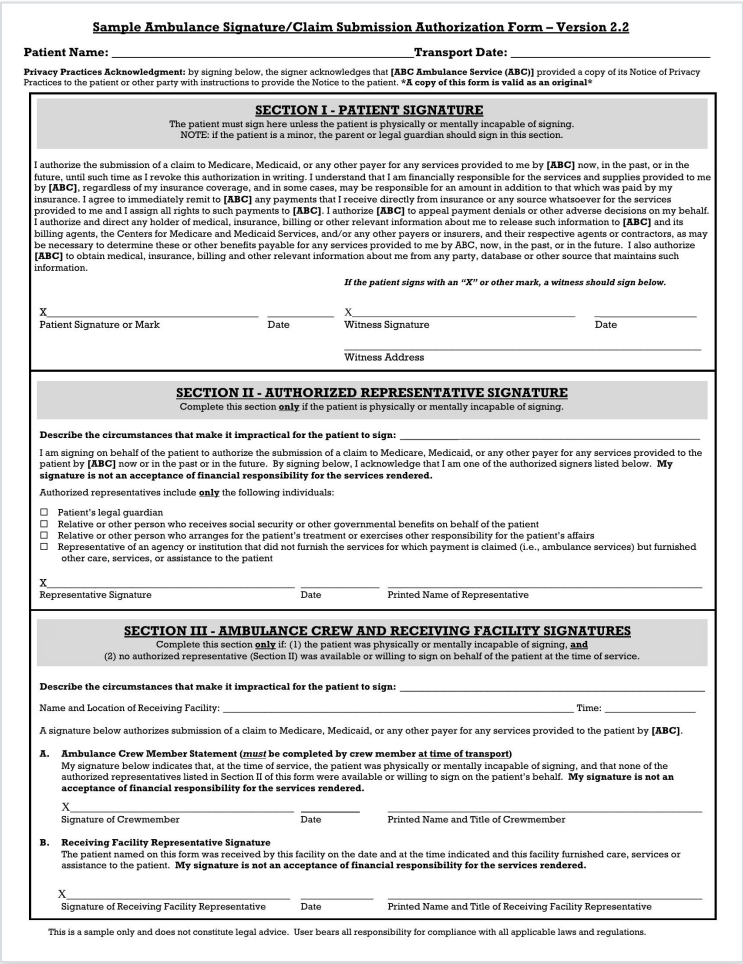
Medicare Signature Rules

- Medicare's signature regulation is found at 42 CFR § 424.36
- These rules apply to **Medicare beneficiary** signatures, but are generally accepted by most other payers and plans
- Always check specific state laws and payer requirements



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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 such time as 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.

If the patient signs with an "X" or other mark, a witness should sign below.

X_____ _____ X_____ _____
Patient Signature or Mark Date Witness Signature Date

_____
Witness Address

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 is a sample only and does not constitute legal advice. User bears all responsibility for compliance with all applicable laws and regulations.

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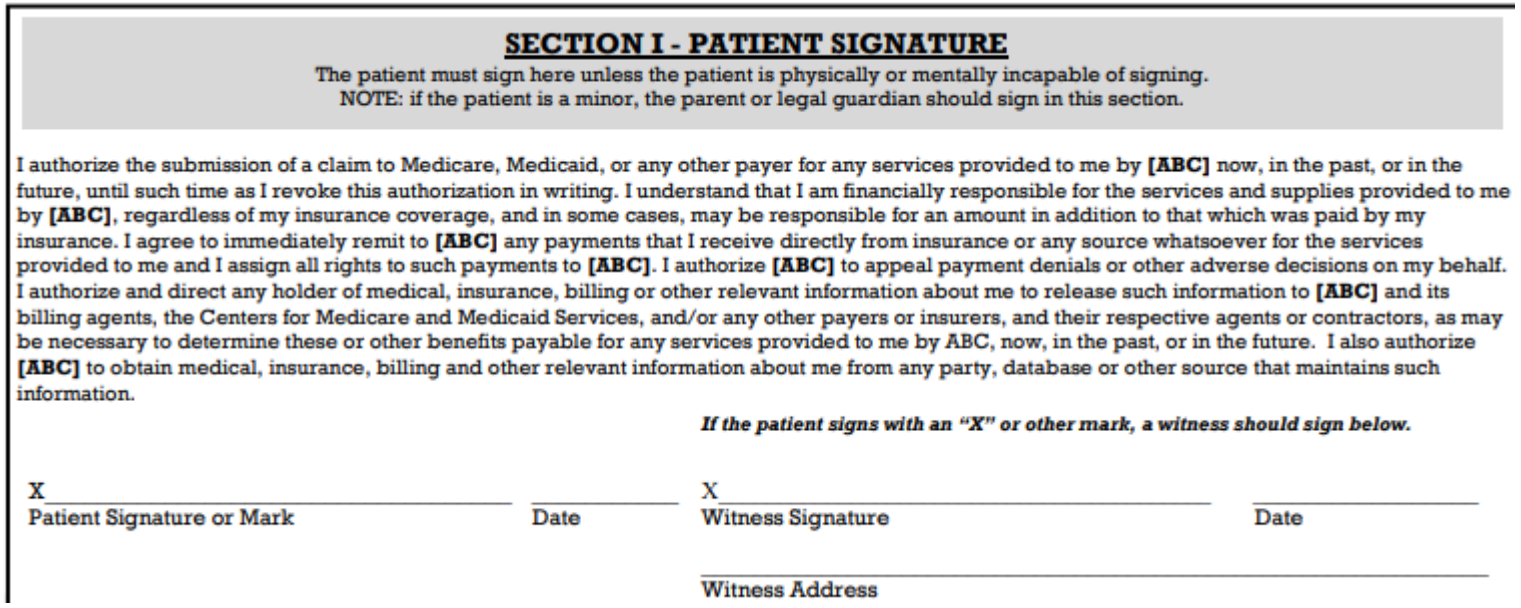
The Patient's Signature

- General rule: the beneficiary's own signature is required unless the patient has died
- If using an ePCR application, select the "Patient Signature" option whenever the patient is the one signing



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 such time as 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.

If the patient signs with an "X" or other mark, a witness should sign below.

X _____ _____
Patient Signature or Mark — Date

X _____ _____
Witness Signature — Date

_____
Witness Address

Authorized Signers

- If the patient is physically or mentally incapable of signing, a list of other authorized signers may sign on the patient's behalf
- These categories are set out in subsections (b)(1) through (b)(6) of 42 CFR § 424.36
- The reason the patient is physically or mentally incapable of signing must always be documented — this cannot simply be a patient refusal to sign

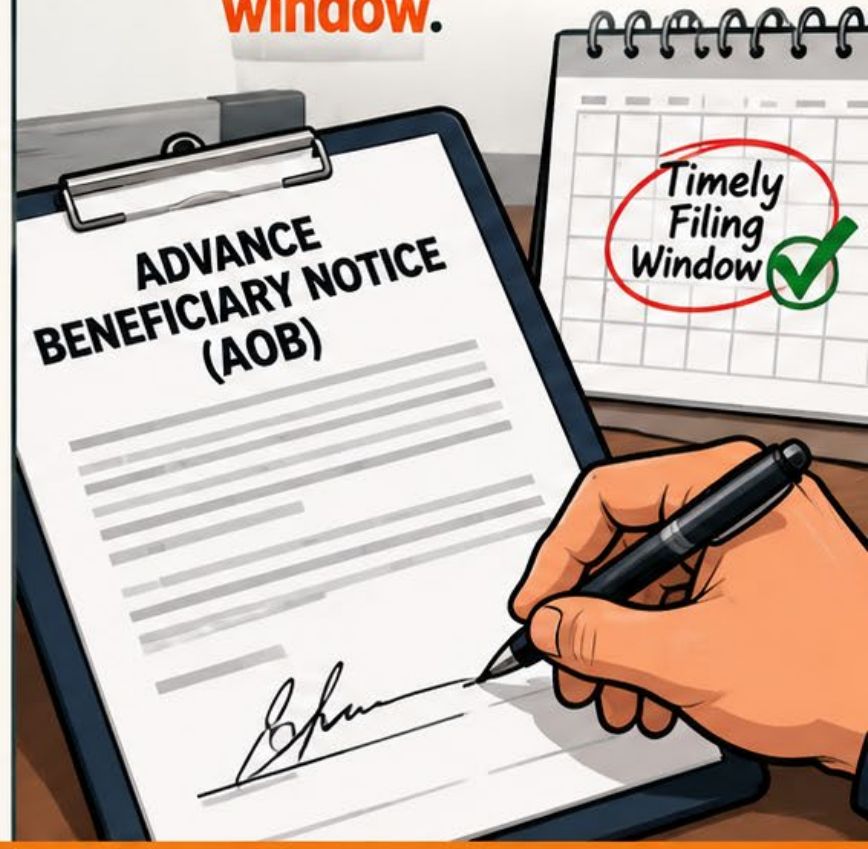
Example: Patient Refusal Is Not an Exception

1 Patient is alert and oriented, GCS of 15, with full use of limbs, but refuses to sign the AOB.

2 An authorized signer or the ambulance exception **cannot be used** simply because the patient refuses to sign — the patient **must be billed directly**.

NOT ALLOWED
JUST BECAUSE THE PATIENT REFUSES TO SIGN

3 If the patient later agrees to sign, billing can proceed within the **timely filing window**.



COMPLIANCE KEEPS EMS MOVING FORWARD

Authorized Signers

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_____ _____ _____

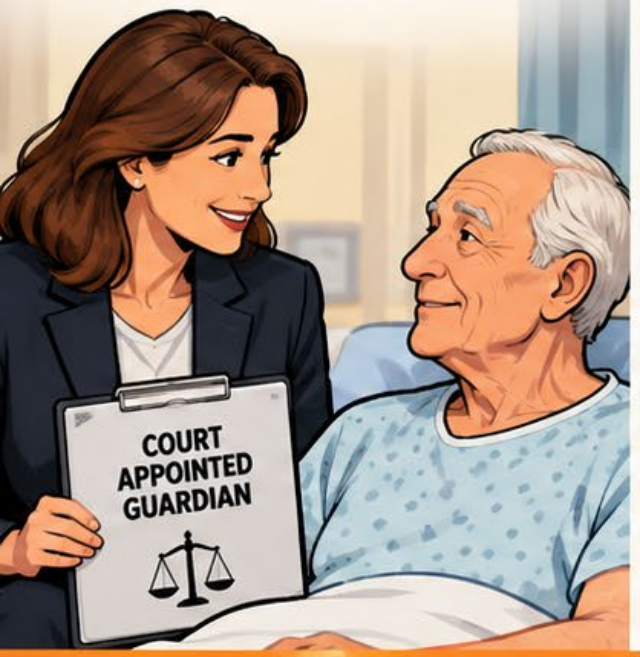
Representative Signature | Date | Printed Name of Representative

Who Can Sign on Behalf of the Beneficiary?

Acceptable individuals who may sign when the beneficiary is unable to do so.

1 Legal Guardian

The beneficiary's legal guardian — someone court-appointed to handle the patient's affairs.



2 Representative Payee

A relative or other person who receives Social Security or other governmental benefits on the beneficiary's behalf, known as a "Representative Payee."

3 Arranges Treatment or Handles Affairs

A relative or other person who arranges for the beneficiary's treatment or otherwise handles their affairs — this could be a formal Power of Attorney, or simply a neighbor, friend, or family member who helps with the patient's needs.

4 Agency or Institution Representative

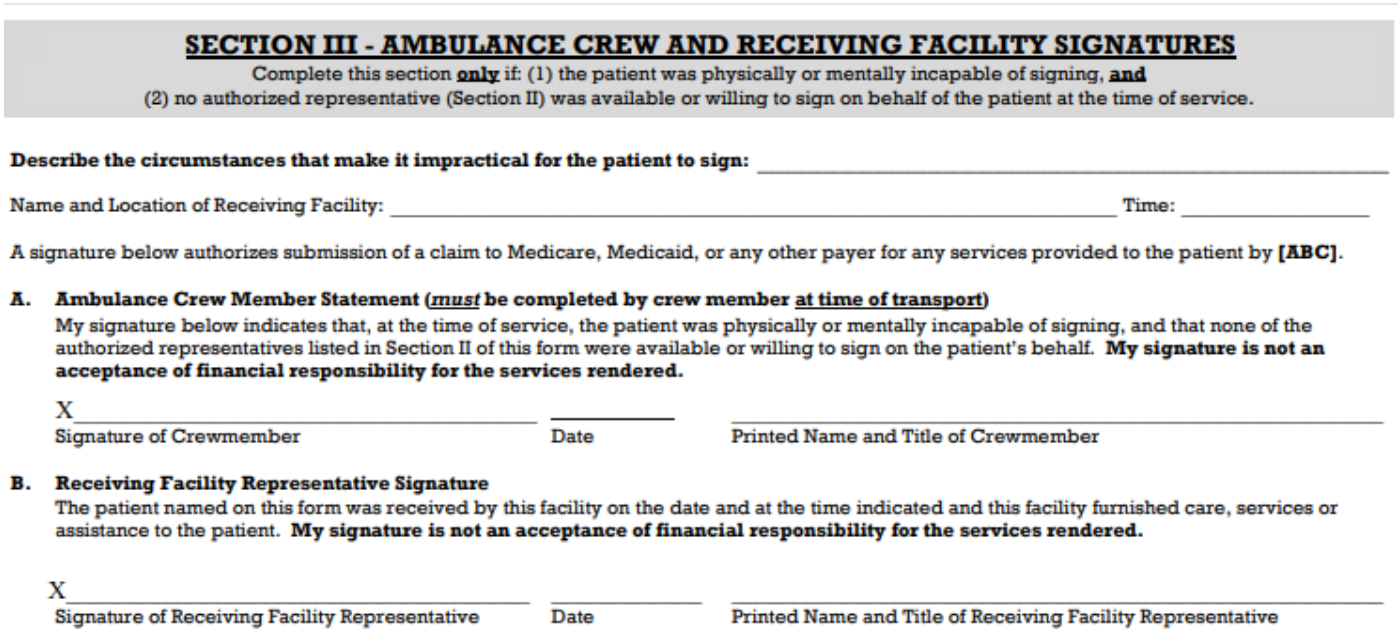
A representative of an agency or institution that did not furnish the billed services but provided other care or assistance to the beneficiary.

SUPPORTING ACCESS. ENSURING PROPER BILLING.

COMPLIANCE TODAY. STRONGER EMS TOMORROW.

The Ambulance Exception — (b)(6)

- Applies only if the patient is physically or mentally incapable of signing, the reason is documented, and no authorized signer is available or willing to sign at the time of service



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

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Ambulance Exception — Requirement 1

- A contemporaneous statement, signed by the ambulance crew member present during transport, confirming the beneficiary was physically or mentally incapable of signing
- The statement must also confirm that none of the authorized signers were available or willing to sign on the beneficiary's behalf

Ambulance Exception — Requirement 2

- Documentation of the date and time the beneficiary was transported
- The name and location of the facility that received the beneficiary
- This may be documented on the PCR or on the specific AOB form

Ambulance Exception — Requirement 3

- Option A: a signed, contemporaneous statement from a representative of the receiving facility, documenting the beneficiary's name and the date/time received
- Option B: if no facility representative will sign, secondary documentation is permitted — a handoff-of-care signature, facility registration sheet, patient medical record, or other internal facility log

The Ambulance Exception — (b)(6)

Applies only in limited circumstances.

1 Applies only if the patient is **physically or mentally incapable** of signing, the reason is **documented**, and no authorized signer is available or willing to sign at the time of service.

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Ambulance Exception — Requirement 1

- A contemporaneous statement, signed by the ambulance crew member present during transport, confirming the beneficiary was physically or mentally incapable of signing.
- The statement must also confirm that none of the authorized signers were available or willing to sign on the beneficiary's behalf.

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Ambulance Exception — Requirement 2

- Documentation of the date and time the beneficiary was transported.
- The name and location of the facility that received the beneficiary.
- This may be documented on the PCR or on the specific AOB form.

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Ambulance Exception — Requirement 3

- **Option A:** a signed, contemporaneous statement from a representative of the receiving facility, documenting the beneficiary's name and the date/time received.
- **Option B:** if no facility representative will sign, secondary documentation is permitted — a handoff-of-care signature, facility registration sheet, patient medical record, or other internal facility log.
- The crew member's and the receiving facility's signatures must be contemporaneous — obtained at the time of service, not after the fact.

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Lifetime AOB Signatures

- Under 42 CFR § 424.40(d), a separate request-for-payment statement retained in the supplier's file may be effective indefinitely — sometimes called a "lifetime signature"
- A qualifying lifetime attestation must include language such as valid "now or in the future," and is only valid from the patient or their legal representative
- Some MACs do not accept lifetime signatures for ambulance claims — strive to obtain a signature on each date of service

AOB Signature Checklist

- [x] Confirm the correct signer category before using an authorized signer or the ambulance exception
- [x] Document the physical or mental reason the patient could not sign — never a refusal
- [x] Retain documentation

PCS Forms: Certifying Medical Necessity

Physician and Non-Physician Certification Statements for non-emergency transports

PCS Forms Overview

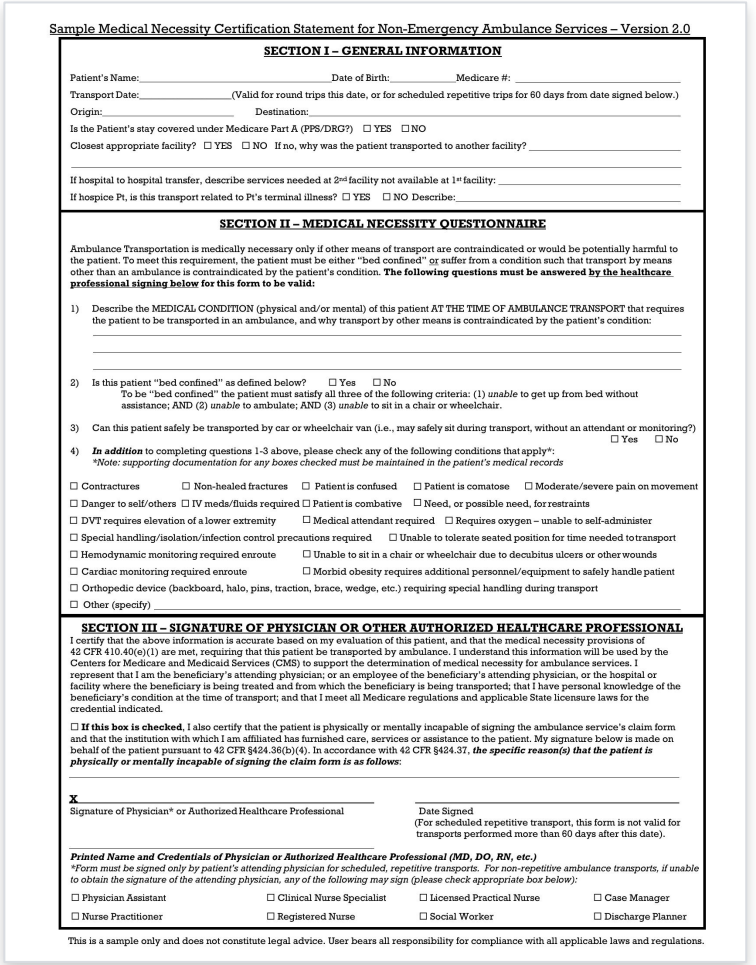
- Medicare Part B requires a medical necessity certification for most non-emergency ambulance transports
- This is specifically a Medicare Part B rule; other payers may require similar certifications under their own rules
- Best practice: obtain a PCS for all non-emergency transports

PCS Form Format

- Medicare rules do not require a specific form or format for a PCS
- Several sample PCS forms have become industry standards, generally using a three-part format similar to the AOB

Sample PCS Form

A sample Medical Necessity Certification Statement (PCS) for non-emergency transport, including the medical necessity questionnaire and the required physician/authorized-signer certification.



Sample Medical Necessity Certification Statement for Non-Emergency Ambulance Services – Version 2.0

SECTION I – GENERAL INFORMATION

Patient's Name:_____Date of Birth:_____Medicare #: _____

Transport Date:_____(Valid for round trips this date, or for scheduled repetitive trips for 60 days from date signed below.)

Origin:_____ Destination:_____

Is the Patient's stay covered under Medicare Part A (PPS/DRG?) ☐ YES ☐ NO

Closest appropriate facility? ☐ YES ☐ NO If no, why was the patient transported to another facility? _____

_____

If hospital to hospital transfer, describe services needed at 2nd facility not available at 1st facility: _____

If hospice Pt, is this transport related to Pt's terminal illness? ☐ YES ☐ NO Describe:_____

SECTION II – MEDICAL NECESSITY QUESTIONNAIRE

Ambulance Transportation is medically necessary only if other means of transport are contraindicated or would be potentially harmful to the patient. To meet this requirement, the patient must be either "bed confined" or suffer from a condition such that transport by means other than an ambulance is contraindicated by the patient's condition. **The following questions must be answered by the healthcare professional signing below for this form to be valid:**

1) Describe the MEDICAL CONDITION (physical and/or mental) of this patient AT THE TIME OF AMBULANCE TRANSPORT that requires the patient to be transported in an ambulance, and why transport by other means is contraindicated by the patient's condition:

_____

_____

_____

2) Is this patient "bed confined" as defined below? ☐ Yes ☐ No
To be "bed confined" the patient must satisfy all three of the following criteria: (1) *unable* to get up from bed without assistance; AND (2) *unable* to ambulate; AND (3) *unable* to sit in a chair or wheelchair.

3) Can this patient safely be transported by car or wheelchair van (i.e., may safely sit during transport, without an attendant or monitoring?) ☐ Yes ☐ No

4) ***In addition*** to completing questions 1-3 above, please check any of the following conditions that apply*:
**Note: supporting documentation for any boxes checked must be maintained in the patient's medical records*

☐ Contractures ☐ Non-healed fractures ☐ Patient is confused ☐ Patient is comatose ☐ Moderate/severe pain on movement
☐ Danger to self/others ☐ IV meds/fluids required ☐ Patient is combative ☐ Need, or possible need, for restraints
☐ DVT requires elevation of a lower extremity ☐ Medical attendant required ☐ Requires oxygen – unable to self-administer
☐ Special handling/isolation/infection control precautions required ☐ Unable to tolerate seated position for time needed to transport
☐ Hemodynamic monitoring required enroute ☐ Unable to sit in a chair or wheelchair due to decubitus ulcers or other wounds
☐ Cardiac monitoring required enroute ☐ Morbid obesity requires additional personnel/equipment to safely handle patient
☐ Orthopedic device (backboard, halo, pins, traction, brace, wedge, etc.) requiring special handling during transport
☐ Other (specify) _____

SECTION III – SIGNATURE OF PHYSICIAN OR OTHER AUTHORIZED HEALTHCARE PROFESSIONAL

I certify that the above information is accurate based on my evaluation of this patient, and that the medical necessity provisions of 42 CFR 410.40(e)(1) are met, requiring that this patient be transported by ambulance. I understand this information will be used by the Centers for Medicare and Medicaid Services (CMS) to support the determination of medical necessity for ambulance services. I represent that I am the beneficiary's attending physician; or an employee of the beneficiary's attending physician, or the hospital or facility where the beneficiary is being treated and from which the beneficiary is being transported; that I have personal knowledge of the beneficiary's condition at the time of transport; and that I meet all Medicare regulations and applicable State licensure laws for the credential indicated.

☐ **If this box is checked**, I also certify that the patient is physically or mentally incapable of signing the ambulance service's claim form and that the institution with which I am affiliated has furnished care, services or assistance to the patient. My signature below is made on behalf of the patient pursuant to 42 CFR §424.36(b)(4). In accordance with 42 CFR §424.37, ***the specific reason(s) that the patient is physically or mentally incapable of signing the claim form is as follows***:

_____

X_____ _____
Signature of Physician* or Authorized Healthcare Professional — Date Signed
(For scheduled repetitive transport, this form is not valid for transports performed more than 60 days after this date).

_____
Printed Name and Credentials of Physician or Authorized Healthcare Professional (MD, DO, RN, etc.)

**Form must be signed only by patient's attending physician for scheduled, repetitive transports. For non-repetitive ambulance transports, if unable to obtain the signature of the attending physician, any of the following may sign (please check appropriate box below):*

☐ Physician Assistant ☐ Clinical Nurse Specialist ☐ Licensed Practical Nurse ☐ Case Manager
☐ Nurse Practitioner ☐ Registered Nurse ☐ Social Worker ☐ Discharge Planner

This is a sample only and does not constitute legal advice. User bears all responsibility for compliance with all applicable laws and regulations.

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PCS Terminology

- Medicare regulations refer to "Physician Certification Statements" and "Non-Physician Certification Statements," depending on who signs
- Both certify that the medical necessity provisions of 42 CFR § 410.40(e)(1) are met
- For simplicity, both are commonly referred to together as "PCS forms"

Criteria for Authorized PCS Signers

- 42 CFR § 410.40(a)(i): must have personal knowledge of the beneficiary's condition when transport is ordered or furnished
- 42 CFR § 410.40(a)(ii): must be employed by the attending physician, or by the hospital/facility from which the beneficiary is transported

Who Can Sign the PCS?

IT DEPENDS ON THE TYPE OF TRANSPORT.

Scheduled, Repetitive Non-Emergency Transports

Only the attending physician may sign.

Attending Physician Only

OR

Unscheduled, Non-Repetitive Non-Emergency Transports

Either the attending physician or another authorized PCS signer may sign.

Attending Physician OR Another Authorized PCS Signer

RIGHT SIGNATURE. RIGHT BILLING. RIGHT CARE.

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Scheduled, Repetitive Transports

- "Repetitive" means medically necessary transportation furnished three or more times in a 10-day period, or at least once a week for at least three weeks
- The PCS must be signed and dated by the attending physician before the repetitive transports begin, and no more than 60 days in advance

When a PCS Is Not Needed

- Emergencies
- Non-emergency transports where the patient resides at home or in a facility and is not under the direct care of a physician
- This is rare — the vast majority of Medicare beneficiaries needing non-emergency transport are under a physician's care

Unscheduled or Non-Repetitive Transports

- Generally, the PCS should be obtained from the attending physician within 48 hours after the transport
- Or, the signature can be obtained from another authorized PCS signer

Proof of Attempt

- If the certification cannot be obtained within 21 calendar days after the transport, the supplier must document its attempts and may then submit the claim
- Acceptable documentation includes a signed USPS return receipt or similar proof of delivery
- Also acceptable: USPS Certificate of Mailing Form 3817 (single item) or Form 3877 (three or more items)

PCS Signature & Verification Rules

- The PCS must document the identity and credentials of the signer
  - An unsigned form does not count, and reviewers are directed to disregard it in an audit
- Verify the PCS contains the signer's typed or printed name, credentials or title, and the date signed
- If the signature is illegible or credentials are missing, reviewers may consider a signature log, attestation statement, or other supporting documentation

Medical Necessity Statement

- The PCS must include a statement certifying that Medicare's medical necessity requirements for ambulance transport have been met
- The medical necessity portion should be completed by the same authorized individual who signs the PCS, describing the patient's condition
- Per 42 CFR § 410.40(e): the certification statement "does not alone demonstrate that the ambulance transport was medically necessary"

PCS Compliance

- Neither EMS clinicians nor other ambulance service employees should fill out or sign PCS forms
- The PCR cannot simply "parrot" the PCS — EMS clinicians must assess the patient independently
- PCR documentation should reflect the crew's own assessment, not a copy of the PCS

ABN Forms: Mandatory vs. Permissible Use

Advance Beneficiary Notices of Noncoverage under Medicare Part B

What Is an ABN?

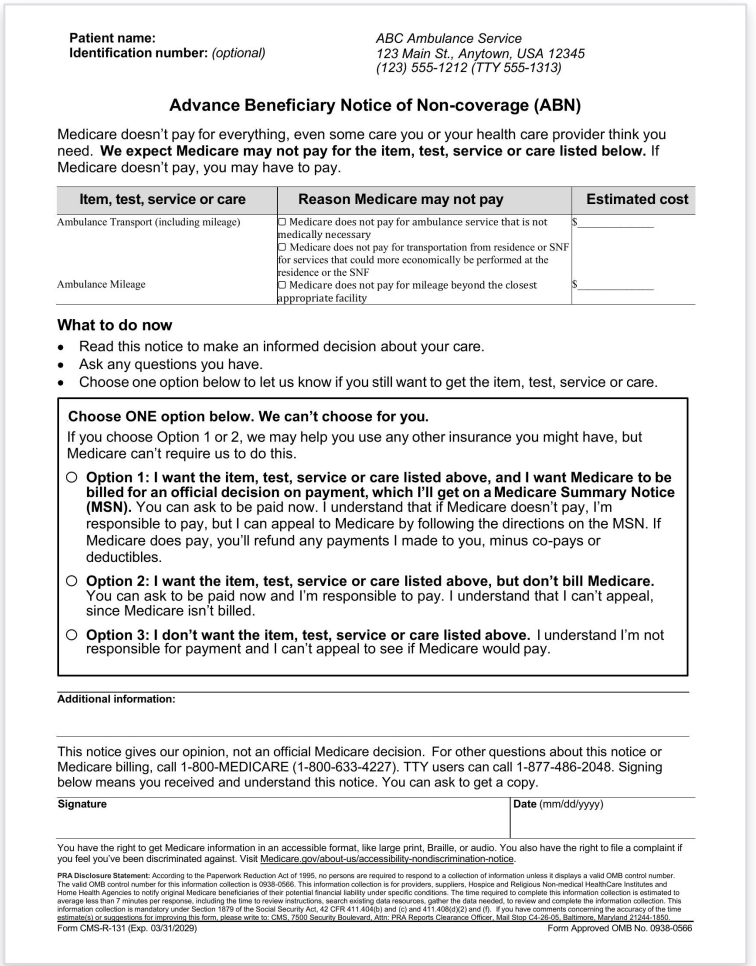
- An ABN — Advance Beneficiary Notice of Noncoverage — informs a Medicare Part B beneficiary, before a service is rendered, that it is likely not to be covered, in full or in part
- Unlike the AOB or PCS, the ABN is a specific, mandatory, CMS-issued form (CMS-R-131)

Using the Correct ABN Version

- The current, mandatory CMS ABN must be used for the date of service for the notice to be valid
- CMS periodically updates the approved ABN — only the highlighted fields on the current form may be customized; the rest must be used as issued
- Verify the form's expiration date, shown at the bottom of the form, before use

Sample ABN (Form CMS-R-131)

The current mandatory CMS-R-131 Advance Beneficiary Notice of Noncoverage. Only the highlighted fields (service description, reason, and estimated cost) may be customized.



Patient name:
Identification number: *(optional)*

ABC Ambulance Service
123 Main St., Anytown, USA 12345
(123) 555-1212 (TTY 555-1313)

Advance Beneficiary Notice of Non-coverage (ABN)

Medicare doesn't pay for everything, even some care you or your health care provider think you need. **We expect Medicare may not pay for the item, test, service or care listed below.** If Medicare doesn't pay, you may have to pay.

Item, test, service or care	Reason Medicare may not pay	Estimated cost
Ambulance Transport (including mileage)	☐ Medicare does not pay for ambulance service that is not medically necessary ☐ Medicare does not pay for transportation from residence or SNF for services that could more economically be performed at the residence or the SNF	$_____
Ambulance Mileage	☐ Medicare does not pay for mileage beyond the closest appropriate facility	$_____

What to do now

- Read this notice to make an informed decision about your care.
- Ask any questions you have.
- Choose one option below to let us know if you still want to get the item, test, service or care.

Choose ONE option below. We can't choose for you.

If you choose Option 1 or 2, we may help you use any other insurance you might have, but Medicare can't require us to do this.

○ **Option 1: I want the item, test, service or care listed above, and I want Medicare to be billed for an official decision on payment, which I'll get on a Medicare Summary Notice (MSN).** You can ask to be paid now. I understand that if Medicare doesn't pay, I'm responsible to pay, but I can appeal to Medicare by following the directions on the MSN. If Medicare does pay, you'll refund any payments I made to you, minus co-pays or deductibles.

○ **Option 2: I want the item, test, service or care listed above, but don't bill Medicare.** You can ask to be paid now and I'm responsible to pay. I understand that I can't appeal, since Medicare isn't billed.

○ **Option 3: I don't want the item, test, service or care listed above.** I understand I'm not responsible for payment and I can't appeal to see if Medicare would pay.

Additional information:

This notice gives our opinion, not an official Medicare decision. For other questions about this notice or Medicare billing, call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048. Signing below means you received and understand this notice. You can ask to get a copy.

Signature | **Date** (mm/dd/yyyy)

You have the right to get Medicare information in an accessible format, like large print, Braille, or audio. You also have the right to file a complaint if you feel you've been discriminated against. Visit Medicare.gov/about-us/accessibility-nondiscrimination-notice.

PRA Disclosure Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0566. This information collection is for providers, suppliers, Hospice and Religious Non-medical HealthCare Institutes and Home Health Agencies to notify original Medicare beneficiaries of their potential financial liability under specific conditions. The time required to complete this information collection is estimated to average less than 7 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, to review and complete the information collection. This information collection is mandatory under Section 1879 of the Social Security Act, 42 CFR 411.404(b) and (c) and 411.406(d)(2) and (f). If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Form CMS-R-131 (Exp. 03/31/2029) Form Approved OMB No. 0938-0566

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Customizable ABN Fields

- Ambulance service name and contact information
- Denial reasons and estimated costs
- All other language on the form must remain exactly as CMS issued it

When to Use an ABN

- Use the ABN before rendering a service that is expected not to be covered by Medicare
- The beneficiary must be given a copy of the signed form
- CMS requires that the ABN "be delivered far enough in advance that the beneficiary…has time to consider the options and make an informed choice"

Billing After a Signed ABN

- Once signed, the ambulance service can bill the beneficiary directly for the non-covered service or portion
- Payment can be collected in advance of the service, but only for non-emergency transports

Mandatory vs. Permissible ABN Situations

MANDATORY ABN SITUATIONS

May not bill the beneficiary directly for the service unless a signed ABN was obtained in advance

PERMISSIBLE ABN SITUATIONS

May still bill the beneficiary directly for the service even if an ABN was not signed in advance

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Mandatory ABN Usage — "Reasonableness"

- Required when the trip is not "reasonable" under Medicare regulations
  - Example: trips from a residence or SNF to a hospital for services (such as a simple blood draw) that could more economically be provided on-site
  - The patient's condition may meet medical necessity, but the transport itself is not reasonable

Permissible ABN Usage

- Excess mileage beyond the nearest appropriate facility
- Services with a real risk of a medical necessity denial
- Transport to a non-covered destination, or for the convenience of the patient, family, or a specific physician
- Wheelchair van services

Authorized ABN Signers

- Must be signed by the Medicare beneficiary, or by someone acting in the beneficiary's best interest
- This list is broader than for the AOB — it can include a legally appointed representative or guardian; family, friends, or others who know the beneficiary's wishes; or a disinterested third party, such as a public guardianship agency

When NOT to Use an ABN

- Emergencies or urgent care situations
- Situations where the beneficiary is under duress
- Retroactively, after the transport has already occurred

ABN Compliance Checklist

- [x] Use the current CMS-R-131 form, delivered with enough time to decide
- [x] Give the beneficiary a signed copy before billing
- [x] Confirm whether the situation is mandatory or permissible before relying on the ABN

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WRAP-UP

Putting It All Together

A quick-reference recap before we close

WRAP-UP

Key Takeaways

- The beneficiary's own signature is required for an AOB unless one of the six narrow exceptions in 42 CFR § 424.36 applies
- The ambulance exception requires three specific, contemporaneous forms of documentation, retained for four years
- A PCS never substitutes for the EMS crew's independent medical necessity documentation

WRAP-UP

Key Takeaways

- The ABN is a mandatory CMS-issued form — required in some situations, permissible in others, and never valid after the fact
- Medicare pays the lesser of the charge or fee schedule amount, and mandatory assignment bars balance billing beyond the approved amount

THANK YOU

Questions & Resources

Ryan Stark ryan.stark@EMSMC.com

Prepared for the Oregon Office of Rural Health at OHSU

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ORH Announcements

ORH Rural EMS Leadership series, and EMS Billing/Coding educational webinar series
Program information and links to past webinars can be *found here*

Tomorrow's Webinar: **Topic: The EMS Buprenorphine Roadmap and Rural EMS Agencies**
Oregon Public Health Institute and the Bridge Center | September 11 | 10:00 a.m.
(*Register here*)

Next ORH Community Conversation | September 17 | 12:00 p.m.
Topic: How CHWs at Rural Hospitals and Clinics Are Improving Health Outcomes
(*More information here*)

October 7-9, Bend, OR | 43rd Annual Oregon Rural Health Conference
(More information here)

Rural EMS Scholarship Program | Open now, funds are limited | Applications accepted on a rolling basis (*More information here*)

ORH HERO: Helping EMS in Rural Oregon | EMS Agency Training Grant | Reopens in Spring 2027 | (*More information here*)

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Thank you!

Joan Field
Rural EMS Program Coordinator
fieldj@ohsu.edu

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