

Advisory Bulletin



Important Industry Information for our Valued Customers

Will your ALS Ratios pass Medicare Scrutiny??

Do you use emergency dispatch protocols? Specifically, a tiered dispatch protocol? If you are like 99% of the departments that we analyze, you do not. It is a common fallacy to bill a transport at an ALS level if a Medic strictly performs an assessment. An ALS definition states that an ALS assessment performed by a paramedic qualifies for an ALS billable transport. However, in order to have a qualifying ALS assessment the patient's condition at the time of dispatch requires an ALS unit according to your dispatch protocols. As stated before, most departments we analyze do not have a tiered dispatch protocol therefore they must bill according to procedure and meds administered.

Obviously maintaining a compliant billing program is important for revenue continuation but there are others out there policing your activity you may not know about. You are not the only one that has access to your billing activities. Medicare published reimbursement data for all providers from 2012 and 2013 in their [Provider Utilization and Payment Data File](#). The link provided will allow you and others to search for your level of service activity. From January, 2012 until June of 2013, over \$50 million was overpaid to providers as a result of inaccurate billing. The Provider Utilization File is Medicare's way of providing some transparency to the EMS Billing process.

A recent report from Reuters indicates that whistleblowers are already mining CMS' data for any outlier service providers that billed an unusually high amount to Medicare. Now is the time to make sure your ALS level billing policies are compliant and in line with area averages. A good rule of thumb for Emergency Transports is 60% ALS to 40% BLS, anything above those should be audited.