CMS Announces Significant Changes to Patient Signature Rules
Effective January 1, 2008

A new rule from CMS will make significant changes to patient signature requirements for ambulance services starting January 1, 2008. These changes will affect the way in which every ambulance service does business - requiring numerous changes in how and when ambulance services document those occasions when Medicare patients are unable to sign due to a medical or physical condition.

According to new rule, in cases where the patient is unable to sign due to a medical or physical condition, the ambulance service, in order to bill Medicare, must document, in a "contemporaneous statement": 1) that the patient is unable to sign, 2) that there was no other authorized signed available or willing to sign on behalf of the patient, 3) the date and time of the transport, 4) the name and location of the receiving facility, and 5) either of the following:

a) A signed "contemporaneous" statement from a representative of the facility that received the beneficiary including (i) name of the beneficiary and (ii) the date and time the beneficiary was received by that facility;

OR

b) A "secondary form of verification" from the facility, including any of the following:
   (i) the signed patient care/trip report;
   (ii) the hospital registration/admissions sheet;
   (iii) the patient medical record;
   (iv) the hospital log; or
   (v) other internal hospital records.

In other words, in those cases where the ambulance service is unable to obtain the signature of a Medicare patient, these rules will impose new and substantial documentation requirements in order to permit you to bill Medicare.

Because of the significant impact that this new rule will have on the ambulance industry, PWW has scheduled a special webinar to review this rule in detail, and explain the many ways in which this will impact your operation. Join PWW for this important webinar on Thursday, December 6, 2007 from 2:00 - 3:30 p.m. EST to learn all about the significant changes to the Medicare patient signature requirements.

Learn how the rule will affect your service, take the necessary steps to become compliant with these changes and get answers to the following questions:

- Who is allowed to sign on behalf of a patient?
- In what situations do representatives of the hospital have to sign? Who at the hospital can sign my form? What if the hospital refuses?
- Does this new rule cover emergencies only? What is required in those cases where patients are unable to sign in non-emergency cases?
- In what situations is the crew allowed to sign on behalf of the patient?
- What new language will be required on our trip sheets?
- What else do we have to do to become compliant with this change in the rule?
- Does the change in the rule treat suppliers and providers differently?
- How will my current practices have to change?

**REGISTER NOW** to get PWW's expert analysis and interpretation and receive the most up-to-date information on this important development to help your ambulance service understand and comply with this significant rule change.

Also included in your webinar registration fee:

- Model signature language to help your service comply with the changes in the regulation in time for the January 1, 2008 deadline;

- Complete handout materials;

- Answers to your questions about this rule and other new developments from CMS.

*Registration Information:* $129 per location. Unlimited attendees per location. Click here to register today! Register online at [www.pwwemslaw.com](http://www.pwwemslaw.com) or call 877-EMS-LAW1 (877-367-5291) to register by phone.