On July 11, 2014 CMS issued Transmittal 2984 (Change Request 8760) which eliminates the requirement to get the address of a representative signing on behalf of a patient. The requirement appears in the Medicare Claims Processing Manual, Chapter 26, Section 10.3, and it will be removed from the Manual, effective August 12, 2014. However, the Transmittal states that the policy is effective for services on or after July 1, 2014. That means representative addresses are no longer required as of that date.

If a beneficiary is incapable of signing to authorize the submission of a claim to Medicare, then an authorized representative may sign on his or her behalf. In order rely on a representative's signature to submit a claim, an ambulance service was required to get the representative's name, relationship to the beneficiary, and address. For ambulance transports provided on or after July 1, 2014, the address of the representative is no longer required. But, CMS will still require the other information about the representative and a documented reason why the patient could not sign.

This is welcome news for ambulance services, especially those in jurisdictions where contractors were insisting on a representative address. PWW is updating its Sample Ambulance Signature Form, and we will release the updated Form shortly.