



Alton Fire / Rescue Department
"Desire to Serve - Committed to Protect"



**Town of Alton's
Ambulance Billing Policy**

1. PURPOSE

The purpose of this Standard Operating Procedure is to provide the Alton Fire Department, Alton Board of Selectmen (BOS) and the residents and visitors of the community with a detailed overview of the ambulance billing process.

The purpose for charging the ambulance transports services is to recover some of the cost associated with providing emergency medical services. All revenue collected from these services shall be placed in the Town of Alton's Ambulance Revolving Fund.

2. SCOPE

This Standard Operating Procedure shall apply to all ambulance transports.

3. INTENT

This Standing Operating Procedure is intended to clarify the issues surrounding billing for emergency medical services provided by the Alton Fire/Rescue Department.

4. DEFINITIONS

4.1 Ambulance Transport Benefit

The ambulance transport benefit under Medicare Part B covers the medically necessary transport of a beneficiary by ambulance to the nearest appropriate facility that can treat his or her condition when any other methods of transportation are contraindicated. Under any circumstances, ambulance transport may be covered and payable as a beneficiary transportation service under Part A. These benefits are consistent with all private insurance companies.

4.2 Basic Life Support (BLS):

Basic Life Support (BLS) is transportation by ground ambulance vehicle and the provision of medically necessary supplies and services, including BLS ambulance services as defined by the state. The ambulance must be staffed by an individual who is qualified in accordance with the state and local laws as an emergency medical



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technician (EMT-Basic). These laws vary from State to State or within a State. For example, only in some jurisdictions is an EMT-Basic permitted to operate limited equipment onboard the vehicle, assist more qualified personnel in performing assessments and interventions, and establish a peripheral intravenous (IV) line.

4.3 Basic Life Support (BLS) – Emergency:

When medically necessary, the provision of BLS services, as specified above, is in the context of an emergency response. An emergency response is one that, at the time the ambulance provider or supplier is called, it responds immediately. An immediate response is one in which the ambulance provider/supplier begins as quickly as possible to take the steps necessary to respond to the call.

Application

The determination to respond emergently with a BLS ambulance must be in accord with the local 911 or equivalent service dispatch protocol. If the call came in directly to the ambulance provider/supplier, then the provider's/supplier's dispatch protocol must meet, at a minimum, the standards of the dispatch protocol of the local 911 or equivalent service. In areas that do not have a local 911 or equivalent service, then the protocol must meet, at a minimum, the standards of a dispatch protocol in another similar jurisdiction within the state, or if there is no similar jurisdiction within the State, then the standards of any other dispatch protocol within the State. Where the dispatch was inconsistent with this standard of protocol, including where no protocol was used, the beneficiary's condition (for example, symptoms) at the scene determines the appropriate level of payment.

4.4 Advanced Life Support, Level 1 (ALS1)

Advanced Life Support, Level 1 (ALS1) is the transportation by ground ambulance vehicle and the provision of medically necessary supplies and services including the provision of an ALS assessment or at least one ALS intervention.

Advanced Life Support Assessment Definition

An Advanced Life Support (ALS) assessment is an assessment performed by an ALS crew as part of an emergency response that was necessary because the Patient's reported condition at the time of dispatch was such that only an ALS crew was qualified to perform the assessment. An ALS assessment does not necessarily result in a determination that the patient requires an ALS level of service.



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Application

The determination to respond emergently with an ALS ambulance must be in accord with the local 911 or equivalent service dispatch protocol. If the call came in directly to the ambulance provider/supplier, then the provider's/supplier's dispatch protocol must meet, at a minimum, the standards of the dispatch protocol of the local 911 or equivalent service, then the protocol must meet, at a minimum, the standards of a dispatch protocol in another similar jurisdiction within the state or, if there is no similar jurisdiction within the State, then the standards of any other dispatch protocol within the State. Where the dispatch was inconsistent with this standard of protocol, including where no protocol was used, the beneficiary's condition (for example, symptoms) at the scene determines the appropriate level of payment.

Advanced Life Support Intervention Definition:

An Advanced Life Support (ALS) intervention is a procedure that is in accordance with State and Local laws, required to be done by an emergency medical technician-intermediate (EMT-Intermediate), Advanced EMT or EMT-Paramedic.

Application

An ALS intervention must be medically necessary to qualify as an intervention for payment for an ALS level of service. An ALS intervention applies only to ground transport.

Advanced Life Support, Level 1 (ALS1) – Emergency

When medically necessary, the provision of ALS1 services, as specified above, in the context of an emergency response. An emergency response is one that, at the time the ambulance provider or supplier is called, it responds immediately. An immediate response is one in which the ambulance provider/supplier begins as quickly as possible to take the steps necessary to respond to the call.

Application

The determination to respond emergently with an ALS ambulance must be in accord with the local 911 or equivalent service dispatch protocol. If the call came in directly to the ambulance provider/supplier, then the provider's/supplier's dispatch protocol must meet, at a minimum, the standards of the dispatch protocol of the local 911 or equivalent service. In areas that do not have a local 911 or equivalent service, then the



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protocol must meet, at a minimum, the standards of a dispatch protocol in another similar jurisdiction within the state or, if there is no similar jurisdiction within the state, then the standards of any other dispatch protocol within the state. Where dispatch was inconsistent with this standard of protocol, including where no protocol was used, the beneficiary's condition (for example, symptoms) at the scene determines the appropriate level of payment.

4.5 Advanced Life Support, Level 2 (ALS2) – Emergency

Advanced Life Support, level 2 (ALS2) is the transportation by ground ambulance vehicle and the provision of medically necessary supplies and services including (1) at least three separate administrations of one or more medications by intravenous push/bolus or by continuous infusion (excluding crystalloid fluids) or (2) ground ambulance transport, medically necessary supplies and services, and the provision of at least one of the ALS2 procedures listed below:

- Manual defibrillation/cardioversion
- Endotracheal intubation
- Central venous line
- Intraosseous line
- Cardiac pacing
- Chest decompression
- Surgical Airway

Application

Crystalloid fluids include 5 percent Dextrose in water, Saline and Lactated Ringer's. Medications that are administered by other means, for example: intramuscular/subcutaneous injection, oral, sublingually or nebulized, do not qualify to determine whether the ALS2 level rate is payable, however, this is not an all-inclusive list. Likewise, a single dose of medication administered fractionally (i.e., one-third of a single dose quantity) on three separate occasions does not qualify for the ALS2 payment rate. The criterion of multiple administrations of the same drug requires a suitable quantity and amount of time between administrations that is in accordance with standard medical practice guidelines. The fractional administration of a single dose (for this purpose meaning a standard or protocol dose) on three separate occasions does not qualify For ALS2 payment. In other words, the administration of 1/3 of a qualifying dose 3 times does not equate to three qualifying doses for purposes of indicating ALS2 care. One-Third of X given 3 times might = X (where X is a standard/protocol drug amount), but the same sequence does not equal 3 times X. Thus, if 3 administrations of the same drug are required to show that ALS2 care was given, each of those administrations must be in accord with local protocols.



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The run will not qualify based on drug administration if that administration was not according to protocol. An example of a single dose of medication administered fractionally on three separate occasions that would not qualify for the ALS2 payment rate would be the use of Intravenous (IV) Epinephrine in the treatment of Pulseless Ventricular Tachycardia/Ventricular Fibrillation (VF/VT) in the adult patient. Administering this medication in increments of 0.25 mg, 0.25 mg, and .50 mg would not qualify for the ALS2 level of payment. This medication, according to the American Heart Association (AHA), Advanced Cardiac Life Support (ACLS) protocol, calls for Epinephrine to be administered in 1 mg increments every 3 to 5 minutes. Therefore, in order to receive payment for an ALS2 level of service, based in part on the administrations of Epinephrine, three separate administrations of Epinephrine in 1 mg increments must be administered for the treatment of Pulseless VF/VT.

4.6 Patient Refusal

An individual who has contacted emergency medical services and has now made the decision not to be transported to the hospital for further evaluation. In the state of New Hampshire, the emergency medical services provider shall ensure the individual is competent, has the capacity to refuse treatment, and is fully informed.

4.7 Treat and Release

An individual who has been treated by emergency medical services and has now made the decision not to be transported to the hospital for further evaluation. In the state of New Hampshire, the emergency medical services provider shall ensure the individual is competent, has the capacity to refuse treatment, and is fully informed.

5. Ambulance Service Billing Rates

The billing rates for Alton Fire/Rescue Department's emergency medical services are the same for residents and non-residents. The Town of Alton's reimbursement rates will coincide with all pre-established state and federal fee schedules. The fee schedule will be reviewed every two years and updated as necessary. These rates are attached in APPENDIX A.



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6. Operational Procedure

1. The Alton Fire/Rescue Department will respond to an EMS incident and determine if the patient will be transported to the hospital, treated on scene and released or refuse medical transport.
2. If the patient is treated on scene and released or refuses transport, the patient will sign a refusal of medical release form and not receive a bill from the Town of Alton.
3. If the patient is transported to a receiving facility they will be billed for services (per Appendix A.) The providers shall obtain patient demographics, social security number, insurance information (If known) as well as necessary information to complete the patient care report.
4. Once the completed patient care report is uploaded to NH TEMSIS, the EMS billing vendor will download the information, electronically submit the claim to the insurance company, and include the patient's account information on the aging report provided to the town.
 - a) If the bill is paid in full, the account will show as paid on the EMS billing vendor's payment summary report to the Town of Alton.
 - b) However, aside from co-payments and deductibles, the insurance carrier shall pay the balance in its entirety, or the contracted amount set forth in any valid contracts between the insurance carrier and the Town of Alton. The only exceptions are when the patient's primary healthcare insurance is Medicare or Medicaid. In these cases, the Town of Alton will only be paid the set federal rate, and the patient is not responsible for the balance.
 - c) If balances are not paid in full, the EMS billing vendor shall submit invoices to the patient at 30, 60, and 90-day intervals. If at any time during the process the bill is paid in full, the account will show as paid on the EMS billing vendor's payment summary report to the Town of Alton.
 - d) If an uninsured patient is unable to pay the bill, they can request a lower rate, a write off, or to be placed on a payment plan by contacting the Alton Hardship Committee to set up a meeting to discuss and apply for assistance prior to a final disposition.



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- e) After 60 days if there has been no contact from an uninsured patient to either the Fire Department or billing agency a member of the Fire Department will attempt to make direct contact with the patient. If contact is made with the patient, the Fire Department will help guide the patient through the hardship/abatement process.

7. Account Abatement / Settlement

1. In some circumstances the Town of Alton may agree to an Abatement or Settlement agreement with the patient. All correspondence will be reviewed and submitted to the Town of Alton's Hardship Committee for approval

8. Collections

1. This collection rate is the same for residents and non-residents accounts.
2. At 120 days the Town of Alton's EMS billing vendor shall send the request for disposition report to the Fire Department of accounts that are eligible for the collection process.

Accounts eligible for the collection process are those that have not been paid in full within 120 days from the date of service and are not in the active discussion, abatement or settlement application process. Final approval to move an account to collections will be determined by the BOS.

3. Once the report is received, it will be reviewed by the Alton Fire/Rescue Department to determine the disposition of each account. Once approved the report shall be sent to the Third-Party Collection company named by BOS.
4. Collection process actions may include the following:
 - a) Telephone and written notification to the patient (or responsible party) of the collection activity on the account.
 - b) Reporting to the Credit Bureaus (Equifax, Experian and/or Trans Union), after 2nd written notification and a 30-day opportunity to pay the account.
 - c) If all efforts fail to collect on a delinquent account, a decision will be made whether further action is warranted (e.g. Legal action, additional written action).

Commented [KR1]: Note that just as with rates, collection policies must be the same against non-residents as against residents.



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9. Write-Off Procedure

Commented [KR2]: See comment above re non-residents.

1. This write-off procedure is the same for residents and non-residents accounts
2. The Alton Fire/Rescue Department will review all delinquent accounts in collections still not paid in full or under a payment plan after 18 months monthly. Third party billing write-offs will be submitted to the Board of Selectmen for approval.
3. All accounts that have been approved for write-off shall be removed from the aging report provided by the Third-party billing vendor.
4. The Town of Alton's third-party collection agency shall continue to work on any account after they have been written off. In the event funds are collected they will be deposited into the Town of Alton's bank account.

Approved by the Alton Board of Selectmen on ,TBD, and shall succeed and supersede any prior ambulance billing policy in effect.

Board of Selectmen Chair

Board of Selectmen Vice Chair

Board of Selectmen

Board of Selectmen

Board of Selectmen



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APPENDIX A

DRAFT



Alton Fire / Rescue Department
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Ambulance Billing Service

8 Turcotte Memorial Drive, Rowley, MA 01969
 Ph: 800-742-3001 FAX: 978-356-3721

TOWN OF ALTON FIRE RESCUE DEPT
2025 Rate Change Form

Charges	2025 Medicare	325% of Medicare	Current Rates	New Rates
	Fee Schedule	Fee Schedule		Effective On:
	Allowed Amounts			
BLS EMERGENCY BASE RATE	\$463.17	\$1,505.30	\$1,450.00	_____
BLS NON-EMERGENCY BASE RATE	\$289.48	\$940.81	\$1,450.00	_____
ALS NON-EMERGENCY BASE RATE	\$348.38	\$1,132.24	\$2,150.00	_____
ALS1 EMERGENCY BASE RATE	\$550.02	\$1,787.57	\$2,150.00	_____
ALS2 EMERGENCY BASE RATE	\$798.08	\$2,587.28	\$3,350.00	_____
SPECIALTY CARE TRANSPORT	\$940.81	\$3,057.63	\$3,400.00	_____
MILEAGE	\$9.00	\$29.25	\$35.00	_____
AUTO EXTRICATION	\$0.00	\$0.00	\$650.00	_____

 Signature -- Authorized Signer

 Date

 Printed Name -- Authorized Signer

 Title -- Authorized Signer

Please scan and email completed Rate Change form to:
ratechange@comstarbilling.com