

EMS Billing Procedures:

Williamson County EMS responds to both emergency and non-emergency calls and as such, all base rates and level of service should be billed based on dispatch information and patient treatment.

Only one base rate charge shall be applied to each account.

Loaded mileage shall be applied to each patient account that resulted in transportation as documented in the electronic patient care report (ePCR).

Ambulance Response Fee and Supply Fees shall be charged for all patient encounters where evaluation and/or treatment is rendered and transport is refused, unless otherwise waived, prohibited, or excluded by the Williamson County EMS.

Motor vehicle collisions where no treatment and no transport was required by Williamson County EMS shall not be billed when the patient refuses medical treatment or transport as a result of a third party (i.e.- a witness to a motor vehicle reports the accident to 9-1-1 and the communication center sends the ambulance due to witness statements from the scene). Vital signs are included. If equipment is used in the assessment (pulse ox or monitor) a refusal charge and supplies shall be applied.

All Hospital to Helicopter transfers / Helicopter to Hospital transfers will be billed the BLS base rate and mileage. Treatment and supplies will be billed if documented as performed by Williamson County EMS.

All pronouncements will be billed at the appropriate level of care based on dispatch information and patient treatment in accordance with insurance regulations.

All itemized billing is derived directly from documentation and the supplies listed in the electronic patient care report (ePCR).

Disposable linens and gloves should be charged for all patients transported, unless otherwise waived, prohibited, or excluded by Williamson County EMS.

Routine Disposable Supplies should be charged for all patient encounters, unless otherwise waived, prohibited, or excluded by Williamson County EMS. All itemized

Extra attendant charge will be applied when documentation lists an extra attendant was needed during treatment and transport. Ex. 1st responder, fire department or extra WCEMS medic.

Decontamination charge will be applied when decontamination is documented due to the nature of the incident.

Medicare and Medicaid patients shall only be billed the appropriate base rate, mileage and supplies as allowed in accordance with guidelines established by the Center for Medicare and Medicaid Services.

For commercial insurance and private pay accounts, all appropriate charges shall be applied uniformly without ability or probability of payment.

EMS will not bill any patient transferred from Williamson County Jail, 306 W 4th St. or 508 S Rock, Georgetown, Texas

All EMS electronic patient care reports determined to be Diagnosis Related Group (DRG) transfers will be billed directly to ordering facility on monthly basis. WCEMS will accept the annual Medicare allowable rate as payment in full. Billing agrees to provide annual Medicare allowable rate notification to facilities and provide a monthly report to WCEMS reflecting billed DRG accounts. DRG is a round trip transport from/to a hospital for external opportunity that is not available at the hospital.

Williamson County EMS will provide its billing agent(s) access to electronic patient care reports through ESO Solutions, Inc.

Billing agent(s) shall bill patient care reports as approved and exported via ESO Solutions unless instructed otherwise by the Williamson County EMS.

Billing agent(s) will provide Williamson County EMS a weekly report to ensure all billable patient care reports were exported from ESO Solutions.

If billing agent(s) should need any clarification before the billing process can take place, billing agent(s) shall contact Williamson County EMS's designated representative by email or phone with the following information: Patient care report number, date of service, patient name and exact description of what needs to be fixed in order to enable billing agent(s) to proceed with the billing process.

DM Medical Billings will provide Williamson County EMS with view only access to billing records through a virtual private network.

DM Medical will provide WCEMS monthly reports reflecting all private pay accounts on private pay arrangements.

Williamson County EMS has established rates for various ambulance charges (chargemaster). At any time, Williamson County EMS may make adjustments to the chargemaster (procedures or fees) with proper notification.

Williamson County EMS allows billing agent to bulk write off contractual allowances for Medicare and Medicaid.

All other potential write off's will be returned monthly to Williamson County EMS for review and final determination, unless otherwise agreed upon in writing as per the Write Off policy.

SWAT / LE / FD Calls: WCEMS partners with Law Enforcement Agencies / Fire Departments to provide standby assistance to their team members. On occasion they treat and/or transport an LE / FD patient, WCEMS will notify billing agent to bill these calls as follows:

- **Treat and refuse** – Bill SWAT / LE / FD ambulance response fee and all supplies used. Patient is responsible for any deductible and/or co-insurance IF found to be non work related under Workers Compensation.
- **Treat and transport** – Bill as any other transport to include base rate, mileage and all supplies used. The patient will be responsible for any deductible and/or co-insurance IF found to be non work related under Workers Compensation.

Williamson County Residents - (Identified by their billing address and zip code)

- Those who contact billing to negotiate their balance:
 - Billing may negotiate a discounted rate to meet at least the BLS or ALS base rate.
 - The patient will be responsible for any deductible, copay, and/or co-insurance according to their insurance plan.

Williamson County Health Plan Participants (Employee, Spouse and Dependents) As identified by WC Health Plan Group Number:

- Will be billed and processed as a County Resident effective 11/01/2011 per the Williamson County Benefits Committee

Williamson County Mileage rate change:

- Per the Williamson County Commissioners Court 11/08/2011 WCEMS mileage rate increased from \$12 a loaded mile to \$15 a loaded mile effective immediately.

Williamson County BLS and ALS base rate change:

- Per the Williamson County Commissions Court 11/08/2011 WCEMS Basic Life Support (BLS) base rate will be \$795 and Advanced Life Support (ALS) base rate will be \$895. No dispatch or emergency fee will be added.

EMS Billing Guidelines:

The following guidelines have been developed through collaboration between Williamson County EMS, Williamson County Auditors and third-party billing service.

BILLING “RETURNED PAYMENT ITEM PROCESSING” POLICY

November 17, 2012

PURPOSE: To provide direction to contracted third party billing services for returned payment item procedures.

STANDARD: Third party billing services contractors who are contracted to Williamson County EMS for the purpose of medical billing and collections must adhere to these guidelines as it pertains to the contracted services.

Williamson County may contract with a private – third party billing service for the purpose of providing medical billing services. From time to time, the contractor may need direction for the procedure for returned payment item procedures. This policy is intended to provide that direction. The policy becomes effective at the time it is executed by both parties; THE CONTRACTOR and WILLIAMSON COUNTY EMS

- I. EMS will notify the billing contractor/agent of the occurrence.
- II. For all private pay clients; the amount of the returned item will be removed from the patient account and cash totals. EMS and the Williamson County Treasurer will facilitate any action necessary for resolution.
 - Restitution received directly by billing contractor/agent via any method of repayment will be communicated immediately (prior to posting to patient account or deposit) to EMS for direction of continued processing.
 - EMS will notify billing contractor/agent upon receipt of restitution to apply payment to patient account and cash totals
- I. For all commercial insurance carrier pay clients; the amount of the returned item will be removed from the patient account and cash totals. The billing contractor/agent will facilitate any action necessary for resolution.
 - Billing contractor/agent will notify EMS upon receipt of restitution for direction of continued processing.

BILLING “REFUND” POLICY

November 17, 2012

PURPOSE: To provide direction to contracted third party billing services for processing necessary refunds for services made via any method of payment.

STANDARD: Third party billing services contractors who are contracted to Williamson County EMS for the purpose of medical billing and collections must adhere to these guidelines as it pertains to the contracted services.

Williamson County may contract with a private – third party billing service for the purpose of providing medical billing services. From time to time, the contractor may need direction for the processing of necessary patient refunds. This policy is intended to provide that direction. The policy becomes effective at the time it is executed by both parties; THE CONTRACTOR and WILLIAMSON COUNTY EMS

- I. EMS does not allow the billing contractor/agent to execute any refund for the services provided by Williamson County EMS.
- II. Any account identified by billing contractor/agent as having been paid in excess of documented charges or by inappropriate party will be sent to EMS with back up documentation to facilitate/execute refund.
 - Patient Credit Statement
 - EOB's from commercial insurance carrier, Medicare or Medicaid
 - Copy of private pay client check
 - Credit Card payment receipt
 - Request letter
- III. Any account identified by EMS as having been paid in excess of documented charges, by inappropriate party, or requiring adjustment will be sent to contractor/agent to facilitate necessary adjustment of patient account and provide EMS with back up documentation to facilitate/execute refund.
- IV. All refunds upon approval by EMS, without regard to method of payment, will be processed by Williamson County Auditor, Accounts Payable and issued via check to appropriate party.

BILLING RECORD REQUEST PROCEDURE

February 1, 2013

PURPOSE: To provide direction to contracted third party billing services for processing and fulfilling required release of billing record requests by authorization or subpoena.

STANDARD: Third party billing service contractors who are contracted by Williamson County EMS for the purpose of medical billing and collections must adhere to these guidelines as it pertains to the contracted services.

Williamson County has contracted with a private – third party billing service for the purpose of providing medical billing services. From time to time, the contractor may need direction for the processing and fulfilling the required release of patient billing records. This policy is intended to provide that direction. The procedure becomes effective at the time it is executed by both parties; THE CONTRACTOR and WILLIAMSON COUNTY EMS

- I. The Contractor, upon receipt of a request for billing records with valid Authorization to Release Protected Health Information or upon a duly executed subpoena, will facilitate the release of billing records on behalf of EMS. Billing records will be released within 15 business days after the date of receipt of request per Texas Administrative Code Title 22; Chapter 165.2 (b).
- II. The Contractor will comply with the specifications of each request/subpoena for the production of requested documents. The Custodian of Billing Records, or designee in the absence of the Custodian, will answer the Deposition by Written Questions, complete the Affidavit of Cost and Necessity and/or complete any other required documents or affidavits.
- V. The Contractor will log each request/subpoena received and/or processed. Contractor will provide EMS with such log via electronic medium on or about the 15th of each month for all requests/subpoenas received and/or processed for preceding month.

MVA / Personal Injury Billing Guidelines

February 20, 2013

PURPOSE: To provide direction to contracted third party billing services when patients are involved in Motor Vehicle Accidents or sustain personal injury which may involve third party liability.

STANDARD: Third party billing service contractors who are contracted by Williamson County EMS for the purpose of medical billing and collections must adhere to these guidelines as it pertains to filing Health Insurance or Automobile Insurance claims.

Williamson County has contracted with a private third party billing service for the purpose of providing medical billing services. From time to time, the contractor may need direction related to motor vehicle accidents or personal injury claims. This guideline is intended to provide that direction. The policy becomes effective at the time it is executed by both parties; THE CONTRACTOR and WILLIAMSON COUNTY EMS

- I. The Contractor is expected to identify motor vehicle accidents and personal injury claims.
- II. An approved letter requesting health and auto insurance information will be mailed to the patient for all such identified claims.
- III. Upon receipt of the completed request for information letter:
 - a. If the patient has health insurance – health insurance will be filed.
 - b. If the patient has no health insurance, health insurance is denied or health benefits are exhausted, auto insurance will be filed.
 - c. If there is no auto insurance, auto insurance is denied or auto benefits are exhausted, the account status will become “Private Pay”.
- IV. If it is determined that the patient was paid directly by Health Insurance or Auto Insurance (excluding Personal Injury Protection (PIP) in which the patient is entitled to keep) an explanation of remittance will be obtained and the account status will be changed to “Proof Paid”.
- V. Contractor will provide Williamson County EMS with a monthly report of “Proof Paid” accounts.
- VI. Williamson County EMS will review the “Proof Paid” accounts and make determine final account action or disposition.
- VII. Contractor will trend all motor vehicle accident / personal injury accounts for payment recoups or loss of revenue. If a cause for concern is identified, Contractor will notify Williamson County EMS.
- VIII. Williamson County EMS will work with Contractor to facilitate a plan to reduce unnecessary payment recoups / loss of revenue.

Ambulance Billing Settlement Negotiations

February 27, 2013

PURPOSE: To provide direction to contracted third party billing services when Attorney's representing the patient request a negotiated settlement on their client's ambulance bill.

STANDARD: Third party billing service contractors who are contracted by Williamson County EMS for the purpose of medical billing and collections must adhere to these guidelines as it pertains to settlement reductions as described above.

Williamson County has contracted with a private third party billing service for the purpose of providing medical billing services. From time to time, the contractor may need direction related to negotiate discounting of ambulance bills when an Attorney representing the patient has received a final settlement. This guideline is intended to provide that direction. The policy becomes effective at the time it is executed by both parties; THE CONTRACTOR and WILLIAMSON COUNTY EMS

- I. The Contractor is expected to provide invoicing to reflect 100% of the ambulance services provided to the patient/Attorney upon request.
- II. It is the desire of WCEMS that the contractor will make every effort to collect 100% of the fees for the services provided.
- III. In the event an Attorney representing their client/patient may request a discount; the Contractor may negotiate a discount on the ambulance bill not to exceed 20% of the outstanding balance.
- IV. In the event the Attorney requests more than a 20% discount, the Attorney must provide Contractor with a full settlement disclosure including all outstanding debts related to the injury event, the gross settlement proceeds, and the Pro-Rata share of settlement funds.
- V. The Contractor will refer the request for additional discount, the full settlement disclosure and all outstanding debts related to the injury event to Williamson County EMS for final disposition.
- VI. Williamson County EMS will review the account and make disposition within 10 business days from receipt of account information.
- VII. Under no circumstances will an account be discounted below the base rate.

Billing Invoice / Statement Guidelines

May 17, 2013

PURPOSE: To provide direction to contracted third party billing services with regards to approved billing invoices and statements.

STANDARD: Third party billing service contractors who are contracted by Williamson County EMS for the purpose of medical billing and collections must adhere to these guidelines as it pertains to providing patients with invoices and statements.

Williamson County has contracted with a private third party billing service for the purpose of providing medical billing services. From time to time, the contractor may need direction related to improving or changing language on billing invoices and statements. This guideline is intended to provide that direction. The policy becomes effective at the time it is executed by both parties; THE CONTRACTOR and WILLIAMSON COUNTY EMS

- I. The Contractor is expected to provide patients regular billing invoices and statements pertaining to their account.
- II. The specific type and number of billing invoices and statements provided are determined by the patient account status.
- III. A patient may request an additional billing statement at any time and will be provided with the necessary statement.
- IV. The following attached billing statement and invoice language has been approved by Williamson County EMS.
- V. Williamson County EMS welcomes language suggestion from its Contractor for future approval. Should future language changes, additional statements or invoices be created and approved an official record of the changes, additional statements or invoices will be made.
- II. At no time will Contractor make language changes or create additional statements or invoices without consulting with Williamson County EMS for approval.

Itemized Billing Guideline

August 16, 2013

PURPOSE: To provide direction to contracted third party billing service with regards to itemized / bundled billing.

STANDARD: Third party billing service contractors who are contracted by Williamson County EMS for the purpose of medical billing and collections agrees to

the following with regards to itemized /bundle billing for insurance coding/reimbursement purposes.

- I. Billing agent may bundle bill supplies for insurance coding/reimbursement purposes.
- II. Billing agent agrees to provide an itemized statement reflecting each individual item upon request.
- III. Accounts deemed Self Pay will continue to receive an itemized statement.

BILLING “WRITE OFF” POLICY

September 13, 2016

PURPOSE: To provide direction to contracted third party billing services for writing off un-collectable debt.

STANDARD: Third party billing services contractors who are contracted to Williamson County EMS for the purpose of medical billing and collections must adhere to these guidelines as it pertains to the contracted services.

Williamson County may contract with a private – third party billing service for the purpose of providing medical billing services. From time to time, the contractor may need direction for writing off uncollected debt. This policy is intended to provide that direction. The policy becomes effective at the time it is executed by both parties; THE CONTRACTOR and WILLIAMSON COUNTY EMS

- I. EMS allows the billing contractor/agent to bulk write off contractual allowance for Medicare and Medicaid.
- II. For all commercial insurance and private pay clients; all appropriate charges shall be applied uniformly without ability or probability of payment.

- III. Williamson County EMS will not bill for any patient treated at or transported from the Williamson County Jail Facility, 306 W 4th Street or 508 S Rock Street, Georgetown
- IV. Any account aged more than 180 days from the original date of service without activity or payment history OR has not been processed for billing within 120 days of the original date of service shall be referred to Williamson County EMS administration for review. Accounts may be referred to Williamson County EMS Administration prior to 180 days if deemed by reasonable efforts to be uncollectible. The billing contractor/agent must include or provide access to all account documentation that demonstrates timely and efficient billing practices. This should include but not be limited to:
- Account notes
 - Proof of billing statements and date of mailing(s) or electronic contact
 - Summary of amount billed and any current amount received
 - Summary of outstanding balances
 - Evidence of payment plan if applicable
- IV. Williamson County Resident (identified by their billing address and zip code) (A) who contact the billing contractor/agent may negotiate a discounted rate to at least meet the BLS or ALS base rate as determined by the charge master. (B) The County Resident is responsible for deductible or co-insurance to meet at least the base rate. The billing contractor/agent must submit a bi-annual report indicating the amount of negotiated reductions for all clients.
- V. At any time the billing contractor/agent is unable to determine the appropriate process for a particular client, that account should be referred to Williamson County Administration for consultation.

Negotiated Reductions Defined

September 13, 2016

PURPOSE: To provide direction to contracted third party billing service with regards to defining Negotiated Reduction definitions.

STANDARD: Third party billing service contractors who are contracted by Williamson County EMS for the purpose of medical billing and collections will use the following definitions and codes for tracking Negotiated Reductions starting July 15, 2013.

- I. Resident Write-Off – County Resident/Taxpayer write-off. (WOCR)
- II. Attorney Settlement – Attorney reduction request up to 20% reduction. (WOAS)
- III. Attorney Settlement Review – Request greater than 20%. Limited funds settlement. Required documentation reviewed by EMS Administration for final disposition. (WOASR)
- IV. Exhausted Efforts – Due diligence exhausted. Any account aged more than 180 days without activity or payment or has not been processed for billing within 120 days of the original date of service. Accounts will be reviewed by EMS Administration for final disposition. (WOEE)
- V. Write-Off Uncompensated Care – Accounts approved by Williamson County that are exhausted and eligible for submission under the terms of the uncompensated care guidelines. (WOUCC)
- VI. Write-Off Small Balance – Accounts with balances \$5.00 and under due from patient or other payor. (WOSB)
- VII. Administrative Review – Customer Service concern reviewed by EMS Administration for final disposition. (WOAR)

Billing – ePCR – HDE Interface Access - Guideline

December 7, 2017

BACKGROUND

For the purposes of accessing patient account information and documentation, WCEMS and DM Medical Billings has allowed controlled access to both their Billing and ePCR software to specific employees as listed below.

WCEMS and DM Medical Billings follow best practices for securing access to patient account and documentation information. In doing so, WCEMS and DM Medical Billing agree that upon termination of employment for any employee as defined in a list maintained by WCEMS, either party agrees to immediately notify the other party so that account access can be immediately terminated. This measure is necessary to prevent unauthorized access to sensitive account / patient information. If additional access is granted to employees, this list must be updated for accountability purposes.

WCEMS / Third Party Billing Agent Annual Cost Analysis

August 23, 2018

PURPOSE: To coordinate with Third-Party Billing Agent service with regards to annual cost analysis and adjustments for consumable charges.

STANDARD: WCEMS and Third-Party Billing Agent contractors who are contracted by Williamson County EMS for medical billing and collections will use the following process to participate in annual review and adjustment of charges related to supplies, procedures and medications. This defined process assures WCEMS cost analysis and adjustment is reviewed, approved and implemented annually, deemed reasonable within industry range and tied to associated cost.

- I. WCEMS will review annual cost of supplies, procedures and medications according to WCEMS annual bid sheet.
- II. WCEMS will perform annual review of other area EMS charges as available.
- III. WCEMS may participate in area rate comparisons as approved by WCEMS Director.
- IV. WCEMS will coordinate with Third-Party Billing Agent to determine if adjustments are reasonable within industry standard.
- V. WCEMS will make annual adjustment of retail cost according to reviewed and agreed upon analysis with approval of WCEMS Director.
- VI. Should WCEMS determine a sudden cost increase within the year, greater than 50% and believed to be a sustained rise in cost, a review would trigger prior to annual review and adjustment be made accordingly.
- VII. WCEMS is responsible to communicate in writing with Third-Party Billing Agent of approved price adjustments.
- VIII. Third-Party Billing Agent will adjust pricing in their system upon notification and confirm adjustments made.

Claim Processing Timeline and Definition Guideline

September 11, 2018

PURPOSE: To coordinate with Third-Party Billing Agent with regards to claim processing timelines and definition of clean Patient Care Report documentation versus clean claim information for bill processing purposes.

STANDARD: WCEMS and Third-Party Billing Agent contractors who are contracted by Williamson County EMS for medical billing and collections have outlined the following information to clarify additional processing days for commercial insurance and state/federal insurance claim processing. Further describing Clean Patient Care Report documentation produced by WCEMS and clean claim information necessary to process, bill and submit claims. Further defining expectations related to account notes placed within the billing system to identify processing delays.

- I. The dunning process for billing and claim submission is subject to clean patient care reports provided by WCEMS to Third-Party Billing Agent. The minimum following elements described in the Billing Service Agreement Exhibit "A" are listed below and are necessary to start the dunning process:
 - a. Dispatch run number
 - b. Date of Service
 - c. Patient information, to include as much as possible:
 - i. Full name
 - ii. Address
 - iii. Date of birth
 - iv. Social security number (if applicable) and
 - v. Phone number
 - d. Patient pickup location including zip code
 - e. Patient drop off location
 - f. Documented odometer mileage
 - i. At pick up location
 - ii. At Hospital, and
 - iii. Total loaded mileage
 - g. Patient chief complaint and History of Present Illness
 - h. Services rendered to patient
 - i. Patient or representative of patient signature authorizing treatment and benefits
 - j. Mobile Intensive Care Unit Number and if they administered care or not
 - k. EMS staff members name, preparer's name and signature
 - l. Agency vehicle recognition number
 - m. Time log to include:
 - i. Dispatch
 - ii. Responding
 - iii. On Location
 - iv. Depart Location, and
 - v. Arrive at hospital
 - n. Hospital Face Sheet, when available
- II. The Accounts Receivables Process (Dunning) for billing and claim submission occurs when clean patient care reports are provided by WCEMS to Third-Party Billing Agent and "clean claim" information is confirmed by Third-Party Billing

Agent. The timeline for billing and claims submission is described in the Billing Service Agreement Exhibit "C" are further defined by payor type.

- a. Non- Insurance Claims
- b. Insurance Claims
- c. Medicare Claims
 - i. Additional processing weeks are necessary for Medicare claim submissions in the first quarter of the calendar year due to calendar year deductible timelines. This could be subject to 5 weeks delay and is standard billing expectation.

III. Clean claim information is necessary for billing and claim submission timelines to start and is further defined by DMMB as defined below:

- a. Complete insurance information including policy number, submission address and verified active status
- b. Applicable ICD10 vetting
- c. Self-pay searched through the major payors
- d. Determination that no conflicts exist with multiple payor codes

IV. DMMB agrees that account notes will be placed in the billing system when dunning processes are delayed outside of the timeline listed in the Service Agreement or as further described in this billing guideline.

Billing – Hardship - Guideline

October 2, 2019

BACKGROUND

Williamson County EMS participates in Health and Human Services Commission (HHSC) Texas Ambulance Supplemental Payment Program for additional revenue to support a portion of uncompensated costs associated with providing Emergency Medical Services. WCEMS, WC Auditors and DMMB submit annual cost reporting. Starting October 1, 2019, new rules will take effect that require participating ambulance providers to have an approved financial hardship policy and process to screen accounts based on guidelines from Healthcare Financial Management Association. The policy and process were approved by Williamson County Commissioners on July 30, 2019. The policy, process and guidelines will only be in effect as long as WCEMS participates in the program.

- Program changes are expected to impact WCEMS future write off code balances and trends.
- DMMB will review Hardship applications and supporting documents for approval.

- DMMB will maintain original financial documents for a minimum of fiscal year end (FE) + 3 years.
- DMMB will provide WCEMS a complete copy of documents by secure file transfer on a monthly basis.
- DMMB and WCEMS will follow best practices for securing patient account and financial information.

CARES Act COVID-19 Billing Guideline

June 2, 2020

BACKGROUND:

The reimbursement for COVID19 patient's disallowed insurance amounts will be "paid" via the Tranche 1 funding of the CARES act. Under the terms and conditions of the CARES act, the patient is not responsible for the amounts their carrier deems disallowed; and those amounts cannot be pursued by the TPA attempting to collect from the patient. The maximum amount of the Tranche 1 distribution that is anticipated to be used for the offset is \$121,000. When the TPA offsets COVID patient's disallowed amounts against funds received, they will be reimbursed at the current contracted rate less a 40% bad debt allowance or 3.45%. The maximum reimbursement to the TPA for crediting accounts with CARES 1 funds would be \$4174.50 or \$121,000.00 X the 3.45% negotiated commission. These credits will be applied via a new county approved credit code for ease of audit compliance and reconciliation. Should any additional future funding infusions, such as Tranche 2 or other as yet unidentified resources, be used to offset patient balances against a lump disbursement; those receipts would also be credited and billed to the county at 3.45%.

Codes

- PUCOV - Payment via uninsured COVID funding
- AUCOV - Adjustment for capitated uninsured COVID payment
- PDCOV - Payment via CARES 1 funding for insurance disallowed amounts – described above

****Additional codes will be added as necessary to track individual funding sources**

COVID19 Identification, Claims Processing and Tracking

WCEMS collaborates with Williamson County and Cities Health District to identify COVID and presumptive COVID patients. WCEMS utilizes weekly reports based on ePCR documentation in the medical record to include outbreak screening data. DMMB utilizes

the information available in the ePCR and supplemental information provided by the WCEMS Compliance Officer to aid in coding.

DMMB utilizes the ICD10 codes recommended by the CDC, including the individual signs and symptoms and the newly introduced COVID positive code U07.1 when applicable. In addition, we are utilizing the precaution ICD10 codes recommended, Z20.828 or Z03.818.

DMMB is applying internal narrative tracking codes and unique workflow in addition to the billable codes in insurance claim files.

WCEMS will reconcile monthly with DMMB patient accounts with the approved COVID funding codes for reimbursement at the 3.45%. The monthly source document prepared by DM and retained by WCEMS will be titled "COVID Credits on Disallowed Balances."

WCEMS will track and document each expenditure of funds received from CARES for accounting and audit purposes to ensure utilization in accordance with the terms and conditions.

EMS Billing Rates:

CHARGE	ITEM #	DESCRIPTION
		BASE RATE / MILEAGE
\$87.50	100	SWAT / LE / FD - NO TRANSPORT FEE
\$15.00	101	MILEAGE (Loaded miles)
\$795.00	102	BLS BASE RATE
\$895.00	103	ALS / MICU BASE RATE
\$282.50	104	AMBULANCE RESPONSE FEE
\$400.00	106	EXTRACATION (Prolonged)
\$146.00	107	EXTRA ATTENDANT
\$140.00	108	UNIT DECONTAMINATION
		CARDIOVASCULAR
\$169.00	806	CPR
\$325.00	800	ECG Monitor / Interpretation / 3 or 4 Lead / Defibrillator / External Pacing
\$65.00	801	ECG / 12 Lead Interpretation
\$120.00	807	Pericardiocentesis
		IV THERAPY
\$0.38	708	1-3cc Syringe / Needle
\$0.17	709	5-10cc Syringe / Needle
\$0.27	710	20-35cc Syringe / Needle
\$3.96	702	Betadine swabs / wipes
\$28.00	706	Blood Draw Procedure
\$25.00	707	Collection Tubes
\$280.00	700	IV Start
\$330.00	704	IO Start (EZIO)
\$75.00	701	IV/IO Monitoring
\$1.23	703	IV Arm Board
		MEDICATIONS
\$12.03	902	Adenosine (Adenocard)
\$3.00	929A	Afrin (Oxymetazoline)
\$0.37	900	Albuterol
\$4.71	903	Amiodarone (Cordarone)
\$0.05	904	Aspirin

Williamson County EMS
Billing Procedures, Guidelines and Rates
Effective January 12, 2021

\$118.98	905A	Atropine (Multi Dose Vial 8MG/20ML)
\$0.38	906	Atrovent (Ipratropium bromide)
\$2.55	907	Benadryl (Diphenhydramine) Injection
\$0.05	907BB	Benadryl (Diphenhydramine) Liquid
\$2.25	907B	Benadryl (Diphenhydramine) Tablet
\$30.72	908	Calcium Chloride
\$6.87	911	Cardizem (Diltiazem)
\$4.80	333	Dexamethasone (Decadron)
\$6.39	908A	Dextrose 10%
\$53.04	913	Epinephrine 1:1
\$15.75	914	Epinephrine 1:10
\$25.14	334	Esmolol
\$5.13	915A	Fentanyl (Sublimaze)
\$367.90	916	Glucagon (GlucaGen)
\$7.65	916B	Haloperidol (Haldol)
\$2.25	917A	Hydrocortisone 1.0% cream
\$1,651.66	330	Hydroxycobalamin
\$2.25	917B	Ibuprofen
\$12.72	917C	Ketamine (Ketalar)
\$15.72	917D	Lasix (Furosemide)
\$66.90	924	Levophed (Norepinephrine)
\$8.55	918	Lidocaine (Xylocaine)
\$2.25	919A	Loperamide Hydrochloride (Imodium)
\$5.34	920	Magnesium Sulfate
\$3.87	937	Midazolam (Versed)
\$103.14	922	Narcan (Naloxone)
\$6.39	923	Nitroglycerin
\$65.13	352	Nitroglycerin Bolus
\$6.30	925	Normal Saline 100 MI IV
\$14.01	926	Normal Saline 500 MI IV
\$12.03	926A	Normal Saline 1000 MI IV
\$9.90	928	Normal Saline Irrigation
\$9.90	926	Oral Glucose (Glucose)
\$3.75	326	Reglan (Metoclopramide)

Williamson County EMS
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\$20.49	930A	Rocuronium (Zemuron)
\$0.90	931	Saline Flush 3cc / 5cc / 10cc
\$28.32	932	Sodium Bicarbonate
\$27.30	933	Solu-Medrol (Methylprednisolone)
\$15.63	1000	Terbutaline
\$21.87	935A	Tetracaine
\$111.00	348	Tranexamic Acid (TXA)
\$2.25	900A	Tylenol (Acetaminophen) Tablet
\$0.39	900AA	Tylenol (Acetaminophen) Liquid
\$1.59	938	Zofran (Ondansetron) IV
\$0.48	938A	Zofran (Ondansetron) Tablet
\$165.12	353	Zyprexa (Olanzapine)
		MISCELLANEOUS
\$2.19	506	Bed Pan
\$14.85	502	Blanket
\$0.54	500	Cold Pack
\$150.00	309	Commercial Restraints
\$1.44	504	Emesis bag
\$2.50	507	Gloves
\$53.00	512	Glucometer
\$39.60	351	Infant Warming Blanket
\$16.08	508	Linen Kit
\$46.44	513	Mega Mover
\$24.48	501	O.B. Delivery Kit
\$9.39	509	PPE
\$1.02	505	Urinal
		RESPIRATORY
\$300.00	608	Advanced Airway
\$70.23	604	Bag Valve Mask
\$1.50	605	Bulb Syringe
\$270.00	612	CPAP / BiPAP
\$285.00	609	Cricothyrotomy Procedure / Kit
\$0.39	602	Disposable Airway Opa/Npa
\$200.00	614	End Tidal / Co2 Monitor / Supplies

Williamson County EMS
Billing Procedures, Guidelines and Rates
Effective January 12, 2021

\$12.69	514	MAD Intranasal Device
\$5.04	603	Nasogastric / Orogastric Tube
\$55.00	610	Nebulizer (Inline - NRB)
\$135.00	600	Oxygen Administration
\$99.00	601	Pulse Oximeter
\$80.00	607	Suction Procedure
		TRAUMA - BANDAGING / SPLINTING / IMMOBILIZATION
\$5.00	400	4X4 Non Sterile Gauze
\$7.00	401	4X4 Sterile Gauze
\$10.00	402	10X30 Trauma Dressing
\$3.81	331	Burn sheet
\$11.25	300A	C-Collar only
\$120.00	511	Chest Needle Decompression
\$32.94	349	Chest Seal (Halo)
\$57.00	332	Dermabond (Cyanoacrylate)
\$11.52	335	Forceps / hemostats curved 8.5"
\$9.90	336	Irrigation Cup
\$9.30	322	Israeli Pressure Dressing
\$153.33	308	KED
\$0.42	403	Kerlix Bandage Sterile
\$0.69	337	Nasal Clamp
\$160.95	338	Pelvic Sling
\$97.26	405	Quick Clot Gauze
\$19.50	310	SAM Splint
\$225.00	300	Spinal Immobilization / supplies
\$1.68	301	Tape / Coban
\$61.35	406	Tourniquet CAT
\$31.17	305	Tourniquet SWAT T
\$135.00	303	Traction Splint
\$0.57	404	Triangular Bandage
\$22.05	340	Wound stapler
\$231.72	341	X-Stat