

## **Statement on Assignment of Benefits Signatures Under 42 CFR Sec. 424.36 During COVID-19 Pandemic**

### **Considerations for EMS Billing Personnel**

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- Under normal circumstances, ambulance crew members must NEVER sign the patient's name. Doing so could be considered forgery and any suspicions of this occurring should be brought to management's attention immediately. However, ONLY under specific limited circumstances involving suspected or actual COVID-19 patients during the PHE, CMS has clarified that a patient who is otherwise physically and mentally capable of signing may sign by "verbal consent." **For non-COVID suspected or confirmed patients, this new "verbal consent" option is not available.**

For more information on this please see [PWW FAQ #2](#).

- If the patient is incapable of signing, patient representatives can sign on behalf of the patient, following the existing regulation as described at 42 CFR 424.36(b)(1)-(b)(5). Also, as noted in PWW FAQ, and the expanded CMS guidance related to COVID-19, if the patient is incapable of signing, and capturing the signature of a representative pose contamination risks, the "verbal consent" may be provided by the representative. Again, the crew must meet the signature guidance as described in PWW FAQ #2.

- If the patient is incapable of signing and no representatives are available or willing to sign, then the ambulance crew may sign an attestation statement verifying those two facts. Billers should look for these attestations if there is no patient or representative signature. If the attestation by the crew member is present, but the signature of the receiving facility representative is missing, a face sheet from the receiving facility may be obtained after the fact, to satisfy the (b)(6) signature requirements. NOTE: If the attestation by the crew is missing, the (b)(6) "window" has closed, and the ambulance service must now obtain the signature of the patient or other authorized signer as described in 42 CFR §424.36 (b)(1) – (b)(5). This has not changed in light of the CMS guidance – this is the same (b)(6) signature that was always available to EMS crewmembers.

- A previously obtained assignment of benefits (AOB) signature signed by the patient from a previous transport may suffice for meeting the signature requirements for the present transport, as long as the statement signed by the patient/representative contains "lifetime" language. An example of "lifetime" language is: "for all transports now and in the future." Only a couple of Medicare Administrative Contractors (MACs) do not accept lifetime signatures, even though the regulations clearly permit lifetime signatures (see, 42 CFR § 424.40(d)). CMS has

deferred to the MAC discretion regarding lifetime signatures, so you should consult the MAC's guidance. It is usually best to obtain a signature for every transport, which is our general "best practice" guidance in all situations, to ensure a valid AOB signature is obtained.