

**CITY OF RAPID CITY
TRAVEL REQUEST**

Person requesting travel Denise Rossum Department EMS 0890

I hereby request permission to travel for the following purpose: (Give specific nature of business and interest of the City to justify cost involved.)

National Academy of Ambulance Coding On-line Course

List all other City employees, if any, making the trip for the same purpose: Sandy Dempsey, Carol Siemsonsmma, Lori Culbertson-Clark

Place of meeting or destination: N/A

Date of meeting _____

Date trip to begin _____ Date trip will end _____

Method of transportation requested _____

Estimated transportation cost \$ _____

Meals _____

Lodging _____ days _____

Other costs - description Tuition \$1095.00 x 4 4380.00

Total estimated cost of trip \$ 4380.00

Signed _____ Date *M. Rolling* Date 10/5/09
(person requesting travel) (Department Head)

When the cost of the trip will exceed \$500, per employee, this section must be signed.

In accordance with the provisions of Rapid City ordinances and travel regulations, consent is hereby given for travel as requested in the foregoing application. Maximum cost of trip authorized is \$ _____

Approved: _____ Date _____
Mayor

When the cost of the trip will exceed \$1,500, per event, Council approval is required.

Approved by Common Council on _____ (Date)

White copy - Mayor

Yellow copy - Finance

Gold copy - Department copy

RCFD Request for Course Attendance & for Travel / Expenses

Name: Denise Rossum Today's Date: 10/02/09

Full Course / Event Name: Nat'l Academy of Ambulance Coding

Event Dates: _____ Travel Dates: _____ Date Leaving _____ Time Leaving _____
Date Returning _____ Time in RC _____

Event Location: City: _____ Facility: on line course

Reasons for Requesting Course Other Reason if listed as Other: Become certified ambulance coders

Other Department Employees that are going with me are: Sandy Dempsey, Lori Culbertson Clark, Carol Siemonsma

I am Requesting:
 On Duty Time: _____ Dates & Times _____
 Overtime Pay for _____ Hours: _____ Dates & Times _____

Registration / Tuition (Attach Conference/Course Information)
Registration Payment: I will have them bill the Department Registration / Tuition Cost \$ 1,095.00
Organization paying for Registration other then RCFD _____

Transportation Expenses:
 I request a Department Vehicle. I prefer to take _____ Estimated Fuel Cost \$ _____
 I need to rent a car for _____ days at an approximate cost of \$ _____ per day
 I am using my Personal Vehicle but require fuel reimbursement Estimated fuel cost. \$ _____
 I am requesting Airline Travel.
 I have arranged my own flight/travel arrangements. Total Cost is \$ _____
Name of Airline: _____
Date and time of arrival: _____
Date and time of departure: _____
Attach copy of Itinerary

I am requesting the Administrative Assistant arranged my flight/travel. Estimated Cost is \$ _____
Preferred Airline (Dependent on price & travel requirements): _____
Required arrival Date: _____ Time: _____
Date and time of departure: _____

Lodging:
 I don't need lodging.
 I will need lodging arrangements. Total cost is \$ _____ Lodging arrangement made by -
Check in date: _____
Check out date: _____
Preferred Hotel: Name: _____
Address: _____
Phone number: _____

Meals:
 I will need meal reimbursement
 I will not need funding for meals
 I will be attending the NFA and will need a check for \$ _____
 The following number of meals are included with the Conference/ Course
Breakfast _____ Lunch _____ Supper _____

Other Expenses:
 I have other expenses. They are: _____

**I am aware that I will need to submit copies of conference/course information and travel arrangements with this application.
I will also need to speak with the Administrative Assistant regarding expenses prior to and following my return.
Please list any special needs required for your attendance at this Conference / Course (Attach on separate sheet)**

Employee Signature: Denise Rossum

B/C or Division Chief - Approved: Denied: B/C or Div. Chief Signature: _____

Education Asst. Chief - Approved: Denied: Ed. Asst. Chief Signature: _____

BC/Division Chief/Education Chief Conditions for Approval _____

BC/Division Chief/Education Chief - Reason For Denial _____

RCFD Request for Course Attendance & for Travel / Expenses

Name: Lori Culbertson Clark Today's Date: 10/02/09

Full Course / Event Name: Nat'l Academy of Ambulance Coding

Event Dates: _____ Travel Dates: Date Leaving _____ Time Leaving _____
Date Returning _____ Time in RC _____

Event Location City: _____ Facility: on line course

Reasons for Requesting Course Other Reason if listed as Other: Become certified ambulance coders

Other Department Employees that are going with me are: Denise Rossum, Sandy Dempsey, Carol Siemonsma

I am Requesting:

- On Duty Time: _____ Dates & Times _____
- Overtime Pay for _____ Hours: _____ Dates & Times _____

Registration / Tuition (Attach Conference/Course Information)

Registration Payment: I will have them bill the Department

Registration / Tuition Cost \$ 1,095.00

Organization paying for Registration other then RCFD _____

Transportation Expenses:

- I request a Department Vehicle. I prefer to take _____ Estimated Fuel Cost \$ _____
- I need to rent a car for _____ days at an approximate cost of \$ _____ per day
- I am using my Personal Vehicle but require fuel reimbursement. Estimated fuel cost: \$ _____
- I am requesting Airline Travel.
 - I have arranged my own flight/travel arrangements Total Cost is \$ _____
Name of Airline: _____
Date and time of arrival: _____
Date and time of departure: _____
Attach copy of Itinerary

I am requesting the Administrative Assistant arranged my flight/travel. Estimated Cost is \$ _____
Preferred Airline (Dependent on price & travel requirements): _____

Required arrival Date: _____ Time: _____
Date and time of departure: _____

Lodging.

- I don't need lodging.
- I will need lodging arrangements. Total cost is \$ _____ Lodging arrangement made by -
Check in date: _____
Check out date: _____
Preferred Hotel: Name: _____
Address: _____
Phone number: _____

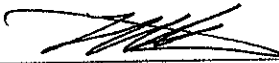
Meals:

- I will need meal reimbursement
- I will not need funding for meals
- I will be attending the NFA and will need a check for \$ _____
- The following number of meals are included with the Conference/ Course
Breakfast _____ Lunch _____ Supper _____

Other Expenses:

I have other expenses. They are: _____

**I am aware that I will need to submit copies of conference/course information and travel arrangements with this application.
I will also need to speak with the Administrative Assistant regarding expenses prior to and following my return.
Please list any special needs required for your attendance at this Conference / Course (Attach on separate sheet)**

Employee Signature: 

B/C or Division Chief - Approved: Denied: B/C or Div. Chief Signature: _____

Education Asst. Chief - Approved: Denied: Ed. Asst. Chief Signature: _____

BC/Division Chief/Education Chief Conditions for Approval _____

BC/Division Chief/Education Chief - Reason For Denial

RCFD Request for Course Attendance & for Travel / Expenses

Name: Carol Siemonsma Today's Date: 10/02/09

Full Course / Event Name: Nat'l Academy of Ambulance Coding

Event Dates: Travel Dates: Date Leaving Time Leaving Date Returning Time in RC

Event Location: City: Facility: on line course

Reasons for Requesting Course Other Reason if listed as Other: Become certified ambulance coders

Other Department Employees that are going with me are: Denise Rossum, Sandy Dempsey, Lori Culbertson Clark

I am Requesting On Duty Time: Overtime Pay for Hours: Dates & Times

Registration / Tuition (Attach Conference/Course Information) Registration Payment: I will have them bill the Department Registration / Tuition Cost \$ 1,095.00 Organization paying for Registration other then RCFD

Transportation Expenses: I request a Department Vehicle... I need to rent a car... I am using my Personal Vehicle... I am requesting Airline Travel... I have arranged my own flight/travel arrangements...

I am requesting the Administrative Assistant arranged my flight/travel. Preferred Airline... Required arrival Date... Date and time of departure...

Lodging: I don't need lodging. I will need lodging arrangements. Total cost is \$ Lodging arrangement made by - Check in date: Check out date: Preferred Hotel: Name: Address: Phone number:

Meals: I will need meal reimbursement I will not need funding for meals I will be attending the NFA and will need a check for \$ The following number of meals are included with the Conference/ Course Breakfast Lunch Supper

Other Expenses: I have other expenses. They are:

I am aware that I will need to submit copies of conference/course information and travel arrangements with this application. I will also need to speak with the Administrative Assistant regarding expenses prior to and following my return. Please list any special needs required for your attendance at this Conference / Course (Attach on separate sheet)

Employee Signature: Carol Siemonsma

B/C or Division Chief - Approved: Denied: B/C or Div. Chief Signature:

Education Asst. Chief - Approved: Denied: Ed. Asst. Chief Signature:

BC/Division Chief/Education Chief Conditions for Approval

BC/Division Chief/Education Chief - Reason For Denial

RCFD Request for Course Attendance & for Travel / Expenses

Name Sandy Dempsey Today's Date 10/02/09

Full Course / Event Name: Nat'l Academy of Ambulance Coding

Event Dates Travel Dates: Date Leaving Time Leaving Date Returning Time in RC

Event Location: City: Facility: on line course

Reasons for Requesting Course Other Reason if listed as Other: Become certified ambulance coders

Other Department Employees that are going with me are: Denise Rossum, Lori Culbertson Clark, Carol Siemonsma

I am Requesting On Duty Time: Dates & Times Overtime Pay for Hours: Dates & Times

Registration / Tuition (Attach Conference/Course Information) Registration Payment I will have them bill the Department Registration / Tuition Cost \$ 1,095.00 Organization paying for Registration other then RCFD

Transportation Expenses I request a Department Vehicle. I prefer to take Estimated Fuel Cost \$ I need to rent a car for days at an approximate cost of \$ per day. I am using my Personal Vehicle but require fuel reimbursement. Estimated fuel cost: \$ I am requesting Airline Travel. I have arranged my own flight/travel arrangements Total Cost is \$ Name of Airline: Date and time of arrival: Date and time of departure: Attach copy of Itinerary

I am requesting the Administrative Assistant arranged my flight/travel. Estimated Cost is \$ Preferred Airline (Dependent on price & travel requirements): Required arrival Date: Time: Date and time of departure:

Lodging: I don't need lodging. I will need lodging arrangements. Total cost is \$ Lodging arrangement made by - Check in date: Check out date: Preferred Hotel: Name: Address: Phone number:

Meals: I will need meal reimbursement I will not need funding for meals I will be attending the NFA and will need a check for \$ The following number of meals are included with the Conference/ Course Breakfast Lunch Supper

Other Expenses: I have other expenses. They are.

I am aware that I will need to submit copies of conference/course information and travel arrangements with this application. I will also need to speak with the Administrative Assistant regarding expenses prior to and following my return. Please list any special needs required for your attendance at this Conference / Course (Attach on separate sheet)

Employee Signature: Sandra Dempsey

B/C or Division Chief - Approved: Denied: B/C or Div. Chief Signature:

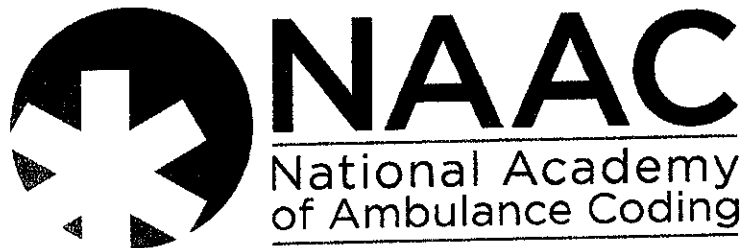
Education Asst. Chief - Approved: Denied: Ed. Asst. Chief Signature:

BC/Division Chief/Education Chief Conditions for Approval

BC/Division Chief/Education Chief - Reason For Denial

**Certified Ambulance Coder
Certification and Recertification Standards**

October 2008



Version 1.1



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Certified Ambulance Coder Certification and Recertification Standards

I. Introduction

The National Academy of Ambulance Coding (NAAC) is a professional organization dedicated to personal and organizational integrity and compliance in the ambulance industry. Our mission is to promote superior business ethics, accuracy, integrity and compliance in ambulance billing through high quality education and certification of ambulance billing and coding professionals.

These Credentialing Standards set forth the criteria for the Certified Ambulance Coder (CAC) certification, as well as the continuing education requirements for maintaining this credential. The CAC certification, offered by the NAAC, is designed primarily for "front line" ambulance billing office staff members – those who enter claims and are tasked with the actual ambulance claim process. This includes the review of patient care reports; the selection of procedure codes, diagnosis or condition codes, and modifiers; the filing of the ambulance claims; and the payment, follow-up and review processes. CAC certification is also appropriate for billing office supervisors and managers, as well as upper level management in an Ambulance transportation organization.

NAAC represents the industry's "Gold Standard of Excellence" in compliance, ethics and integrity in all facets of ambulance billing and coding. Prior to the introduction of NAAC's Certified Ambulance Coder program, there was no nationwide ambulance-specific billing and coding training and certification program in the United States. The CAC certification provides the industry with its own, specific and unique program to fill the incredible, twofold need of providing the industry's billing offices the opportunity to train new Billing & Coding professionals as dictated by their needs and on their schedules; and to maintain a highly educated staff of Billers and Coders with the critical knowledge and commitment to excellence necessary to assure the nation's ambulance services of continued accurate, thorough and compliant billing.

Historically, most ambulance billers have developed their skills through on-the-job training. Unfortunately, because this training is often internal and single-departmental only, mistakes and misinformation are often handed down over the years from one biller to another. While there is no substitute for high quality on-the-job training, there exists a need for a reliable "starting point" – a training program that gives each Ambulance Biller a solid "baseline" of critical knowledge necessary to become a well informed, conscientious and compliant Ambulance Biller. Additionally, there is an industry-wide need for reliable, timely recurrent education of professional Billers and Coders, to assure them and their employers of consistent



ongoing compliance with the ever-changing, complex rules and regulations affecting Ambulance billing.

The initial training requirement to obtain the CAC certification consists of approximately 30 hours of mandatory training, which is offered online exclusively by NAAC in five modules, divided into a total of 23 individual courses. This comprehensive initial training covers core knowledge topics of ambulance billing, including basic anatomy, physiology and terminology; proper interpretation of dispatch and patient care documentation; proper ambulance claim coding and submission; specific payor issues; proper management of the follow-up process; and compliance issues including Fraud & Abuse and HIPAA. Following each course is a quiz which will take an estimated 20 minutes to complete. Following completion of this online program is a comprehensive Final Exam, made up of approximately 50 questions, which will take an estimated 1 to 2 hours to complete. Upon achieving a passing score of 70% on the Final Exam, the CAC certification is awarded.

The initial certification period is 1 year. Ongoing Continuing Education (CE) is required to maintain CAC certification. A total of 12 hours of CE is required on an annual basis. Continuing education may be obtained in a variety of ways, including a variety of NAAC-approved training sessions at conferences across the country, and extensive online course offerings that can be completed at your convenience.

II. Applicability

These standards are applicable to Certified Ambulance Coders (CACs).

Any individual 18 or over is eligible for certification as a Certified Ambulance Coder. A high school diploma, or GED equivalent, is required as a prerequisite.

III. NAAC Contact Information

Steve Johnson, Executive Director
National Academy of Ambulance Coding
5010 E Trindle Rd
Mechanicsburg, PA 17050
Phone: (877) 765-NAAC
Fax: (877) 765-9329
Email: s.johnson@AmbulanceCoding.com
Web: www.AmbulanceCoding.com



IV. National Advisory Council

The mission of the NAAC is guided by a National Advisory Council, comprised of ambulance industry billing, coding and compliance professionals with a wide range of experience and expertise. Standing and ad-hoc committees, such as a Standards Committee and Professional Education Committee, also serve the Academy and its Advisory Board. The 2009 NAAC National Advisory Council members are:

Linda Basham
CEO
911 Billing Services & Consultant, Inc
Madisonville, KY

Doug Shamon
President & CEO
Intermedix Corporation
Ft Lauderdale, FL

Brandy Miller
National Compliance Manager /
Compliance Officer
Rural/Metro Corporation
Mesa, AZ

Walt Stoy
Director / Professor of Emergency Medicine
University of Pittsburgh
Pittsburgh, PA

Gerald Miller
CEO, President
LifeQuest / 911 Pro Billing
Wautoma, WI

Keith Wesley, MD
MN State EMS Medical Director,
Medical Director – HealthEast
Emergency Medicine Physician
Eau Claire, WI

Ron Myers
Medical Transportation Consultant
Massillon, OH

Gary Wingrove
Director of Government Affairs
Gold Cross Ambulance
Buffalo, MN

Tim Pickering, Esq.
Director of Public Affairs
Air Evac EMS, Inc
West Plains, MO

John Zuschlag
Executive Vice President, CAO
Acadian Ambulance
Lafayette, LA

Mark W. Ralston
Director/Chief of EMS
AtlantiCare Regional Medical Center
Ocean City, NJ

Julie Rose
Executive Director
Community Care Ambulance Network
Ashtabula, OH



V. CAC Certification Standards

Initial Certification Requirements

All candidates for CAC certification must complete the initial NAAC online training program and must successfully complete each course quiz, as well as a comprehensive Final Exam. The program, designed to provide the student with a comprehensive understanding of the complex rules and requirements related to effective and compliant ambulance billing, is divided into five modules, as follows:

Module 1 – Ambulance Billing Basics

Module 1 provides an introduction to the basics of ambulance billing, and the core fundamentals that must be clearly understood in order to accurately interpret the information provided by those in contact with the patient.

Course 1A – Introduction and Overview

Course 1A focuses on general concepts regarding the duties and responsibilities of an ambulance biller, including the roles each department within their organization plays in achieving accurate, timely and compliant billing, as well as the significant penalties for incorrect billing.

Course 1B – Anatomy/Physiology/Terminology

Course 1B covers basic human anatomy and physiology, as well as terminology used in the typical Patient Care Report.

Course 1C – Dispatch/Call Intake

Course 1C examines the important roles that Dispatch and Call Intake information play in determining the proper levels of service to bill. This course also discusses Advance Beneficiary Notices, and Physician Certification Statements, and the role that effective Call Intake plays in compliant billing.

Course 1D – Crew Documentation

This course discusses the primary source of ambulance transport documentation, the Patient Care Report (PCR), and the several disparate requirements and uses of the PCR for the different departments of the ambulance company; with a strong focus on compliant PCR based billing.



Course 1E – Signatures & Forms/Beneficiary Signature Rules

A proper understanding of the beneficiary signature rules is critical to proper billing of Medicare, the largest single payor for most ambulance services. Here we cover all of the complex issues surrounding required signatures including who can sign on the patient's behalf, and when.

Module 2 – Ambulance Coding and Claims Submission

In Module 2 we discuss coding for the proper representation of the information provided by the care givers, as well as the claims submission process.

Course 2A – Pre-Billing Verification/Claim Production

Module 2A covers the process of verifying that all of the information necessary to properly bill the claim has been obtained, as well as the process of turning the information collected into a payable claim.

Course 2B – Levels of Service

In this course we discuss in detail the various levels of ground and air ambulance service, and what determines the proper level to bill.

Course 2C – Modifiers

Origin modifiers, Destination modifiers, as well as several "Second modifiers" are vital to proper billing, including facilitating proper claims adjudication in situations such as billing for a proper denial.

Course 2D – Condition Code

Unlike billing for other medical specialties, ambulance billing is not based on a definitive diagnosis. This course covers the concept of treating a patient based on their apparent condition, rather than based on a diagnosis, and the proper coding of a "condition" based claim.

Course 2E – Claims Submission Formats/Issues

This course discusses National Provider Identifiers, as well as paper claim submission vs. electronic claim submission, including some pros and cons of each, and some times when you have no choice.



Module 3 – Specific Payor Issues

In addition to the general policies of ambulance billing, some types of Payors have their own complex rules that the ambulance biller must be familiar with.

Course 3A – Medicare

For most ambulance services, Medicare is the single largest payor. Medicare is also the payor with the most complex rules, and the harshest penalties for improper billing. It is important to remember that Medicare is not an insurance, it's a Law!

Course 3B – Medicare Managed Care

Here we discuss this latest twist on Medicare, the Managed Care plans.

Course 3C – Medicaid

Medicaid is managed by each State, so rules vary widely. Some of the challenges discussed include short "timely filing" periods, retroactive eligibility, Medicaid Managed Care, and Transportation Brokers.

Course 3D – Facilities

When is a Facility responsible for payment for the transport? Which facility is responsible? This session also discusses such topics as contracts, Hospice and the anti-kickback statute.

Course 3E – Commercial, Self-Pay & Other Payor Issues

In this course we will discuss Commercial Insurance, including Auto Insurance and Workers Compensation. Also covered, are Self-Pay issues such as time payments, finance charges and hardship discounts.

Module 4 – Follow-Up

Getting the bill properly coded and out the door is only half the battle. The key to a successful ambulance billing office is prompt and consistent follow-up.

Course 4A – Posting & Remittance

In this course we discuss the importance of properly understanding the Remittance Advice that accompanies insurance payments and the payment posting process, including recognizing incorrect payments, and secondary billing of billable balances.



Course 4B – Denials & Appeals

Another important duty of the ambulance biller is dealing with claims that are denied rather than paid, and understanding when the denial is appropriate, and when it should be appealed. We will also discuss the importance of understanding the appeals process, and protecting your rights of appeal.

Course 4C – Collections

We will discuss internal collections vs. external collections, and the laws regulating collections. Also covered will be patients represented by attorneys, and bankruptcy issues.

Course 4D – Accounts Receivable Management

This course will discuss effective A/R management, from understanding your payor mix, to maximizing your software utilization. We will discuss setting good standards, and then effectively monitoring performance.

Module 5 – Compliance

In module 5 we will cover all of the compliance issues that an ambulance biller must be familiar with to prevent devastating fines and legal action toward their ambulance service, and themselves.

Course 5A – False Claims/Kickbacks

This module covers legal sanctions for violations of Federal health care program requirements. We will discuss the statutes themselves, areas of risk, the enforcers and the various penalties for violations.

Course 5B – Internal Auditing & Claim Review

This course will discuss the importance of internal auditing and claim review programs, as well as some effective ways of meeting these needs.

Course 5C – HIPAA Privacy, Security and Confidentiality

Few laws have impacted day-to-day operations in an ambulance billing office the way HIPAA has. We will cover all of the important rules and regulations that the ambulance billing staff need to be aware of to insure compliance with these standards.

Course 5D – Compliance Programs

In 2003, the Office of Inspector General (OIG) issued its "Compliance Program Guidance for Ambulance Suppliers", making it clear that all ambulance services should implement formal compliance programs. In this course we'll further explain why you should do this, and how.



VI. Enrollment

All candidates for CAC certification may enroll through our website at www.AmbulanceCoding.com, click on "Enroll Now". An enrollment fee of \$50 is required for enrollment into the program. Questions regarding enrollment can be emailed to enroll@AmbulanceCoding.com.

VII. Tuition

The tuition for each of our five Modules is \$240.00, making the tuition for the entire program \$1,200.00. We are pleased to offer a 15% discount to students who choose to purchase all five Modules together, making the total package price \$1,020.00. We also offer additional discounts, for a total discount of up to 30%, to organizations who wish to purchase multiple "Full Packages" at one time, as shown below:

# Enrolled Together	Additional Discount	Final Discounted Price
• 2 – 10 Enrollees	5%	\$960.00 ea.
• 11 – 20 Enrollees	10%	\$900.00 ea.
• 21 + Enrollees	15%	\$840.00 ea.

Please Note: These quantity discounts are only available on the complete five module package. They are not available on "Single Module" purchases.

50
960
85

1095/person

VIII. Final Examination Fee

There is an Examination Fee of \$85.00 to take the Final Examination. A CAC Candidate will be allowed to take the Final Examination up to 3 times, after which a second Examination Fee will be assessed.

IX. Continuing Education Requirements

The original certification period is 1 year. In order to assure the CAC, and their employer of continued current knowledge of industry changes and evolution, ongoing Continuing Education (CE) is required to maintain their CAC certification. A total of 12 CEUs are required on an annual basis. The one-year certification period begins on the individual's certification date. Each year, this 12 CEU requirement includes 4 CEUs of mandatory "Industry Update" training, as established by the NAAC. Should the CAC earn more than the required 12 CEUs in a recertification period, they will be allowed to carry-over up to a total of 4 of the extra CEUs to satisfy the CEU requirements of the following recertification period.



Continuing education may be obtained in a variety of ways, including participation in an Ambulance Billing, Coding and Compliance Clinic (ABC3), which is typically offered at 3-4 locations throughout the United States each year, as well as through a variety of NAAC-accredited conferences across the country, and extensive online course offerings that can be completed at the convenience of the CAC. Any provider of ambulance-specific billing, coding or compliance related programs may apply to the NAAC for accreditation of their content.

The CAC can be assured that full participation in an Ambulance Billing, Coding and Compliance Clinic (ABC3), the official conference of the NAAC, will satisfy all of the annual CAC recertification requirements.

Certified Ambulance Coders must renew their certification on an annual basis by completing the required continuing education, retaining documentation of all CEUs completed, and entering the required information in the NAAC continuing education database as described in section XII.

X. Approval of Continuing Education Programs

Any sponsor or provider of ambulance-related billing, coding or compliance educational programs may apply to the National Academy of Ambulance Coding for NAAC approval of their courses. Individuals or organizations seeking NAAC approval of their courses should submit their application as described in the NAAC *Application for Accreditation of Continuing Education Courses* available on our website at www.AmbulanceCoding.com. Click on "Certified Ambulance Coder", then "Get your courses approved for CEUs". Questions regarding NAAC approval of educational courses may be emailed to ceuapplication@AmbulanceCoding.com.

XI. Approved Course Subject Areas

Continuing Education Courses may be approved in the following subject areas:

- HCPCS coding
- ICD-9/ICD-10/Condition coding
- Patient care documentation
- Claim reviews and auditing
- Appeal procedures
- Medicare / other specific payor regulations
- HIPAA, privacy, security and confidentiality
- Anatomy, physiology, medical terminology
- Ambulance billing procedures
- Claim preparation or processing
- Other subject areas deemed appropriate by NAAC



XII. CEU Reporting Process

CACs will be provided, by the training organization providing the approved training, with a NAAC approved Certificate of Completion from each course approved by the NAAC for CEUs. CACs shall retain all documentation of all CEUs, and furnish information as prescribed by the Academy for recertification purposes.

Questions regarding the NAAC CAC CEU reporting process may be emailed to recert@AmbulanceCoding.com.

XIII. Lapsed Certification Renewal

In order to renew a lapsed CAC Certification, the CAC will be required to complete the greater of: 16 CEUs or, the total number of "Industry Update" required CEUs that the CAC has missed since their certification lapsed.