

**Dispatch Codes & Documentation**

How does dispatch influence an organization's ability to charge and recover revenue?

Richard A. Keller

FITCH & ASSOCIATES, LLC

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**Presentation Objectives**

- Know what Billing needs to have accomplished in Dispatch
- Understand the definitions
- Be able to implement the documentation requirements
- Be able to prove compliance

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**Dispatch Determines...**

- Emergency vs. non-emergency reimbursement
- ALS or BLS
- ALS 1 reimbursement for ALS assessment
- Non-emergency medical necessity
- Specialty care transport requirements

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<b>Reimbursement Service Levels</b>
<ul style="list-style-type: none"><li>■ BLS</li><li>■ BLS Emergency</li><li>■ ALS 1</li><li>■ ALS 1 Emergency</li><li>■ ALS 2</li><li>■ SCT</li></ul>

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<b>Relative Value Unit (RVU)</b>	
<i>Service Level</i>	<i>RVU</i>
■ BLS	1.00
■ BLS – Emergency	1.60
■ ALS 1	1.20
■ ALS 1 – Emergency	1.90
■ ALS 2	2.75
■ SCT	3.25

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<b>Emergency?</b>
<ul style="list-style-type: none"><li>■ The definition of an Emergency may be different for:<ul style="list-style-type: none"><li>- Dispatch</li><li>- Operations</li><li>- Billing</li></ul></li></ul>

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**Key Element:**

Lights-and-Siren is often interpreted as an "Emergency"

...This is incorrect.

**RESPONSE DETERMINANT METHODOLOGY**

NON-LINEAR RESPONSE LEVELS

CAPABILITY ← BLS → ALS

RESPONSE TIME HOT (Multiple) COLD (Single)	A	C
	B	D

**E**

In establishing local routine vs. emergency response assignments to match each MPDS code, consider the following:

1. Will time make a difference in the outcome?
2. How much time-leeway exists for that type of problem?
3. How much time can be saved driving in lights-and-siren mode?
4. When the patient gets to the hospital, will the time saved be significant compared with the time spent waiting for care such as X-rays, lab tests, etc.?

All actual response assignments and emergency modes are decided by local Medical Control and EMS Administration.

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### Emergency Response

- Responding immediately at the BLS or ALS 1 level of service to a 911 call or the equivalent.
- An immediate response is one in which the ambulance supplier begins as quickly as possible to take the steps necessary to respond to a call.

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### Dispatch Documentation Requirements

Item	Documentation
Source of call	9-1-1 documented
Immediate response	Time of call to ambulance en route

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### Advanced Life Support Level 1

- Transportation, medically necessary supplies and services and either an ALS assessment by ALS personnel or the provision of at least one ALS intervention.

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### ALS 1 Assessment Criteria

- Must be an emergency
- Dispatch must have triage/prioritization procedures in place to identify call that may need ALS
- ALS assessment must be completed and documented

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### Dispatch Prioritization

- Written procedures are in place to identify requests that do not need ALS assessment
- Procedures are consistently followed and documented
- Quality management tools are in place to prove compliance

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**Key Element:**

ALS assessment is always "necessary" when the proper dispatch information is identified.

**NON-LINEAR RESPONSE LEVELS**

**RESPONSE DETERMINANT METHODOLOGY**

In establishing local routine vs. emergency response assignments to match each MPDS code, consider the following:

1. Will time make a difference in the outcome?
2. How much time-loosey exists for that type of problem?
3. How much time can be saved driving in lights-and-siren mode?
4. When the patient gets to the hospital, will the time saved be significant compared with the time spent waiting for care such as X-rays, lab tests, etc.?

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**Standardized Coding Insures:**

CHARLIE, DELTA, & ECHO codes always require ALS assessment ...by definition!

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**Dispatch Documentation Requirements**

Item	Documentation
Dispatch prioritization is used	Written policies & procedures (card system)
Call required ALS assessment	Dispatch code is recorded with ALS response requirement
Dispatch compliance	QI reports and audits to ensure compliance

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**Non-Emergency Medical Necessity**

- Physician Certification Statement
  - Required for Medicare beneficiaries
  - Non-emergency transports
  - Originating from Skilled Nursing Facility or Hospital
- Repetitive transports (e.g. dialysis)
  - PCS required prior to transport
  - Must be renewed every 60 days

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**Dispatch Documentation Requirements**

Item	Documentation
Non-emergency transport	Documented call type
SNF or hospital origin	Documented origin and facility type
PCS notification	Documentation that facility notified
PCS obtained	PCS form completed and signed (via fax)

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**Specialty Care Transports (SCT)**

- Inter-facility transportation of a critically injured or ill beneficiary, including medically necessary supplies and services, at a level beyond the scope of the EMT-P.

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### Specialty Care Transport

- Why does the patient's condition indicate the need for a specially trained attendant?
- What special equipment is required for the transport?
- What medications will the patient likely need during transport?

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### Dispatch Assist

- Why is an ambulance needed to transport patient?
- Why is patient bed-confined?
- What services were not available at sending facility?
- Does this patient meet Medicare coverage and medical necessity requirements?

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### Medicare Coverage

- Only if other means of transportation are contraindicated by the patient's condition
- Only to local facilities unless necessary services are not available locally
- Transportation may be provided from one hospital to another, to the beneficiary's home, or to an extended care facility

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## The Impact of Condition Codes

- CMS is likely to implement condition codes
- This may define when ALS can be reimbursed, regardless of assessment criteria
- This may be used to define or limit emergency reimbursement

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## MPDS Clinical Code – Condition Code Equivalents\*

Microsoft Excel - MPDS-CC-EquivalentsBilling Codes.xls

	A	B	C	D	E
	Symptom Description	MPDS Code	Condition Code	ALS/BLS	Description
3	Abdominal Pain/ Override	01A00			
4	Abdominal Pain	01A01	2	BLS	Abd. PN w/o Symptoms
5	Abdominal Pain/ Override	01C00			
6	Abd Pain/Faint/Near/=>50 YO	01C01	1	ALS	Abd. PN w/ Symptoms
7	Abd Pain/Female/Faint/Near 12-50	01C02	1	ALS	Abd. PN w/ Symptoms
8	Abd Pain/Males/Above navel/>35	01C03	1	ALS	Abd. PN w/ Symptoms
9	Abd Pain/Females/Above navel/>45	01C04	1	ALS	Abd. PN w/ Symptoms
10	Abdominal Pain/ Override	01D00			
11	Abdominal Pain/Not alert	01D01	21	ALS	Alt. in level of consciousness

\*courtesy EMSA—Tulsa/Oklahoma City

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## Other Dispatch Assistance

- Prior authorization
  - Certain types of transports (e.g. long distance)
  - Specific payers (e.g. Medicaid, Veteran’s Administration)

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**Conclusion**

- Dispatch is critical to optimal reimbursement
- It hasn't been done unless it is documented
- Compliance must be proved

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**Conclusion**

- Where is dispatch essential?
  - Determination for ALS 1 reimbursement based on ALS assessment only
  - Proof that call response meets emergency requirement
  - Initiation of PCS completion process
  - Differentiating between ALS & BLS
  - Documenting justification for call

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**Download Presentation at**

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