

Medicare: Part 1

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Strategies for Each Payer Type

- Medicare
- Medicaid
- Commercial Insurance
- Auto Insurance
- Private Pay
- Contracts

Medicare

Largest Payer for Ambulance Services

- Coverage Rules
- Fee Schedule

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

Medicare Requirements

- Mandatory Assignment
- Must Bill Co-Insurance Amounts Except in Specific Circumstances
 - Subscription program
 - Public supplier with tax subsidies

Reimbursable Events

- Coverage Based on Symptoms & Conditions
- Condition Codes Implemented on Voluntary Basis
- Most Carriers Using Diagnosis
- ALS vs. BLS

**Diagnosis or Condition
"YES List"**

- Emergency situation
- Needed to be restrained
- Unconscious or in shock
- Paralysis
- Hemorrhaging -- profuse bleeding
- Could only be moved by stretcher
- For therapeutic or diagnostic service at nearest facility
- Convulsing
- Spinal or back injury
- Required oxygen or other emergency treatment
- Acute or complete stroke, myocardial infarction
- Patient died en route or while waiting in ambulance
- Was bed confined AT THE TIME OF TRANSPORT

**Diagnosis or Condition
"NO List"**

- Patient with walker or wheelchair
- Doctor ordered ambulance trip
- Intoxication
- Handling a disturbed patient
- Possible G.I. Bleeding
- Too sick to walk
- Leg cast
- Maintenance dialysis
- Fractured arm
- Nausea / vomiting
- Heart condition
- Patient deceased prior to call for ambulance

Medicare Rules

- Prospective Payment for Skilled Nursing Facilities (SNF)
- Ambulance Coverage Rules
- PCS Requirements
- Patient Signatures
- Advance Beneficiary Notice of Noncoverage (ABN)
- Paramedic Intercept
- Free Standing Dialysis Facilities

Non-Emergency Transports

- Focus of audits and investigations
- Repetitive transports
- PCS requirements
- Definition of bed-confined
 - The beneficiary is unable to get up from the bed without assistance.
 - The beneficiary is unable to ambulate.
 - The beneficiary is unable to sit in a chair or wheelchair.

Fee Schedule

- Defines Fee Schedule
 - Base Rate
 - Mileage
- Level of Service (ALS vs. BLS)
- Does not Define Amount only Relative Value of Services
- Implemented April 1, 2002

Relative Value Unit (RVU)

| <u>Service Level</u> | <u>RVU</u> |
|----------------------|------------|
| • BLS | 1.00 |
| • BLS – Emergency | 1.60 |
| • ALS1 | 1.20 |
| • ALS1 – Emergency | 1.90 |
| • ALS2 | 2.75 |
| • SCT | 3.25 |
| • PI | 1.75 |

BLS (Basic Life Support)

Where medically necessary, the provision of basic life support (BLS) services as defined by State and local laws

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.
- An ALS provider is defined as a provider trained beyond the scope of EMT-Basic in accordance with State laws. An ALS intervention is defined as a procedure beyond the scope of an EMT-Basic.

Advanced Life Support Level 2

- The administration of 3 or more I.V. medications OR, the provision of one or more of the following procedures:
 - *Manual defibrillation/cardioversion,
 - *Endotracheal intubation,
 - *Central venous line,
 - *Cardiac pacing,
 - *Chest decompression,
 - *Surgical airway,
 - *Intraosseous line.

Specialty Care Transports (SCT)

- Where medically necessary, in a critically injured or ill patient, a level of inter-facility service provided beyond the scope of the EMT-Paramedic.
- It is deemed necessary when a patient’s condition requires ongoing care that must be provided by one or more health professionals in an appropriate specialty area (nursing, emergency medicine, respiratory care, cardiovascular care, or a paramedic with additional training).

Paramedic Intercept

- These services are defined in 42 CFR 410.40. They are ALS services provided by an entity that does not provide the ambulance transport . Under limited circumstances, these services can receive Medicare payment.
- The regulation currently only applies in New York state

Mileage

- “Rural Area” is defined an area outside a Metropolitan Statistical Area or an area within an MSA identified as rural.
- Each mile 1-17.....150%
 - Each mile 18-50.....100%
 - Each mile 51+.....125%

Documentation

- Patient's condition at time of transport
- Why an ambulance was needed to transport patient
- Why patient was bed-confined
- What services were not available at first institution
- Identification of patients that do not meet Medicare requirements

HOW DOES DISPATCH INFLUENCE AN ORGANIZATION'S ABILITY TO CHARGE AND RECOVER REVENUE?

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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| • ALS 1 – Emergency | 1.90 |
| • ALS 2 | 2.75 |
| • SCT | 3.25 |

Emergency?

- The definition of an Emergency may be different for:
 - Dispatch
 - Operations
 - Billing

Key Element:

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

... This is incorrect.

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NON-LINEAR RESPONSE LEVELS

CAPABILITY

| | | |
|------------------------------|----------|----------|
| | BLS | ALS |
| HOT RESPONSE TIME (Multiple) | A | C |
| COLD RESPONSE TIME (Single) | B | D |

E

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-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.

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.

Dispatch Documentation Requirements

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

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.

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

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

Key Element:

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

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NON-LINEAR RESPONSE LEVELS

| | | | |
|---------------|-------------------|------------|-----|
| | | CAPABILITY | |
| | | BLS | ALS |
| RESPONSE TIME | COLD (Single) | A | C |
| | HOT (Multiple) | B | D |

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?
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Standardized
Coding Insures:

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

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 |

- ### 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

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) |

- ### 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.

- ### 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?

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?

Medicare Coverage

- Only if other means of transportation are contraindicated by the patient's condition
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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

MPDS Clinical Code - Condition Code Equivalents*

| | 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

Other Dispatch Assistance

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

Conclusion

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

Summary

- 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

Conclusion

- Medicare is the largest payer
- CMS establishes definitions which apply to most payers
- Rules are constantly changing and are complex
- Dispatch documentation and processes are essential to optimize reimbursement