NAAC
National Academy of Ambulance Coding

Call Intake and Dispatch

National Academy of Ambulance Coding

© 2014 NAAC™

Your instructor

Doug Wolfberg
Founding Partner,
Page, Wolfberg & Wirth LLC

Over 25 years EMS experience as Provider, Instructor & Administrator at County, Regional, Statewide, & Federal levels

Primary areas of practice focus entirely on EMS and ambulance industry issues

Long-time member of JEMS Editorial Board

Regular columnist in "EMS Insider" and JEMS

Co-author of some of the industry's leading publications

Contributing author to some of the industry's best-known textbooks

Teaches Health Law at Widener University School of Law, and EMS and Health Law at the University of Pittsburgh

© 2014 NAAC™

Disclaimer

This information is presented for educational purposes only. This educational program does not constitute legal or consulting advice, and should not be relied upon as such. Nothing in this program is intended to provide specific instructions on the coding or submission of any particular claim for payment or reimbursement by any payor, public or private. User agrees to release NAAC and its employees, contractors, agents, officers and directors from any and all liability, including but not limited to liability arising out of any billing and/or coding decisions. By enrolling in the National Academy of Ambulance Coding and/or taking or completing any courses and/or lessons from NAAC, and/or obtaining certification as a Certified Ambulance Coder, the user agrees to these terms and conditions. All materials are Copyright, National Academy of Ambulance Coding. Any distribution of these materials in any form - electronic, video graphic, photographic, audio, digital, and/or paper or any other form - is prohibited without the express written permission of the National Academy of Ambulance Coding. Registered enrollees may print these materials and/or save an electronic copy, for their own use in completing their Certified Ambulance Coder course work.

© 2014 NAAC™

Course Objectives

- Upon completion of this course, the Certified Ambulance Coder (CAC) candidate will understand:
  - The critical role that Call Intake and Dispatch play in effective, compliant Billing
  - Emergency vs. Non-Emergency Dispatch
  - ALS vs. BLS Dispatch
  - Physician Certification Statements
  - Advance Beneficiary Notices

© 2014 NAAC™

NAAC
National Academy of Ambulance Coding

Effective Call Intake is the "Front Door" to Ambulance Billing and Compliance

© 2014 NAAC™

Why Is Call Intake Information Critical?

- Call intake represents the *single best opportunity* to capture information vital to ensuring proper, compliant billing

- Why?
  - Human nature – people are more likely to give you the necessary information when they need your help, rather than after they've already received it

© 2014 NAAC™

Why Is Call Intake Information Critical?

- For some transports, certain documentation *must* be in hand *prior* to the transport – otherwise it's too late

Example

- Medicare requires an "Advance Beneficiary Notice" – ABN - in certain circumstances where services are not covered

- If no ABN was obtained, you cannot bill the patient after Medicare denies the claim

Why Is Call Intake Information Critical?

- To stay "one step ahead" of facilities who sometimes provide misleading or inaccurate information to the transporting crew

Example

- Facility says "the patient is bed confined"
  - Their definition of that term is often different than ours!
  - If the crew shows up, and the patient is able to ambulate or sit in a chair, medical necessity may not be met

Medicare Rules

- Medicare's ambulance regulations make dispatch and call intake important in several key ways

Medicare Rules

- Why are we concerned about Medicare's rules?
  - Medicare is the single biggest payor for ambulance services!
  - They have the strictest rules.

The Relationship Between Call Intake and Billing/Compliance

NAAC National Academy of Ambulance Coding

© 2014 NAAC™

Call Intake and Dispatch

- Integral to reimbursement in many ways
  - "Emergency response"
  - ALS assessment
  - Non-emergency pre-screening for medical necessity and proper forms

© 2014 NAAC™

Emergency Dispatch and Response

NAAC National Academy of Ambulance Coding

© 2014 NAAC™

Current Emergency Rule

- "Responding immediately at the BLS or ALS1 level of service **to a 911 call** or **the equivalent** in areas without a 911 call system. An immediate response is one in which the ambulance supplier begins as quickly as possible to take the steps necessary to respond to the call."

© 2014 NAAC™

Emergency Dispatch Documentation

- Patient Care documentation should always include the nature of the call as reported at the time of dispatch
  - Regardless of what the patient's condition actually turns out to be

© 2014 NAAC™

Example

- "Dispatched 911 for chest pains at 123 Main Street. Arrived on scene to find a 44 year old male patient complaining of nausea x 2 days and denies chest pain"

© 2014 NAAC™

CMS Clarifications

- The Centers for Medicare and Medicaid Services (CMS) clarified several issues with the "emergency response" rule

© 2014 NAAC™

CMS Q&A on "Emergency" Rule

- Q: "Can a call coming through a regular 7- or 10-digit phone number of an ambulance company also be considered "emergency," even when there is a "911" type system?"
- A: Yes. "The nature of the call is the determining factor."

© 2014 NAAC™

CMS On Emergency Rule, Cont'd

- It's an emergency when, "based on the information available to the dispatcher at the time of the call, it is reasonable to issue an emergency dispatch *__in light of accepted, standard dispatch protocol__*."

© 2014 NAAC™

What is "Accepted, Standard Dispatch Protocol"?

- "If the call came in directly to the ambulance provider/supplier, then the provider's/supplier's dispatch protocol must meet, at a minimum, the standards of the dispatch protocol of the local 911 or equivalent service."

Medicare Claims Processing Manual, Chapter 15, Section 10.3

© 2014 NAAC™

What if Our Local 911 System Doesn't Use a Protocol?

- "In areas that do not have a local 911 or equivalent service, then the protocol must meet, at a minimum, the standards of a dispatch protocol in another similar jurisdiction within the State or, if there is no similar jurisdiction within the State, then the standards of any other dispatch protocol within the State."

© 2014 NAAC™

What if Our Local 911 System Doesn't Use a Protocol?

- "Where the dispatch was inconsistent with this standard of protocol, including where no protocol was used, the beneficiary's condition (for example, symptoms) at the scene determines the appropriate level of payment."

© 2014 NAAC™

Emergency Dispatch Documentation

- Ambulance services should document the nature of dispatch
- Regardless of what the patient's condition actually turns out to be
- Dispatch documentation might be requested during a Medicare audit

Areas Where "Emergency Response" Affects Reimbursement

- Emergency vs. Non-Emergency
- ALS Assessment

Direct Emergency Calls

- Ambulance services who receive emergency calls directly must be able to document and justify their "emergency response" decisions
- Adherence to dispatch protocols and documentation of dispatch information are critical

Two Prongs of the Emergency Rule

- First prong: 911 or 911-type dispatch
  - If internal call, must be based on dispatch protocol consistent with local 911 dispatch protocol

Two Prongs of the Emergency Rule

- Second prong: Immediate response
  - Taking steps to respond as quickly as possible

The Emergency Rule

- Lights and sirens are not required for an "emergency response" under the emergency rule

Emergency Response

- If the nature of the call at time of dispatch qualifies as an emergency, then the company can – and should – legitimately bill as an emergency

Emergency Response

- Even if patient condition on scene turns out to be non-emergent
- Dispatch documentation is critical
- Protocols support these decisions

NAAC
National Academy of Ambulance Coding

**Brief Overview:
Levels of Service**

Basic Life Support (BLS)

- Means transportation by ground ambulance vehicle and medically necessary supplies and services, plus the provision of BLS ambulance services

Basic Life Support (BLS)

- The ambulance must be staffed by an individual who is qualified in accordance with State and local laws as an emergency medical technician-basic (EMT-Basic). These laws may vary from State to State

Advanced Life Support (ALS-1)

- Medically necessary ground ambulance transportation, and
- Either:
  - A qualifying *ALS assessment* by *ALS personnel* <u>OR</u>
  - The provision of at least one *ALS intervention*

ALS Personnel

- Individuals trained to the level of EMT-Intermediate or Paramedic

ALS Intervention

- Procedure that is, in accordance with state and local laws, required to be furnished by ALS personnel

Examples of ALS Interventions

- Example: IV fluids, venipuncture, blood drawing, monitoring IV solutions that contain potassium, administration of medications

Unsuccessful ALS Intervention

- Unsuccessful attempts to perform an ALS intervention may qualify for billing at the ALS level of service if the intervention would have been reasonable and necessary if successful

ALS Assessments

ALS Assessment Rule

- "Advanced life support (ALS) assessment is an assessment performed by an ALS crew *as part of an emergency response* that was necessary because the patient's reported condition at the *time of dispatch* was such that only an ALS crew was qualified to perform the assessment. An ALS assessment does not necessarily result in a determination that the patient requires an ALS level of service."

ALS Assessment Rule

- Must be dispatched as "emergency" and there must be an "immediate response" as defined by Medicare
- Dispatch must be at the "ALS level" under applicable dispatch protocols

© 2014 NAAC™

ALS Assessment Rule

- ALS provider must assess the patient
- A medically necessary transport to a covered destination must occur

© 2014 NAAC™

ALS Assessments

- Another reason why it is important to carefully consider the documentation regarding the nature of the dispatch
- Be sure to carefully evaluate documentation of an ALS assessment – even if no ALS interventions were provided

© 2014 NAAC™

ALS Assessment: Key Question

- Are there dispatch protocols in place that determine when a paramedic response is required based on the reported condition of the patient when 911 is contacted?

© 2014 NAAC™

Documentation – ALS Assessments

- To properly bill ALS based on an ALS assessment alone, the documentation should clearly indicate:
  - That a medically necessary ALS assessment was performed
  - Who performed the ALS assessment
  - Description of the ALS assessment (cardiac monitor, breath sounds, pulse ox, etc.)

© 2014 NAAC™

Example – ALS Assessment

- Dispatched for "severe respiratory distress"
- ALS crew responds; arrives on scene to find a 73 year old female patient hyperventilating, with no other signs/symptoms
- The ALS crew transports pt to hospital emergency department without performing any ALS interventions
- Call qualifies as ALS1-E (assuming medical necessity and other coverage criteria are met)

© 2014 NAAC™

ALS Assessments

- Summary of requirements to utilize the ALS assessment rule:
  - Emergency dispatch
  - Protocol indicates ALS-level dispatch
  - Immediate response provided
  - ALS personnel assess patient
- All of these are clearly documented

© 2014 NAAC™

NAAC National Academy of Ambulance Coding

Non-Emergency Call Intake

© 2014 NAAC™

Bed Confinement Questions

- Instead of asking merely is the patient "bed confined," ask specific and direct questions about the patient

© 2014 NAAC™

Bed Confinement Questions

- Can the patient ambulate?
- Can the patient sit in a chair?
- Can the patient sit in a wheelchair?
- Can the patient get up from bed without assistance?
- Does the patient use a walker or cane?
- Does the patient use the rest room unassisted?
- Does the patient receive physical therapy?

© 2014 NAAC™

Other Medical Necessity Questions

- Does the patient require oxygen?
- Does the patient require restraints?
- Does the patient require airway monitoring or protection?
- Does the patient require infectious disease precautions?
- Does the patient require an IV during transport?

© 2014 NAAC™

Medicare - PCS Rules

- Physician Certification Statements (PCS) required for virtually all non-emergency ambulance transports of Medicare patients

© 2014 NAAC™

Medicare - PCS Rules

- Exceptions:
  - Pt was residing at home – or
  - In a facility
  - And was not under the direct care of a physician at the time of transport

© 2014 NAAC™

Medicare – PCS Rules

- Unscheduled/non-repetitive pts
  - PCS may be obtained after the transport
- Scheduled/repetitive pts
  - PCS *must* be obtained prior to the time of transport

© 2014 NAAC™

Medicare – PCS Rules

- Scheduled = 24 hrs notice
- Repetitive =
  - 3 or more times in a 10-day period, OR
  - 1 x/week for 3 weeks

© 2014 NAAC™

NAAC
National Academy of Ambulance Coding

Understanding ABNs

© 2014 NAAC™

Reason for Transport

- During call intake, you should determine the specific reason for the transport
  - If it is for a service that could more economically be performed in the SNF, an ABN may be required

© 2014 NAAC™

Advance Beneficiary Notice of Non-coverage

- ABN
- Mandatory CMS form that must be used prior to rendering a service that is "not reasonable and necessary" under Section 1862(a)(1) of the SSA
- Failure to use an ABN when required means you cannot later bill the beneficiary

© 2014 NAAC™

ABNs Required

- Transport from SNF or residence to a hospital for a service that could have been more economically performed at the SNF or the residence

© 2014 NAAC™

ABNs Required

- Other situations in which CMS has said that ABNs are *required*:
  - Downgrade from ALS to BLS
  - Downgrade from air to ground

© 2014 NAAC™

Summary

- Call intake and dispatch play a critical role in effective, compliant billing

© 2014 NAAC™

Summary

- Emergencies
  - Emergency vs. Non-Emergency level of service determinations
  - Proper application of ALS Assessment rule

© 2014 NAAC™

Summary

- Non-emergencies
  - Physician Certification Statements
  - Medical necessity determinations
  - Advanced Beneficiary Notices

© 2014 NAAC™

NAAC
National Academy of Ambulance Coding

Call Intake and Dispatch

National Academy of Ambulance Coding

© 2014 NAAC™