

2015-2016 Program Materials

Non-Emergency Coding Clinic Day Two

ENS CHILDREN

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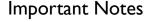
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Practical Skills Clinics





- Any reference to actual persons or characters (real or fictional) is purely coincidental and/or for comic relief!
- All claims analyzed in accordance with Medicare guidelines – pre-submission
- Reference the "Background Materials"
- Use the checklist

Important Notes

- In these examples, a transport may not be billable to Medicare, pending receipt of more information
- When requesting additional information remember the following:

Important Notes

- Any addenda, modification, or additional information received must be reflective of the patient's condition at the time of service
- Information is requested so that a proper billing decision can be made
- Requests for addenda must not be suggestive

Important Notes

- Trips all occurred on or after 10/1/15 compliance date for ICD-10
- ICD-10 Codes used in the questions are for illustrative and educational purposes only
- You are responsible for proper coding of your claims

Important Notes

- ICD-10 Resources
 - abc **Quik**Guide
 - CMS Website
 - -Tabular list and GEM
 - Novitas Local Coverage Article
 List of "suggested" codes
 - www.ICDI0data.com
 - -Crosswalk feature

Important Notes

- Not required to bill a non-covered service unless the patient requests and/or where a Medicare denial is required for coordination of benefits
- Always use the appropriate noncovered service modifier (e.g., GA, GY or GZ) when submitting a claim for a non-covered service

Run 001 NE

Pete LeChat

Run 001 NE – Medical Necessity

- Morbid obesity (460 lbs)
- O₂ need (2 lpm)
- Lack of muscle strength due to deconditioning
- Pain (rated 3/10)



Run 001 NE – Reasonableness

Needs dialysis services, not available at origin



Run 001 NE - Origin/Destination

- Origin = Residence ("R")
- Destination = Dialysis Center ("J")
 - Non-hospital based dialysis facility (as per background documents)



Run 001 NE – Mileage

- Miles at destination: 195520.8
- Miles enroute: <u>195502.6</u>
- Loaded Mileage: 18.2



Run 001 NE – Forms

- AOB
 - Signed by patient on DOS
 - Valid



Run 001 NE - Forms

- PCS
 - Signed by Doc Dwarf on 9/1/15 (within 60 days prior to DOS)
 - Supports medical necessity
 - Consistent with PCR
 - Valid



Run 001 NE – Documentation

- PCR is complete and internally consistent (and consistent with the PCS)
- Paints picture of patient condition
- Demonstrates medical necessity and reasonableness



Run 001 NE - ICD-10

- Z49.0 "Preparatory care for renal dialysis"
 - Not a billable code
- Z74.01 "Bed confinement status"
 - Best Primary code (except for Novitas)
 - One of four Secondary Diagnosis codes as required by Novitas LCD

Run 001 NE - ICD-10

- Z99.81 "Dependence on supplemental O₂"
 - Billable Code, in abc QuikGuide (but not in the Novitas LCA)
 - Novitas LCA codes are only "suggestions"
 - Best Primary Diagnosis Code for Novitas jurisdiction

Run 001 NE - ICD-10

- G89.29 "Other chronic pain"
 - Billable Code, and it appears on the Novitas LCA as a "Group 1" and "Group 2" Code
 - Could be used, but not the most specific, or relevant based on documentation and other pt conditions

Run 001 NE – Lessons Learned

- Multiple factors help support medical necessity
- Hospital based vs. non-hospital based dialysis
- Differences between Primary and Secondary Diagnosis Codes and Group I and Group 2 Codes for Novitas

Run 002 NE

Queen Grimhilde

Run 002 NE - Medical Necessity

- AMS (decreased GCS)
- High flow O₂ need (10 lpm NRB)



Run 002 NE – Reasonableness

- Not clear from PCR
- However, the PCS explains this is transfer for long term care, for services not available at origin



Run 002 NE - Origin/Destination

- Origin = General Hospital ("H")
- Destination = Select LTACH ("N")
 - Facility has SNF designation, as per Background documents
 - Even though "hospital" is in the name (names can be deceiving)



Run 002 NE – Mileage

• Miles at destination: 13211.6

• Miles enroute: <u>13207.0</u>

Total loaded miles: 4.6



Run 002 NE - Forms

- AOB
 - Signed by Clara Belle, without reason of patient capability to sign, or identity/relationship to patient
 - Even though not on AOB, PCR clarifies relationship and capability to sign (same person who signed PCS)
 Valid



Run 002 NE – Forms

- PCS
 - Signed by Clara Belle on DOS
 - Attests to need for O₂, CHF history, and AMS
 - Makes no mention of Hospice



Run 002 NE – Documentation

- PCR
 - Paints picture of patient condition and need for ambulance
 - Complete and consistent (internally and as compared to PCS)
 - "Dispatch Comment" references Hospice but no other details



Run 002 NE - Other

- GW modifier use
 - Inappropriate here, based on available information
 - Only used where transport is unrelated to hospice/terminal condition
 - Don't know enough about terminal condition, and whether reason for transport is related

Run 002 NE - Other

 If patient has elected hospice and is receiving hospice benefits, and transport is related to the terminal illness, the transport is **not separately billable** to Medicare, as the reason for transport was related to terminal illness

Run 002 NE - Other

- · However,
 - Transport for initial admission to hospice is separately billed to Medicare Part B, as hospice benefits do not start until patient is received at Hospice facility
 - Need to know whether patient was previously under hospice care, or if this is initial transport post-election

Run 002 NE - Other

- Hospice status unclear
 - Terminal illness?
 - Has patient been already admitted, or is this for initial admission?
 - Transport related to terminal illness?

Run 002 NE - ICD-10

- Z99.81 "Dependence on supplemental O₂"
 - Billable Code, in PWW QuikGuide (but not in the Novitas LCA)
 - Novitas LCA codes are only "suggestions"
 - Best Primary Diagnosis Code, even for Novitas jurisdiction

Run 002 NE - ICD-10

- R40.242 "Glasgow coma scale score 9-12"
 - On Novitas LCA list, and in abc QuikGuide
 - Though under the "emergency" code list in QuikGuide, codes are not limited to one specific category, and do not determine level of service

Run 002 NE - ICD-10

- Secondary Diagnosis code needed for Novitas:
 - Z74.3 "Need for continuous supervision"

Run 002 NE – Lessons Learned

- Crew documentation should establish identity of AOB signer, relationship to pt, and reason pt can't sign
- "Hospice" does not always mean use GW
 - Need additional information

Run 003 NE

Fa Mulan

Run 003 NE – Medical Necessity

- Patient is ambulatory and capable of sitting in a chair
- Not clear why other forms of transport are contraindicated
- Only mention is past hip surgery



Run 003 NE – Reasonableness

- Going to SNF post surgery
- Not clear if patient is previous resident there, but it does not matter



Run 003 NE - Origin/Destination

- Origin = Community Hospital ("H")
- Destination = Magic SNF ("N")



Run 003 NE - Mileage

- Miles at destination: 8.3
- Miles enroute: <u>5.7</u>
- Total loaded miles: 2.6
 - Can use trip odometer
 - Here, it appears it was reset at start and mileages from various points in the trip were reported – this is OK



Run 003 NE – Forms

- AOB
 - Signed by patient on DOS
 - Valid



Run 003 NE – Forms

- PCS
 - Signed by MD on DOS
 - Several questions left blank
 - Only notes: "post hip surgery" and "s/p hip fx surgery" as reasons for ambulance
 - Does not support need for ambulance



Run 003 NE - Forms

- ABN
 - Signed by patient
 - Accepts liability because medical necessity was not met
 - BUT, signed on 8/7/14, and initial trip number (0011NE) is crossed out with handwritten trip number (003NE) added

Run 003 NE - Forms

- ABN
 - Obtained prior to transport, but one year prior
 - From a different trip with date altered
 - Invalid for this transport
 - But, can bill the patient because this is an "ABN optional" situation – non-covered service

Run 003 NE – Documentation

- PCR fails to support medical necessity
- Recent hip fx and surgery does not warrant transport by ambulance
- Time entry errors on PCR
 - Vitals noted after patient arrived at SNF



Run 003 NE - ICD-10

- As per Novitas LCD, where transport is not medically necessary, special ICD-10 Code must be used, along with GY modifier
 - Z76.89 "Persons encountering health services in other specified circumstances"

Run 003 NE - ICD-10

- For other MACs, one ICD-10 code is still required, even if billed for a denial with a GY modifier
 - Required by ANSI 5010 standards
 - Claim will reject if no ICD-10 is used
- Z76.89 is still the best choice

Run 003 NE – Lessons Learned

- Medical necessity
- ABN application
- Accuracy of documentation (time inconsistencies) – return to crew if needed
- Non-covered service ICD-10 Code

Run 004 NE

Ludwig Von Drake

Run 004 NE – Medical Necessity

- Cardiac patient
- Patient required ventilator
- Multiple medications received
- Cardiac monitoring required



Run 004 NE – Reasonableness

 Upgrade in care – cardiac services, not available at origin



Run 004 NE - Origin/Destination

- Origin = Holy Spirit ("H")
- Destination = Medical Center ("H")



Run 004 NE – Mileage

- No mileage reported on PCR, but, mileage printout shows 14.6 total miles
- Internet mapping has been approved by at least one MAC (Novitas) via FAQ
- Can be defensible alternative, but mileage should still be recorded on PCR



Run 004 NE – Forms

- AOB
 - Signed by son
 - Notes reason for patient inability
 - Valid



Run 004 NE - Forms

- Transfer Form
 - Signed by RN from sending facility, noting need for transfer by ambulance
 - Attests that other forms of transport are contraindicated – meets requirement of the regulation
 - Valid
 - -Meets requirements for a PCS



Run 004 NE – Documentation

- PCR very thorough and complete
- Details issues regarding delay, transfer from air to ground, medications administered, and contact with medical command and receiving facility



Run 004 NE - Other

- ALS2 vs. SCT
 - Three medically necessary medications administered, so definitely ALS2
 - SCT = interfacility transfer of critically ill or injured pt requiring services beyond scope of paramedic
 - Higher level service Advanced
 Paramedic (Heparin and Ventilator)

Run 004 NE - ICD-10

- 126.02 "Saddle embolus of pulmonary artery with acute cor pulmonale"
 - Too specific not supported by documentation
- Z99.89 "Dependence on other enabling machines and devices"
 - Best Secondary Diagnosis code from Novitas LCD

Run 004 NE - ICD-10

- R09.89 "Other specified symptoms and signs involving the circulatory and respiratory systems"
 - Listed as Novitas "Group I" Code

Run 004 NE - ICD-10

- Z99.11 "Dependence on respirator/ventilator"
 - Although not on Novitas LCA "suggested list," probably best fit, and is in abc
 QuikGuide

Run 004 NE – Lessons Learned

- This Transfer Order meets PCS requirements because of certification language (item 3)
- Importance of detailed documentation
- ALS2 vs. SCT
- · Mileage based on Internet mapping
- ICD-I0 ensure specificity is supported by the documentation

Run 005 NE

Jumba Jookiba

Run 005 NE – Medical Necessity

- · Bed confined
- Severe muscle weakness and immobility due to CVA and deconditioning



Run 005 NE – Reasonableness

Returning home post wound care/debridement



Run 005 NE – Origin/Destination

- Origin = Outpatient Center ("D")
- Destination = Residence ("R")
 - Although Residence is a covered destination in some cases, it is not in this case...



Run 005 NE – Origin/Destination

- Covered Destinations
 - Medicare covers the following ambulance transportation:
 - -From a hospital, CAH, or SNF to the beneficiary's home
 - -Medicare Claims Processing Manual (100-04), Chapter 15, Section 30, and 42 CFR § 410.40(e)

Run 005 NE – Mileage

Miles at destination: 956.6

• Miles enroute: <u>953.2</u>

• Total Loaded miles: 3.4

 OK to use abbreviated odometer readings as long as documented in tenths



Run 005 NE - Forms

- AOB
 - Signed by crew and nursing aide at residence (A. Pleakley) on DOS, noting why pt is incapable of signing
 - Should have signed Section II as representative, but same language applies
 - Valid



Run 005 NE - Forms

- Certificate of Mailing
 - Attempt to obtain PCS
 - Sent to physician at Outpatient Center
 - Note new USPS Form (3665, effective May 2015 - old form was 3877)
 - No official guidance (yet) from CMS as to whether both forms are still valid – but no reason they should not be valid

Run 005 NE – Forms

- Certificate of Mailing
 - Used to show attempt to recover PCS
 - Not available for scheduled repetitive trips (unclear if this service meets repetitive standard)
 - Not needed anyway, not billing to Medicare, not a covered transport

Run 005 NE – Documentation

- PCR is complete, although could be improved to better explain the severity of the wound, whether it is open or covered, size, degree, etc.
- Nonetheless, medical necessity is established by this documentation



Run 005 NE - Other

- ALS NE vs BLS NE
 - Although dispatched ALS (Charlie), and ALS assessment performed, no ALS interventions were performed
 - ALS assessment only applicable following an ALS-level emergency dispatch
 - -This was NE dispatch
 - BLS NE billing is appropriate

Run 005 NE - ICD-10

- Not billable to Medicare, but...
- Still need to include an ICD-10 Code on the claim so it processes
- This trip was medically necessary, but not covered for other reasons

Run 005 NE - ICD-10

- Use Novitas denial code (Z76.89) valid code for other payers as well
- Do <u>not</u> use bed confined status (Z74.01) or any other 4 secondary codes) as primary or secondary diagnosis code for Novitas

Run 005 NE - ICD-10

- Other possible codes, from both the Novitas LCA and abc QuikGuide:
 - I67.89 "Other cerebrovascular disease"
 - L89.309 "Pressure ulcer of unspecified buttock, unspecific stage"

Run 005 NE - ICD-10

- What about 169.954 "Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting left non-dominant side"?
 - Contained in Novitas LCA
 - Too specific based on facts
 - We don't know the dominant side vs. non-dominant side

Run 005 NE - Lessons Learned

- Covered origin/destination combinations
- ALS Assessment not a basis for billing ALS in a non-emergency transport
- Certificate of Mailing Form change

Run 006 NE

Abby Mallard

Run 006 NE – Medical Necessity

- Possible CVA patient
- Cardiac monitor required
- IV pump was running



Run 006 NE – Reasonableness

 Upgrade in care, neurological services not available at small 25 bed origin hospital



Run 006 NE - Origin/Destination

- Origin = Community Hospital ("H")
- Destination = General Hospital ("H")



Run 006 NE - Mileage

• Mileage at destination: I 10894.5

• Mileage enroute: 110870.2

• Total loaded miles: 24.3



Run 006 NE - Forms

- AOB
 - Signed by patient 4/19/2012 from DOS of 4/17/2012
 - Lifetime signature
 - This is OK, as pertinent lifetime signature language is there
 - Valid



Run 006 NE – Forms

- PCS
 - "Short Form" certifying the medical necessity requirements of the regulation are met
 - Signed two days after DOS this is OK
 - Valid



Run 006 NE – Forms

- Attestation Statement
 - Signed by lead crewmember (Sebastian Mon) 4 days after DOS
 - PCR was not signed
 - Attestation Statement valid
 - Attestation Statement from second crewmember should also be obtained



Run 006 NE - Forms

- Old CMS Transmittal 327, replaced by Transmittal 604 (July 24, 2015, effective 8/25/15)
- Slightly modifies CMS Program Integrity Manual (100-8), Chapter 3, Section 3.3.2.4 "Signature Requirements"

Run 006 NE – Forms

- In post-payment reviews, Medicare Contractors (including MAC, RAC, ZPIC, SMRC and CERT) will verify that services "provided by/ordered be authenticated by the author"
- Allows for signature logs or "Attestation Statement"

Run 006 NE – Documentation

- PCR documentation complete and detailed
 - Recounts information from nurse
 - Notes patients condition and how Paramedic consoled her and provided psychological comfort
 - Describes reason for transport



Run 006 NE - Other

- SCT vs. ALS
 - Although higher trained paramedic, no higher level services were received
 - Patient may have been "critical" with recent CVA and need for higher level care, but services were within scope of practice of standard Paramedic

Run 006 NE – Other

- KX Introduced in Draft Novitas LCD to use where medical necessity was not met (later removed)
- GY used as secondary modifier where medical necessity is not met
- Neither are applicable here

Run 006 NE - Other

- QM used as secondary modifier when an institution based provider (i.e. hospital) furnishes services "under arrangement"
- No indication this occurred here

Run 006 NE - ICD-10

- Primary Diagnosis Code
- 167.89 "Other cerebrovascular disease" would be best
 - Appears on Novitas list from LCA and abc QuikGuide)

Run 006 NE - ICD-10

- Secondary Code
- Z74.3 "Need for continuous supervision" as secondary code from Novitas list
 - Used "to denote cardiac/hemodynamic monitoring required enroute"

Run 006 NE – Lessons Learned

- · Lifetime signature for claim submission
- ALS vs. SCT
- Short version PCS meets regulation
- Attestation statement where signatures are missing or illegible

Run 007 NE

Mal Eficent

Run 007 NE – Medical Necessity

- Information common to PCR 2 and PCS
 - O₂ Need
 - Contractures
- Information common to both PCRs
 - Decreased GCS
 - Unresponsive



Run 007 NE – Reasonableness

Returning to SNF post G-tube replacement

Run 007 NE - Origin/Destination

- Origin = Medical Center ("H")
- Destination = Magic SNF ("N")



Run 007 NE - Mileage

- No mileage recorded on PCR (either of them)
- No other evidence of mileage



Run 007 NE - Forms

- AOB
 - Signed by Minnie Mouse, RN, from discharging hospital, Medical Center
 - VALID 42 CFR 424.36(b)(4) signature, despite no reason present on the AOB itself – patient inability to sign is well documented on the PCRs



Run 007 NE - Forms

- PCS
 - Signed by Minnie Mouse, RN
 - Consistent with PCR2, noting need for O₂, contractures, bed confinement



Run 007 NE – Documentation

- Why are there 2 PCRs?
- Same date of service, same patient
- 2 different crews, different times
- Each contain different information
- Were there two separate trips?
- Needs to be clarified



Run 007 NE - Other

- DOS was 9/30/15 one day before effective date for ICD-10
- Must be coded with ICD-9 code, as coding is dependent on DOS, not date claim is billed

Run 007 NE - ICD-10

- Suitable ICD-9 (Condition) Code:
 - 492.8 "Third party assistance attendant required to apply, administer or regulate or adjust oxygen"
 - V46.2 "Administration of medically necessary oxygen when patient is incapable of self administration"
 - From Novitas LCD L32252

Run 007 NE – Lessons Learned

- Need to clarify facts and circumstances that don't make sense
- Need to determine mileage (use MapQuest or other Internet mapping software)

Run 008 NE

Milo James Thatcher

Run 008 NE – Medical Necessity

• Ventilator dependent patient



Run 008 NE – Reasonableness

- This is now the return trip to the original hospital
- PCR notes service could be performed at origin hospital, but family requested transfer to other hospital for the procedure



Run 008 NE - Origin/Destination

- Origin = Holy Spirit Hospital ("H")
- Destination = General Hospital ("H")



Run 008 NE – Mileage

• Miles at destination: 3.7

• Miles enroute: 0.5

• Total loaded miles: 3.2



Run 008 NE - Forms

- AOB
 - Signed by crew (contemporaneous)
 - Reason as to why patient incapable of signing (Cerebral Palsy)
 - No signature from receiving facility
 - Invalid



Run 008 NE - Forms

- PCS
 - None provided
 - Not needed trip will not be billed to Medicare



Run 008 NE - Forms

- ABN
 - None provided
 - Not required, but may use
 - Mandatory use cases for ABN is when service could have been performed more economically at residence or SNF – this is trip from hospital

Run 008 NE – Documentation

- Crew documentation is complete to tell the picture needed to help make a billing decision – preference transport
- Not billable to Medicare



Run 008 NE - Other

- Pt retained inpatient status at first hospital (temporary movement to obtain services at other location) – typically billable to first hospital, but
- Preference only transport is typically billable to patient – good case to use ABN to advise pt of financial liability

Run 008 NE - Other

- SCT vs.ALS vs.ALS2
 - Critically ill or injured patient with higher level service provided (ventilator operation) by lead crewmember
 - Unsecure/unstable trach problem with the vent
 - Trach tube vs. endotracheal intubation (required for ALS2)

Run 008 NE - ICD-10

- Not billable to Medicare
- Possible ICD-10 Code to use:
- Z99.11 "Dependence on respirator/ventilator status"
 - In abc QuikGuide

Run 008 NE – Lessons Learned

- Preference transport
- SCT definition
- Signature not required where Medicare not billed
- ABN must use vs. may use

Run 009 NE

Grinsby Scurvy

Run 009 NE – Medical Necessity

- Not met
- Use of buzzwords and catchphrases does not support medical necessity
- Bed confinement noted, but not substantiated – contradicted by "gait disturbance" comment



Run 009 NE – Reasonableness

• Dialysis services not available at home



Run 009 NE - Origin/Destination

- Origin = Residence ("R")
- Destination = Dialysis Center ("|")
 - Freestanding (not hospital based, as per background)



Run 009 NE - Mileage

• Miles at destination: I 1800.3

• Miles enroute: 11794.6

• Total loaded miles: 5.7



Run 009 NE - Forms

- AOB
 - Signed by crewmember (Dopey) and receiving facility representative
 - Cites "history of dementia," but PCR notes CGS=15 and A&Ox4
 - Inconsistent, question patient's inability to sign, based on PCR documentation



Run 009 NE - Forms

- PCS
 - Inconsistent (internally and with PCR)
 - Notes fall risk, wounds, pain, and epilepsy (none of which appear on PCR)
 - States patient is not bed confined (contrary to PCR and patient evaluation)
 - Does not support medical necessity



Run 009 NE – Forms

- Dialysis Patient Evaluation
 - Conflicts with PCR and PCS
 - Notes bed confined, but also that patient cannot sit "upright" in a chair (implying patient can tolerate a chair)
 - Relies on buzzwords
 - Does not support medical necessity



Run 009 NE - Other

- "Perfect storm" of insufficient documentation:
 - Conflicting
 - Catch-phrases to try to establish medical necessity
 - Contradictions

Run 009NE - ICD-10

- Not medically necessary
- If need to bill Medicare for denial, use Novitas denial code: Z76.89 with GY
- Still best ICD-10 code to use for other MACs (with GY of course)

Run 009 NE – Lessons Learned

- Importance of consistent documentation
- Buzzwords alone do not establish medical necessity, especially for dialysis transports

Run 010 NE

Fritz Robinson

Run 010 NE - Medical Necessity

- Psych patient, possibly suicidal
- Depressed, distraught, upset
- · Physical restraints used



Run 010 NE – Reasonableness

Needs psych evaluation, not available at origin



Run 010 NE – Origin/Destination

- Origin = Scene ("S")
- Destination = Medical Center ("H")



Run 010 NE – Mileage

- Only total miles were reported on PCR (4.0)
- Regulation only requires "total loaded mileage" to be reported
- Use of trip meter only is acceptable, as is on-board equipment such as GPS



Run 010 NE - Forms

- AOB
 - Signed by crewmember on DOS, noting pt. is restrained
 - Lilo Stitch, RN, signed the PCR ("secondary documentation")
 - Valid



Run 010 NE – Documentation

 PCR is complete and detailed, outlining observations from others (police), and background about the patient



Run 010 NE - Other

- Dispatched as Psychiatric/Suicidal, but a at "Alpha" (non-emergency) level
- Improperly dispatched
 - Dispatch Comment notes "Police request and immediate response request"
 - Dispatch Policy requires Bravo (BLS hot/emergency) level dispatch

Run 010 NE - Other

 Medicare Benefit Policy Manual (100-02), Chapter 10, Section 30.1.1:

"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..."

Run 010 NE - Other

"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."

Run 010 NE - Other

- Here, the dispatch was inconsistent with the protocol, which requires an emergency dispatch where there is a request for transport from police
- According to the Dispatch Comments, this was an immediate response request, from police present on scene

Run 010 NE - Other

- Patient condition on scene shows an acute psychological event, requiring restraints, and police involvement
- Emergency level billing is warranted based on condition on scene and since dispatch protocol wasn't followed

Run 010 NE - Other

- No PCS
 - None needed, as per 42 CFR 410.40(d)(iii)(2):
 - "(ii) For a beneficiary residing at home or in a facility who is not under the direct care of a physician. A physician certification is not required."
 - Not needed in emergency situations

Run 010 NE - Other

- Date of Service
 - Based on date pt. was loaded into ambulance, not when call was first dispatched
 - Dispatched at 2347 10/6/15, departed scene 0016 on 10/7/15
 - Date of service is 10/7/15

Run 010 NE – Other

- Both crewmembers were Paramedics
- BLS level dispatch
- BLS interventions performed (in this jurisdiction, BGL monitoring is within BLS scope of practice)
- Only BLS level billing is warranted

Run 010 NE - ICD-10

- Recommended Primary Code:
 - F29 "Unspecified psychosis not due to a substance or known physiological condition"
 - From Novitas Group I Code list and in abc QuikGuide
- Recommended Secondary Code:
 - Z78.1 "Physical restraint status"

Run 010 NE – Lessons Learned

- "Midnight Rule"
- Dispatch inconsistent with protocol
- No PCS needed in limited situations
- Secondary documentation to meet 42 CFR §424.36(b)(6) signature requirements
- BLS Scope of practice

