



Handouts


RURAL EMS DOCUMENTATION CHALLENGES

Presented by:
Maggie Adams

© 2023 EMS Financial Services, Inc.

All Rights Reserved

***All content is subject to copyright and protected by Federal law.
Materials may not be reproduced in any form without express written
consent of the author.***



EMS

Financial Services

Practical ambulance reimbursement and compliance consulting

Unique Challenges of
Rural EMS
Documentation

Presented by:


Maggie Adams

(610) 494-5255

maggie@ems-financial.com

Copyright 2023 EMS Financial Services, Inc. All Rights Reserved

1



Disclaimer

All content is subject to copyright and may not be reproduced in any form without express written consent of the author.


While we strive to make the information in our presentations as timely and accurate as possible, slide presentations, by their nature, present an overview of a given topic. We make no claims, promises, or guarantees about the accuracy or completeness of the contents of this presentation, and expressly disclaim liability for errors and omissions in the contents of this presentation. This document is for educational purposes only and does not purport to provide legal advice. Compliance is a responsibility. For legal questions regarding your compliance, please consult with a healthcare attorney.

Copyright 2023 EMS Financial Services, Inc. All Rights Reserved

2



3




Today's Presenter

Maggie Adams has over 25 years' experience in healthcare and the ambulance industry as a business owner and consultant. She has worked with ground and air ambulance organizations nationwide on reimbursement, billing, documentation and compliance issues. For years she has educated field providers and billing personnel on documentation and billing compliance. She was Page, Wolfberg & Wirth's senior consultant, a highly regarded presenter at their national ambulance billing conferences, and a key contributor in developing and delivering educational training sessions for the National Academy of Ambulance Compliance.


Maggie is a member of the Board of Directors of the Ambulance Association of Pennsylvania. She recently spent three years on the Compliance & Regulatory Advisory Board of NEMTAC (Non-Emergency Medical Transportation Accreditation Commission). She has served as a lecturer at the EMS Leadership Academy. She is a member of the Congress of Mobile Medical Professionals (CoMMP), and a member of the Wharton Women's Forum. She has written numerous articles and blogs on EMS billing, compliance, and documentation issues.

Throughout her career, Maggie has been a sought-after speaker and has presented at conferences nationwide. Known for her upbeat and positive personality, Maggie draws the attention of the entire audience as she provides practical solutions to problems faced by all ambulance providers and billing companies. She is a *Cum Laude* graduate of the Wharton School of the University of Pennsylvania. Maggie can be reached by email at maggie@ems-financial.com or by phone at (610) 494-5255.



Copyright 2023 EMS Financial Services, Inc. All Rights Reserved

4



Today we discuss the importance of documentation & compliance


Rural providers need to maintain compliance so they can obtain their much-needed legitimate reimbursement

Copyright 2023 EMS Financial Services, Inc. All Rights Reserved

5

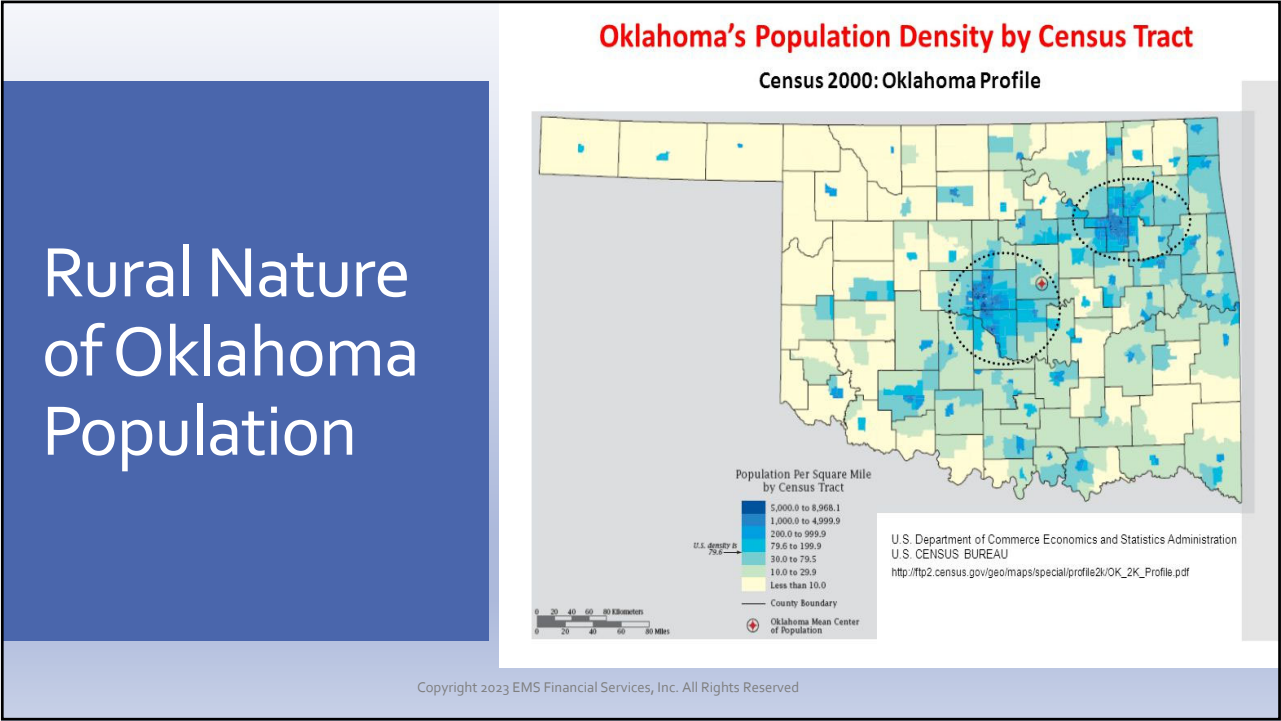
Between Medicare & Medicaid, CMS covers 147 million people...

- Over 331 million population of U.S. as of 2020 (Census Bureau)
- Means approximately 44% of population receives health benefits from a regulated plan
- Average ambulance service transports 50% Medicare patients and another 10-15% of Medicaid patients for total of 60-65% ambulance transports paid by regulated payers

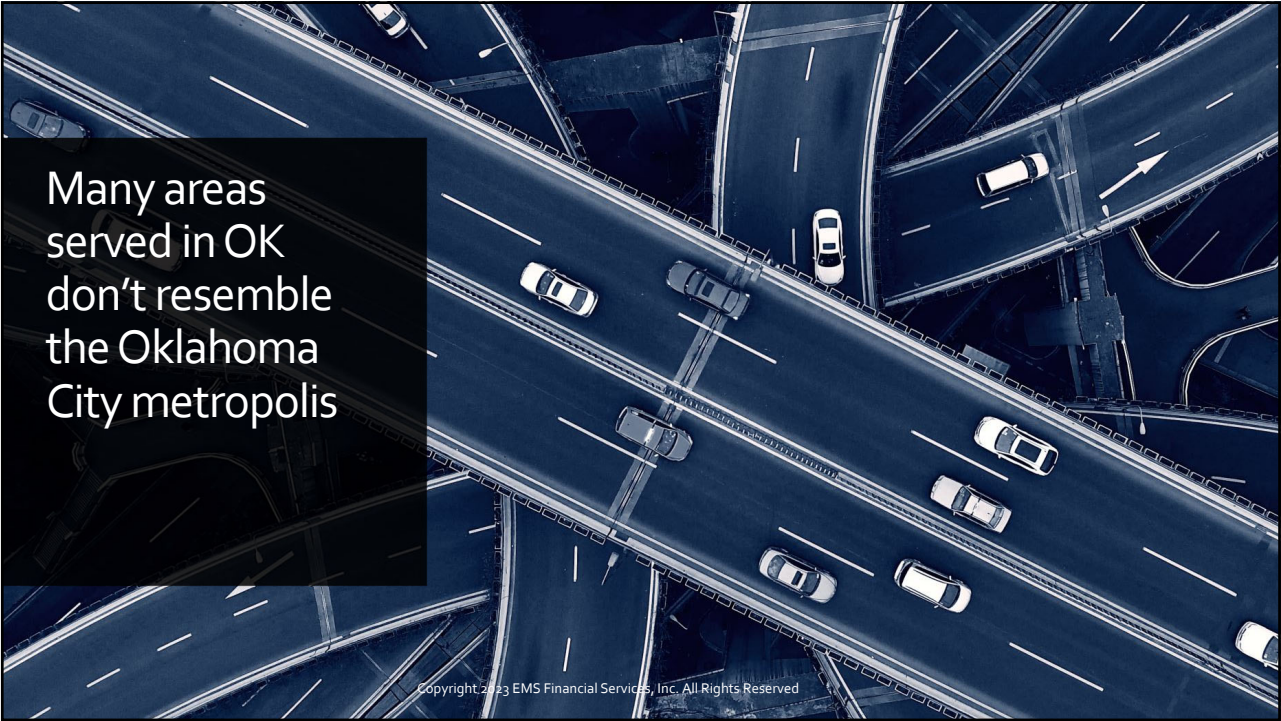


Copyright 2023 EMS Financial Services, Inc. All Rights Reserved

6




7



8

More open space, further distance to patients

EMS becomes "first line of defense" for all type of medical issues in rural America – there is no other choice



Copyright 2023 EMS Financial Services, Inc. All Rights Reserved

9

Greying of America

- Only 10% of doctors serve rural America
- That number continues to diminish
- Greying of America also means doctors are aging



Copyright 2023 EMS Financial Services, Inc. All Rights Reserved

10

80% of rural America is medically under-served

Rural America is home to approximately 20% of population

Copyright 2023 EMS Financial Services, Inc. All Rights Reserved

11

Primary Care Shortage in Oklahoma (May lead to need for EMS)

Health Professional Shortage Areas - Primary Care

February 2023

Designated Primary Care HPSA Facilities

IHS, Tribal Health, and Urban Indian Health Organizations

FQHC (including Look-a-Likes)

Correctional Facility

Rural Health Clinic

Primary Care HPSA Designation Type

Geographic

Population

High Needs Geographic

Non-HPSA

Data Source: Health Resources and Services Administration (2023)

© 2023 Oklahoma State University

CENTER FOR RURAL HEALTH
OSU Center for Health Sciences

12

Copyright 2022, EMS Financial Services, Inc.
All Rights Reserved

6

Newer to the industry

Emergency medical necessity is as important as non-emergency medical necessity

Emergency services increasingly under review for billing non-medically necessary transports and up-coding (from BLS to ALS)

Emergencies Under Close Watch

Copyright 2023 EMS Financial Services, Inc. All Rights Reserved

13

Let's talk about emergencies

Copyright 2023 EMS Financial Services, Inc. All Rights Reserved

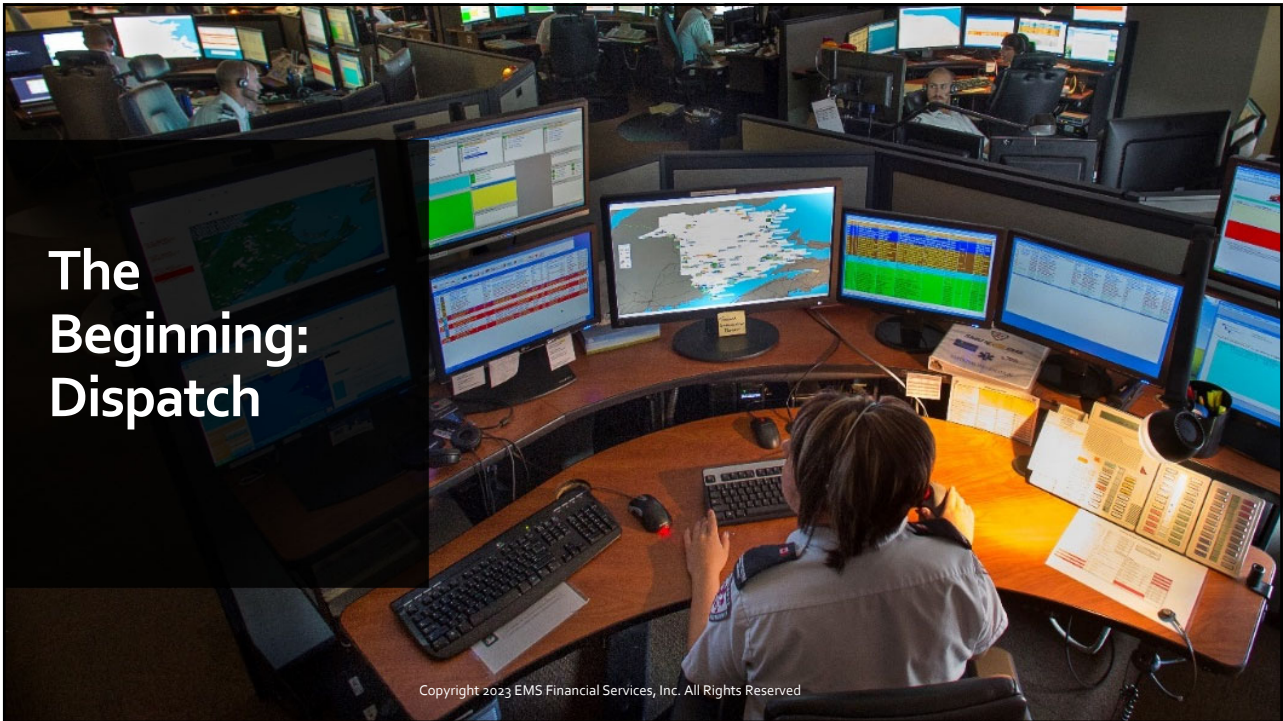
14



Transport from a critical access hospital could be an emergency – dispatch protocols especially important but not always easy to fix or implement in a rural environment

Copyright 2023 EMS Financial Services, Inc. All Rights Reserved

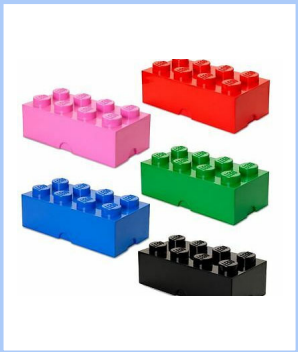

15



Copyright 2023 EMS Financial Services, Inc. All Rights Reserved

16

Blocks build upon each other



Copyright 2023 EMS Financial Services, Inc. All Rights Reserved

17

Definition Emergency

- *Emergency response means 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.


Copyright 2023 EMS Financial Services, Inc. All Rights Reserved

18

ALS-1 Emergency

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

All aspects of definition must be met to bill at ALS-1 Emergency level



Copyright 2023 EMS Financial Services, Inc. All Rights Reserved

19

ALS Assessment Definition

- An 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.

Copyright 2023 EMS Financial Services, Inc. All Rights Reserved

20

Importance of Dispatch Protocols

- “The determination to respond emergently must be in accord with the local 911 or equivalent service 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.”



Copyright 2023 EMS Financial Services, Inc. All Rights Reserved

21

Here’s the problem – often, no one in a rural 9-1-1 center has time (or the training) to ask questions of calls



Copyright 2023 EMS Financial Services, Inc. All Rights Reserved



22

Police, Fire, Medical

In addition to emergency medical calls, police and fire dispatched from same call center

Crews may only be told the patient needs transport to a hospital

Only information provided is that crew is responding to a sick person or medical call



Copyright 2023 EMS Financial Services, Inc. All Rights Reserved

23

In the olden days

Prior to 2002

ALS dispatched for chest pain



Arrived to find patient needed transport, but not at ALS-level

 Patient did not have signs and symptoms of an ALS condition

 Patient did not need any ALS interventions

Patient transported at BLS level

Billing could only be done at BLS level



Copyright 2023 EMS Financial Services, Inc. All Rights Reserved

24

Definition of ALS-1
Emergency
recognized the cost
to respond through
application of the
ALS Assessment rule

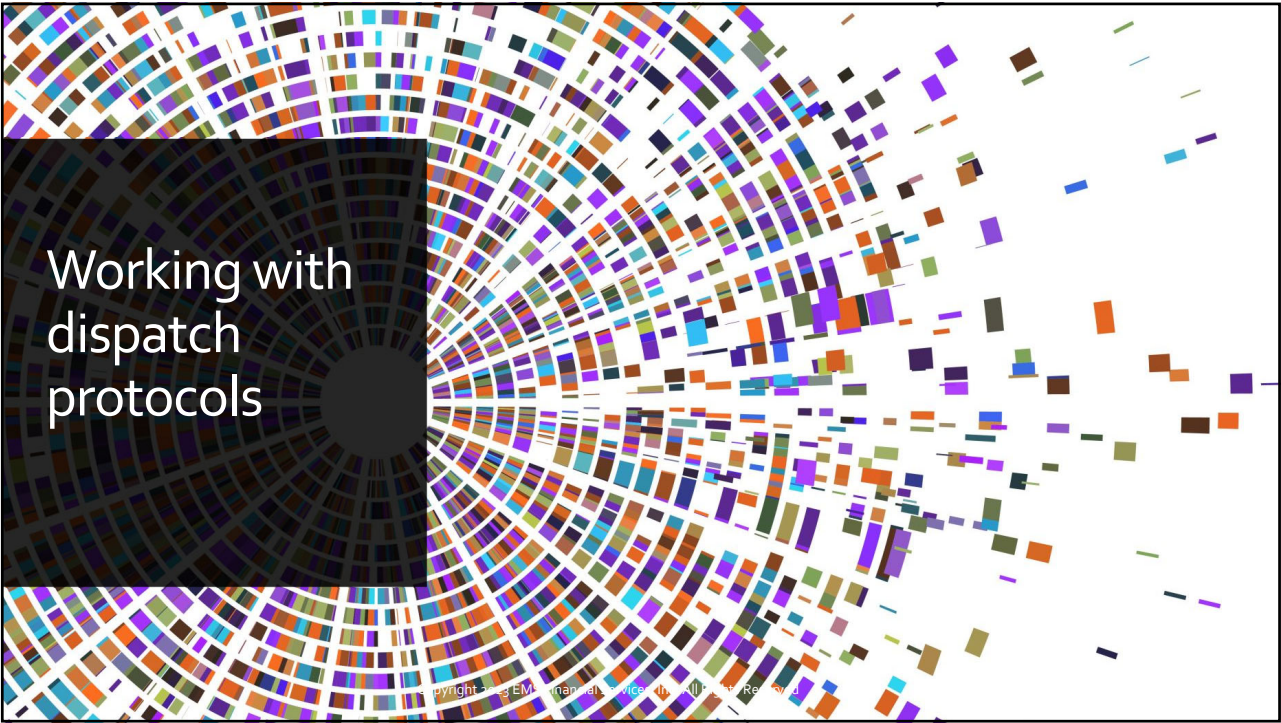
Copyright 2023 EMS Financial Services, Inc. All Rights Reserved

25

ALL aspects of ALS-1 emergency
definition must be met including the
completion of appropriate
documentation to qualify for ALS-1
Emergency reimbursement

Copyright 2023 EMS Financial Services, Inc. All Rights Reserved

26



27

Clawson Medical
Priority Dispatch
System

Baseline Response Example
All actual response assignments are decided by
local Medical Control and EMS Administration

| Level | Response | Mode |
|---------|---|-------------|
| ECHO | Closest Apparatus—Any (includes Truck Companies, HAZWAT, or on-air staff) | HOT |
| DELTA | Closest BLS Engine Paramedic Ambulance | HOT HOT |
| CHARLIE | Paramedic Ambulance | COLD |
| BRAVO | Closest BLS Engine BLS Ambulance (alone HOT if closest) | HOT COLD |
| ALPHA | BLS Ambulance | COLD |
| OMEGA | Referral or Alternate Care | |

*Note: This is not to be considered the Academy's official
recommendation for Baseline Responses.

Copyright 2023 EMS Financial Services, Inc. All Rights Reserved

28

Typical for Clawson MPDS – Prioritizes Nature of Complaint

BLS Level Dispatch

- A - Alpha
- B - Bravo

ALS Level Dispatch

- C - Charlie
- D - Delta
- E - Echo

Copyright 2023 EMS Financial Services, Inc. All Rights Reserved

29

Example of a Two Priority Dispatch System

| Event | Sub Event | Priority | Unit Type |
|-------------------|---|-------------------------------|-----------------------|
| Abdominal pain | Severe pain, nausea, vomiting, fainting | Priority I (ALS Dispatch) | Paramedic / Paramedic |
| Abdominal pain | Abdominal pain, without signs or symptoms | Priority II (BLS Dispatch) | Paramedic / EMT |
| Allergic reaction | Difficulty breathing | Priority I (ALS Dispatch) | Paramedic / Paramedic |
| Allergic reaction | No difficulty breathing Itching, rash | Priority II (BLS Dispatch) | Paramedic / EMT |

Copyright 2023 EMS Financial Services, Inc. All Rights Reserved

30

Examples ALS vs BLS Conditions

Source: CMS Ambulance Condition Codes

ALS Condition

- Severe abdominal pain (with other signs or symptoms)
 - Nausea
 - Vomiting
 - Fainting
- Allergic reaction
 - Rapid progression symptoms
 - Prior history
 - Wheezing
 - Difficulty swallowing

BLS Condition

- Abdominal pain
 - Without other signs or symptoms
- Allergic reaction
 - Hives
 - Itching, rash
 - Slow onset
 - Local swelling, redness

Copyright 2023 EMS Financial Services, Inc. All Rights Reserved

31

Examples ALS vs BLS Conditions

Source: CMS Ambulance Condition Codes

ALS Condition

- Heat exposure (potentially life-threatening)
 - Hot & dry skin
 - Temp > 105
 - Neurologic distress
 - Signs of heat stroke or heat exhaustion

BLS Condition

- Heat exposure (with symptoms)
 - Muscle cramps
 - Profuse sweating
 - Fatigue

Copyright 2023 EMS Financial Services, Inc. All Rights Reserved

32

Copyright 2022, EMS Financial Services, Inc.
All Rights Reserved

16

Examples ALS vs BLS Conditions

Source: CMS Ambulance Condition Codes

ALS Condition

- Medical device failure (life or limb threatening malfunction, failure, or complication)
 - Malfunction of ventilator, internal pacemaker, internal defibrillator, implanted drug delivery service

BLS Condition

- Medical device failure (health maintenance device failures that cannot be resolved on location)
 - Oxygen system supply malfunction
 - Orthopedic device failure service

Copyright 2023 EMS Financial Services, Inc. All Rights Reserved

33

Examples ALS vs BLS Conditions

Source: CMS Ambulance Condition Codes

ALS Condition

- Psychiatric/Behavioral (abnormal mental status; drug withdrawal)
 - Disoriented
 - DTs
 - Withdrawal symptoms

BLS Condition

- Psychiatric/Behavioral (threat to self or others, acute episode or exacerbation of paranoia, or disruptive behavior)
 - Suicidal
 - Homicidal, or,
 - Violent

Copyright 2023 EMS Financial Services, Inc. All Rights Reserved

34

Use of lights & sirens is operational decision – not determination of emergency for billing



Copyright 2023 EMS Financial Services, Inc. All Rights Reserved

35

We are not saying you won't get paid without dispatch protocols....
But they do help prepare providers for what they will find on patient arrival as well as help with certain aspects of reimbursement



Copyright 2023 EMS Financial Services, Inc. All Rights Reserved

36

Emergencies
Need Specifics

WHERE?

HOW?

WHAT?

- Be specific
- Where did an event occur? (Bedroom, bathroom, mobile home, highway, motorboat, sailboat, dorm, prison, etc.)
- How did the event occur?
- Provide as much detail as possible; include info obtained from bystanders, family or caregivers
- What part of the body was impacted by the event? Finger? What finger? Elbow? Knee? Trunk? Upper right quadrant?

Copyright 2023 EMS Financial Services, Inc. All Rights Reserved

37

Documenting
how dispatched
has an impact
when there is a
death

*You may have been
dispatched for what
you thought was a live
patient - man down /
sick person /
unconscious /
unresponsive patient*

Copyright 2023 EMS Financial Services, Inc. All Rights Reserved

38


Billing for the Deceased

| Time of Death Pronouncement | Medicare Payment Determination |
|--|---|
| Before dispatch | No payment |
| After dispatch, before beneficiary is loaded onboard ambulance (before or after arrival at the point-of-pickup). | The provider's/supplier's BLS base rate, no mileage or rural adjustment; use the QL modifier when submitting the claim. |
| After pickup, prior to or upon arrival at the receiving facility. | Medically necessary level of service furnished |

Copyright 2023 EMS Financial Services, Inc. All Rights Reserved

39

What Does "Weakness" Mean?



Copyright 2023 EMS Financial Services, Inc. All Rights Reserved

40

Definition of Weakness

The state or condition of lacking strength

Copyright 2023 EMS Financial Services, Inc. All Rights Reserved

41

Synonyms of Weakness – Do Any of These Need an Ambulance?

Frailty

Fatigued

Indisposed

Delicate

Feebleness

Infirm

WEAKNESS

Copyright 2023 EMS Financial Services, Inc. All Rights Reserved

42

This Patient is Weak

The question that needs to be answered (and documented): Can the patient support herself in an upright position for the duration of transport? If no, why?



Copyright 2023 EMS Financial Services, Inc. All Rights Reserved

43

Does this weakness description support medical necessity for ambulance? What changed today?

Dispatched: Sick person

PMH: Hypertension

Chief Complaint: General malaise

Provider Impression: *Weakness*

BP: 150/86 Pulse: 76 Resp: 18

FOUND 69YO FEMALE LYING IN BED AT HOME. DAUGHTER CALLED 911 BECAUSE PT APPEARED *WEAKER THAN NORMAL*. PT STATED SHE HAS BEEN *FEELING WEAK* SINCE YESTERDAY. DENIES HEADACHE, NAUSEA, VOMITING OR DIARRHEA, DENIES FEVER/FLU SYMPTOMS. BGL = 179. PT WAS A&OX₃, PT'S SPEECH WAS NORMAL, SMILE WAS SYMMETRICAL, NEGATIVE ARM DRIFT, ABLE TO AMBULATE AT BASELINE ON SCENE. +ABC'S, NORMAL RESP EFFORT, LUNG SOUNDS WERE CLEAR IN ALL FIELDS. VITALS WERE STABLE. PT WAS TAKEN TO HOSPITAL W/O INCIDENT.


Copyright 2023 EMS Financial Services, Inc. All Rights Reserved

44

Rural Issues

Emergency dispatch and response issues can be different in more rural areas

Services not available in small, critical access facilities may require transport to hospital which has what patient needs




Copyright 2023 EMS Financial Services, Inc. All Rights Reserved

45

CMS Rethinking Rural Health

- Medicare now pays for virtual check-ins for patient to communicate via phone or telecommunication
- CMS looking to Medicare Advantage plans to continue to provide telehealth services
- Other initiatives in the works



Copyright 2023 EMS Financial Services, Inc. All Rights Reserved

46



Most hospital-to-hospital trips considered non-emergency
But a patient in a small critical access hospital or rural hospital may be in crisis

Copyright 2023 EMS Financial Services, Inc. All Rights Reserved

47

Unique to Rural Services

Some hospital-to-hospital trips may be emergency in rural areas

The patient may be in crisis

Further support for use of dispatch protocols




Copyright 2023 EMS Financial Services, Inc. All Rights Reserved

48

Hospital to
Hospital Trips

- Why must patient leave sending facility?
- What test or procedure will patient have done at the receiving facility?
- Is patient transfer to receiving facility at family or patient request?
- “Upgrade in care” does not explain why patient is going to another hospital
- “HLOC” not description of what patient needs



Copyright 2023 EMS Financial Services, Inc. All Rights Reserved

49

Teach Crews
to Document
Dispatch (if
possible)



Copyright 2023 EMS Financial Services, Inc. All Rights Reserved

50

Important information
when working with
facilities

Copyright 2023 EMS Financial Services, Inc. All Rights Reserved

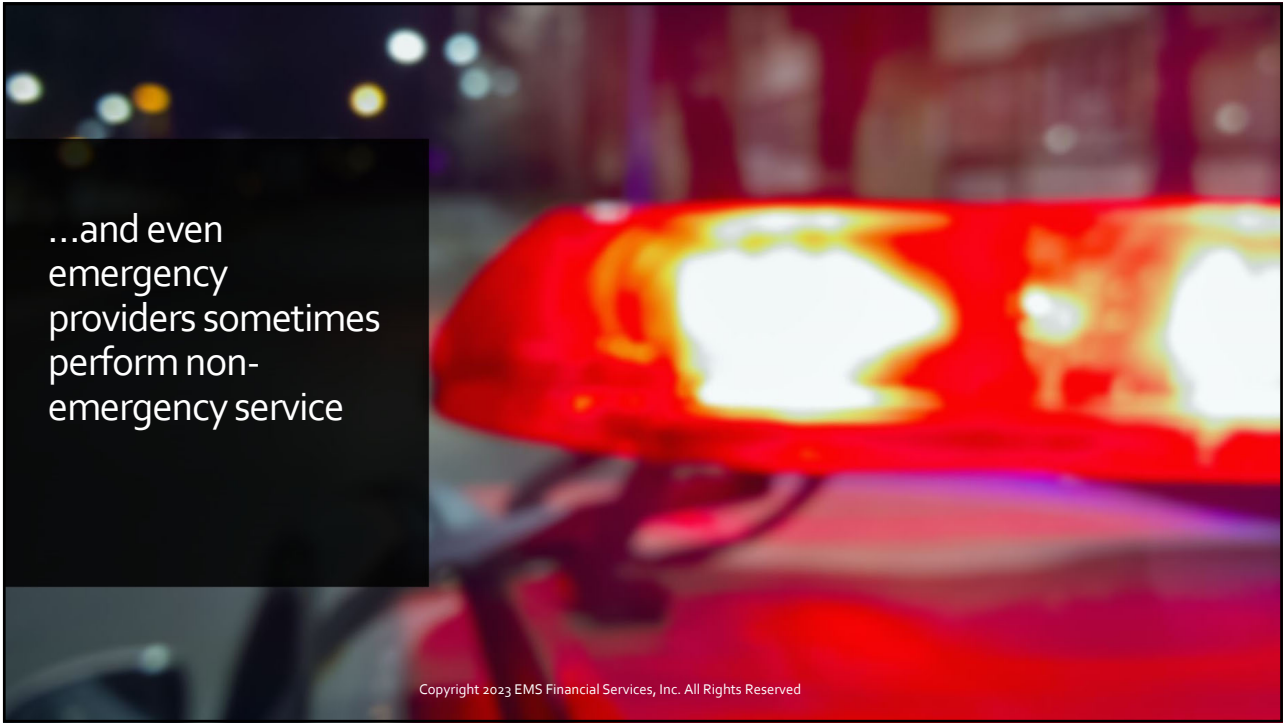
51

Non-emergencies
receive
intensive
monitoring

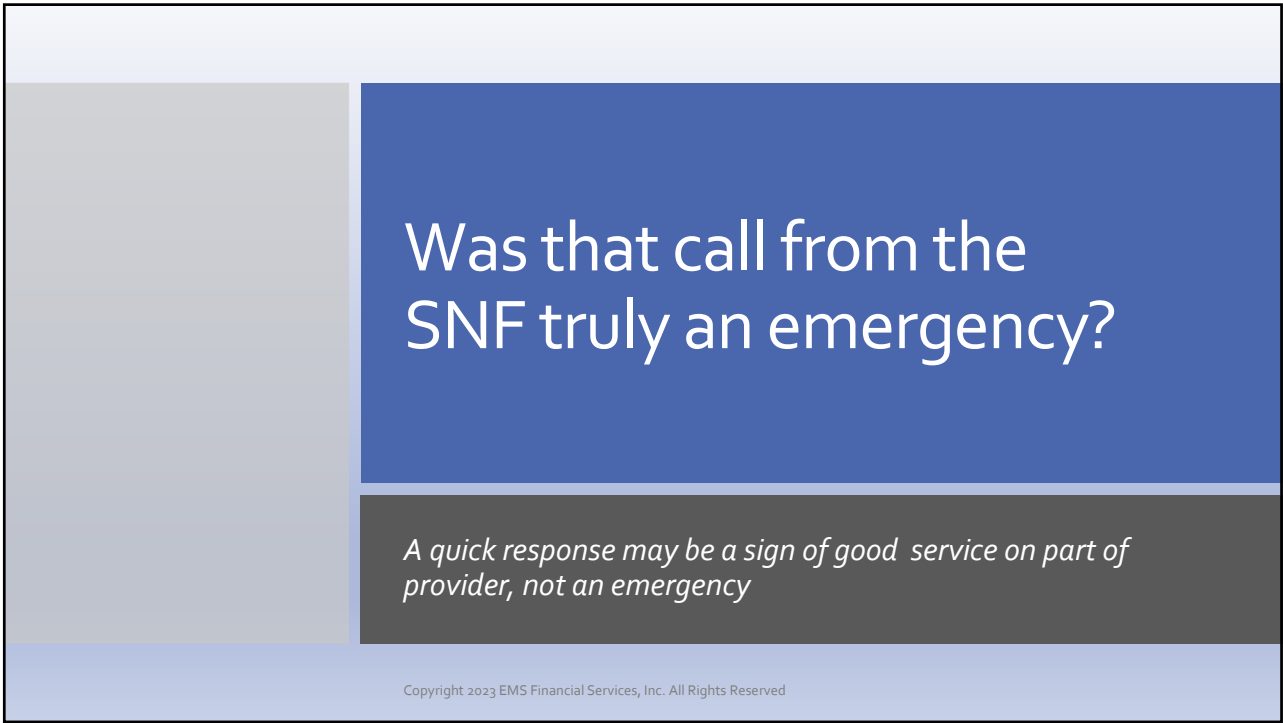
*Data analytics used to
track metrics. Essential
to have accountability*

Copyright 2023 EMS Financial Services, Inc. All Rights Reserved

52



53



54

Facilities & Emergency

Are abnormal labs an emergency?
Potentially

This is where documentation is critical

Was there an emergency dispatch?

Did crews document what the concern was?
Example: very high potassium could be life-threatening



Copyright 2023 EMS Financial Services, Inc. All Rights Reserved

55

Does facility say whatever it takes to get the patient moved?

Facilities problems may be beyond billing and field provider staff to handle

Ambulance service management may need to intervene

Facilities & Emergency

Copyright 2023 EMS Financial Services, Inc. All Rights Reserved

56

Intercepting with Air

Rural providers often must transport patient to landing zones

Copyright 2023 EMS Financial Services, Inc. All Rights Reserved

57


Review Documentation & Billing for Intercepts with Air Providers

Due to time and distance to transport, rural providers may need to transport to a helicopter or landing zone

Medicare allows for reimbursement of ground transports to air


Regulations need to be met

Address joint response when air crew cares for patient



Copyright 2023 EMS Financial Services, Inc. All Rights Reserved

58



Ground to Air

This is area where we have seen ground providers miss legitimate revenue

Rural providers will intercept with air more than urban providers

Meet with air provider to discuss best approach to shared documentation and billing

Ground ambulance typically bills for the ground transport of a loaded patient

Copyright 2023 EMS Financial Services, Inc. All Rights Reserved

59

Other Levels of Service

Copyright 2023 EMS Financial Services, Inc. All Rights Reserved

60

ALS-2 Criteria


- Either transportation by ground ambulance vehicle, medically necessary supplies and services, and the administration of at least three medications by intravenous push/bolus or by continuous infusion excluding crystalloid, hypotonic, isotonic, and hypertonic solutions (Dextrose, Normal Saline, Ringer’s Lactate)
 - One medication 3 x’s or 3 medications
 - Cannot be single dose administered in 3 parts

Copyright 2023 EMS Financial Services, Inc. All Rights Reserved

61

Or,
This Meets
ALS-2

- Provision of at least one of the following ALS procedures:
 - (1) Manual defibrillation /cardioversion.
 - (2) Endotracheal intubation.
 - (3) Central venous line.
 - (4) Cardiac pacing.
 - (5) Chest decompression.
 - (6) Surgical airway.
 - (7) Intraosseous line.



Copyright 2023 EMS Financial Services, Inc. All Rights Reserved

62

Critical Patients

- Patients may be in serious condition with multiple lvs
- Other interventions
- ALS 2 is not emergency
- Nor is ALS 2 non-emergency

Copyright 2023 EMS Financial Services, Inc. All Rights Reserved

63

Specialty Care Transport

- Inter-facility transport of critically injured or ill beneficiary by ground ambulance, at a level of service beyond scope of the EMT-Paramedic.
- Necessary when patient's condition requires ongoing care that must be furnished by one or more health professionals in an appropriate specialty area, for example, nursing, emergency medicine, respiratory care, cardiovascular care, or a paramedic with additional training

Copyright 2023 EMS Financial Services, Inc. All Rights Reserved

64

Facility to Facility Transfers

Patients may be transported from facility to facility
They may be critically ill or injured
BUT to be SCT/CCT the patient must require a level of care beyond the scope of a paramedic
Scope of practice is usually determined by the state
In rural areas, there is less SCT
Usually, the patient is transported by air (with providers who can provide a higher level of care)

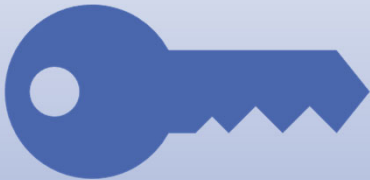


Copyright 2023 EMS Financial Services, Inc. All Rights Reserved

65

Keys to Success

Documenting the “where” and “what” and “how” describes the patient’s condition
Why does the patient need trained personnel at their side?
What is it about patient’s condition that indicates they can only be transported by ambulance?
Describing the patient’s condition in best detail leads to quality billing choices
Most important, documenting patient’s condition and why patient needs air or ground ambulance leads to overall compliance



Copyright 2023 EMS Financial Services, Inc. All Rights Reserved

66

Resources

- Go to www.cms.gov, search "Ambulance"
- Ambulance Service Center
 - <http://www.cms.gov/Center/Provider-Type/Ambulances-Services-Center.html>
- Internet Only Manual 100-2; Chapter 10, Benefits
 - <http://www.cms.gov/manuals/Downloads/bp102c10.pdf>
- Internet Only Manual 100-4; Chapter 15, Claims Processing
 - <http://www.cms.gov/manuals/downloads/clm104c15.pdf>

Copyright 2023 EMS Financial Services, Inc. All Rights Reserved

67

Resources


- *Code of Federal Regulations*, 42 CFR § 410.40, Coverage of Ambulance Service, https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AmbulanceFeeSchedule/Downloads/cfr410_40.pdf
- *Code of Federal Regulations*, 42 CFR § 414.605, Definitions, https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AmbulanceFeeSchedule/Downloads/cfr414_605.pdf
- *Office of Inspector General, Health & Human Services, Compliance Program Guidance for Ambulance Suppliers*, <https://oig.hhs.gov/fraud/docs/complianceguidance/032403ambulancecpgfr.pdf>

Copyright 2023 EMS Financial Services, Inc. All Rights Reserved

68



69



Thanks for listening!

For more info or access to our newsletter, visit:
www.ems-financial.com

Watch EMS Financial Services on LinkedIn and Facebook, or
Email: maggie@ems-financial.com

Copyright 2023 EMS Financial Services, Inc. All Rights Reserved

70



We offer consulting and training services with practical solutions to your ambulance billing, reimbursement and compliance needs.

SERVICES

- Ambulance claims auditing
- Ambulance billing consulting
- Onsite billing assessments and compliance review
- Training available to groups of all sizes
- Webinars available on our website as training alternative
- Sessions available for field crews, billing personnel and management

EMS FINANCIAL SERVICES TEAM

Maggie Adams and her diversified team of Certified Ambulance Coders bring years of experience to advise clients on a range of billing, compliance and documentation challenges. Whether working with our audit services or having us assess your call center through to the back end of accounts receivable management, we offer a fresh perspective to process problems and a friendly, approachable manner. We encourage your team to seek solutions. We will support your staff and management as you strive for best practices in an ever-changing world.

Maggie Adams is the president of EMS Financial Services, with over 25 years' experience in the ambulance industry as a business owner and as a reimbursement and compliance consultant. Known for a practical approach and winning presentation style, Maggie has worked with medical transportation providers and billing companies of all kinds to support their billing, auditing, and documentation training efforts. Check out our easily accessed documentation training webinars and con-ed approved billing webinars on our website. Friend EMS Financial on Facebook, or for more info, contact Maggie directly at maggie@ems-financial.com or visit www.ems-financial.com

EMS Financial Services, Inc.

P. O. Box 2074

Aston, PA 19014

Office: (610) 494-5255

maggie@ems-financial.com

www.ems-financial.com

Visit our website at www.ems-financial.com or call or email for information on services and pricing.