Establishing a Compliance Program
Whose Looking at You?

- Prepayment Audits
- Postpayment Audits
- Medicare Administrative Contractors (MAC)
- Recovery Audit Contractors (RAC)
- Program Safeguard Contractors (PSC)
- Zone Program Integrity Contractors (ZPIC)
- Comprehensive Error Rate Testing (CERT)
- Statistical Reporting/High Risk Vulnerabilities
What are they looking for?

• Medical Necessity
  – Condition Codes
  – Supported by Patient Care Report (PCR)

• ALS Assessment
  – Dispatch Protocols
  – Medical Necessity

• Emergency vs. Non-Emergency
  – Immediate Dispatch
What are they Looking For?

• Patient Signatures
  – Patient Signature
  – Authorized Representative Signature
  – Crew/Facility Signature
  – Lifetime?

• Physician Certification Statements
  – Detailed Medical Condition
  – Signed with Appropriate Credentials
  – Legible Signature
  – Supported by Patient Care Report (PCR)
Compliance Plan

• Internal Monitoring and Auditing
• Written Policies and Procedures
• Designated Compliance Officer
• Training and Education Programs
• Appropriate Response to Offenses and Corrective Action
• Open Lines of Communication
• Disciplinary Standards and Enforcement
Medical Necessity

• FCSO – Widespread Probe Review – Modifier (HN)
• Results – 65% Error Rate
  – Patient ability to ambulate to stretcher
  – Patient sitting in wheelchair upon arrival
  – “No public transportation available”
  – Patients were stable, in no physical distress, medical condition did not warrant continual monitoring

• Statewide Prepayment Review
Documentation Reminders

• Increase of Contractor Audits
  – Healthcare Reform
  – Establishment of RACs
  – Transition to MAC Contractor
  – Ingenix/Optium Insight
  – NC Medicaid/Public Consulting Group, Inc.

• Recent Contractor Audit of Non-Emergency Dialysis Claims
  – 77.8% Error Rate
Documentation Reminders

• Audit Findings
  – Does documentation demonstrate need for ambulance?
  – Does the PCR provide a sufficient description of patient’s specific functional limitations?
  – Does the documentation reflect the crew’s observations or objective evidence to support the patient’s need for ambulance transport?
Level of Service

- Emergency Services
  - 911 Call
  - Responded Immediately
  - Result of Accident, Injury, Illness

- Medicare Condition Codes
Documentation Reminders

• **Emergency Claims** - Medicare Condition Codes (examples)
  - **Abdominal Pain**
    - With associated Nausea, vomiting, mass, distention, rigidity, tenderness on exam, guarding
  - **Abnormal Skin Signs**
    - Diaphoresis, cyanosis, delayed cap refill, poor turgor, mottled
  - **Allergic Reaction**
    - Rapid progression of symptoms, prior hx of anaphylaxis, wheezing, difficulty swallowing, hives, itching, rash, local swelling, redness, erythema
Documentation Reminders

• Medicare Condition Codes
  • Chest Pain
    – Dull, severe, crushing, substernal, epigastric, associated pain, ie. Jaw, left arm, neck, back, with nausea vomiting, palpitations, diaphoresis
  • Cardiac other than Chest Pain
    – Persistent nausea and vomiting, weakness, hiccups, pleuritic pain, feeling of impending doom, palpitations, skipped beats
  • Abnormal Cardiac Rhythm
Documentation Reminders

• Medicare Condition Codes - Emergency Claims
  – Abnormal Vital Signs
  – Blood Glucose
    • Abnormal <80 or >250
  – Difficulty Breathing
  – Altered Level of Consciousness
    • GCS<15
  – Convulsions/Seizures
    • Seizing, immediate post-seizure, postictal, or at risk of seizure & requires monitoring
Documentation Reminders

• Medicare Condition Codes - Emergency Claims

  • Neurologic Distress
    – Facial Drooping, aphasia, difficulty swallowing, tingling extremities, stupor, delirium, confusion, hallucinations, paralysis, vertigo, unsteady gait/balance, slurred speech

  • Pain, Severe
    – Acute onset, unable to ambulate or sit due to pain, severity scale (7-10 indicates severe), receiving pharmacological interventions

  • Alcohol
    – Unable to care for self, unable to ambulate, pharmacological intervention, decreased LOC potentially compromising airway
Documentation Reminders

• Narrative Fields
  – Important element of PCR in order to paint detailed picture of medical necessity
  – Provides specific information not captured in the pull down menus and specific treatment fields
Documentation Reminders

- **Narrative Fields – Examples**
- **Which paints the better picture?**
  - Chief Complaint: Abdominal Pain
  - Secondary Compliant: Nausea and Vomiting
  - Abdomen Exam: Soft, Tenderness, Guarding upon Exam

**OR**
- **Narrative Field:** Upon arrival, witnessed patient lying on bed complaining of abdominal pain. The patient describes the pain as a severe, jabbing pain, and rates it as a 7/10 on pain scale. The patient began experiencing abdominal pain approx. 12 hours ago along with nausea and vomiting. The pain has worsening of symptoms over the past 2 hours. Upon examination, the abdomen was found to be tender upon palpitation and witnessed the patient guarding upon exam.
Medical Necessity

• Non-Emergency
  – Bed-Confined
    • Inability to get up from bed without assistance
    • Inability to ambulate
    • Inability to sit in a chair or wheelchair
      » All above criteria must be met before the patient is considered bed-confined.
  – Stretcher-Bound
    • Transportation by other means except stretcher could endanger the patient’s health (examples include: ER Transfer or Patient fully immobilized)
Non Emergency Condition Codes

<table>
<thead>
<tr>
<th>Condition</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiac/hemodynamic monitoring required enroute</td>
<td>Expectation monitoring is need before and after transport</td>
</tr>
<tr>
<td>Advanced Airway Management</td>
<td>Ventilator Dependent, apnea monitor, possible intubation needed, deep suctioning</td>
</tr>
<tr>
<td>Chemical Restraint</td>
<td>Per Transfer Instructions</td>
</tr>
<tr>
<td>Suctioning Required enroute, needed for titrated O(^2) therapy or IV management</td>
<td>Per Transfer Instructions</td>
</tr>
<tr>
<td>Airway Control/positioning required enroute</td>
<td>Per Transfer Instructions</td>
</tr>
<tr>
<td>Third Party Assistance/Attendant required to apply, administer, or regulate, or adjust oxygen enroute</td>
<td>Does not apply to patient capable of self-administration of portable or home oxygen therapy. Patient must require oxygen therapy and be so frail as to require assistance.</td>
</tr>
<tr>
<td>Patient Safety – Danger to self or others – in restraints</td>
<td>Refer to definition in 42 CFR Sect. 482.13(e).</td>
</tr>
<tr>
<td>Patient Safety – Danger to self or others – monitoring</td>
<td>Behavioral or cognitive risks such that patient requires monitoring for safety.</td>
</tr>
</tbody>
</table>
# Non Emergency Condition Codes

<table>
<thead>
<tr>
<th>Patient Safety: Danger to self or others - seclusion (flight risk)</th>
<th>Behavioral or cognitive risk such that patient Requires attendant to assure patient does not try to exit the ambulance prematurely. Refer to 42 C.F.R. Sec. 482.13(f)(2) for Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Safety: Risk of falling off wheelchair or stretcher while in motion (not related to obesity).</td>
<td>Patient’s physical condition is such that patient risks injury during vehicle movement despite restraints. Indirect indicators include MDS criteria.</td>
</tr>
<tr>
<td>Special Handling enroute – Isolation.</td>
<td>Includes patients communicable diseases or hazardous material exposure who must be isolated from public or whose medical condition must be protected from public exposure; surgical drainage complications.</td>
</tr>
<tr>
<td>Special Handling enroute to reduce pain – orthopedic device.</td>
<td>Backboard, halotraction, use of pins and traction, etc. Pain may be present.</td>
</tr>
<tr>
<td>Special Handling enroute – positioning requires specialized handling</td>
<td>Requires special handling to avoid further injury (such as &gt;grade 2 decubitis ulcers on buttocks). Generally does not apply to shorter transfers of &lt;1 hour. Positioning in wheelchair or standard car seat inappropriate due to contractures or recent extremity fractures – post-op hip as an example</td>
</tr>
</tbody>
</table>
Documentation Reminders

• Non-Emergency Claims
  – When the PCS states the reason for tx is Altered Mental Status, Dementia, or other Behavioral Issues, does the PCR sufficiently document a mental assessment that concurs?
  – When the PCS states Contractures, does the PCR sufficiently document the location and severity?
  – When the PCS states Decubitus Ulcers, does the PCR specifically address the location and severity?
  – When the PCS states Bed Confined, while the PCR is contradictory (pt. found in wheelchair)?
  – Does each PCR stand alone?
Medical Necessity

Did the Patient need to go by Ambulance?

Medicare services covered “only” when the patient’s condition is such that other means of transport would endanger the patient’s health.
Physician Certification Statements

• Invalid PCS Forms – (Non-Emergency Claims)
  – No Indication of PCS form
  – Signed PCS but does not state:
    • Acceptable Terms
  – All fields are blank, except for signature
  – Signature Field is blank
  – Signature of person without appropriate credentials (LPN, CSW)
  – Contradictory to information contained on PCR
Level of Care

“In accordance with State and Local Law”

• BLS
  – CPR, Restraints, Immobilizers, Oxygen

• ALS
  – Advanced Airway Management
  – Initiating, Administering, Monitoring an IV
  – EKG Monitoring
Level of Care

“In accordance with State and Local Law”

• BLS
  – CPR, Restraints, Immobilizers, Oxygen

• ALS
  – Advanced Airway Management
  – Initiating, Administering, Monitoring an IV
  – EKG Monitoring
Level of Care

• ALS- Level 2
  – One of the 7 ALS-2 Procedures; OR
  – 3 or more Medications given by IV or Infusion

• SCT
  – Inter-facility
  – Critically Ill or Injured Patient
  – Services beyond the scope of Paramedic
ALS Assessment

• Standard Dispatch Protocols
  – I.E., EMD Codes

• Condition at Dispatch Required ALS Assessment

• ALS Intervention is not required if assessment performed

Staffing of full ALS level does not warrant all transports to be billed at ALS
Interventions

• Level of Care determined by Interventions:
  – Initiated by EMS Agency
  – Initiated by other Medical Responders
  – Monitored by EMS Agency
  – Attempted but were unsuccessful
Medicare Patient Signature Requirements

- Medicare requires a valid signature authorization prior to billing the claim for payment.

- Purpose of Signature Authorization:
  - Authorize the ambulance provider to submit a claim to Medicare on the patient’s behalf
  - Acknowledge the receipt of the Notice of Privacy Practices under HIPAA regulations
  - Verify that the ambulance services were provided
Patient Signature

• Obtain Patient Signature at time of Transport
  – If patient is deceased, no attempt to obtain a signature of family member, authorized representative or facility is required
  – If patient is unable to sign their full name, the patient may sign with an “X”. Someone must sign and print their name as a witness to this signature.*
  – *The EMT/Paramedic is able to witness the “X”.

Authorized Representative

• If patient is physically or mentally incapable of signing, an authorized representative signature may be obtained.
• Document the reason the patient is unable to sign
Authorized Representative

• Authorized Representatives:
  – Patient’s Legal Guardian
  – Relative or other Person who receives Social Security Benefits or other governmental benefits on behalf of patient
  – A relative or other person who arranges for the patient’s treatment or exercises other responsibilities for their affairs
  – A representative of an agency that did not furnish the services for which payment is being claimed, but furnished other care, services, or assistance to the patient.
Receiving Facility Signature

• Applies only when:
  – The patient was physically or mentally unable to sign
  – No authorized representative was available or willing to sign
  – The reason in which the patient was unable to sign is clearly documented

• A facility signature alone without the appropriate documentation is not sufficient.
Receiving Facility Signature

• A “contemporaneous” statement from an employee of the ambulance service present during the transport that indicates that the patient was physically or mentally incapable of signing, and none of the authorized signers were available or willing to sign; AND

• Documentation of the date and time the beneficiary was transported and the name and location of the facility that received the beneficiary; AND
Receiving Facility

• One of the following:
  – A signed “contemporaneous” statement from a representative of the facility that received the beneficiary, which documents the name of the beneficiary and the date and time the beneficiary was received by that facility; OR
  – Secondary Verification obtained at a later date but prior to submitting the claim to Medicare in the form of:
    • A signed PCR (signed by a representative of the receiving facility)
    • The hospital registration/admission sheet
    • The patient’s medical record
    • The hospital log, or
    • Other internal hospital records