Red Lights and Reimbursement

By J.R. Henry
EMT-P

Many ambulance services across the country are inadvertently "under-coding" thousands of transports as they do not capture, nor understand, the importance of documenting the nature of the call at the time of dispatch.

The first area of concern is related to the use of red lights and sirens. Many EMS professionals across the country ask, "Can my ambulance service receive more money if it responds to a call or transports a patient using red lights and sirens?"

The simple and direct answer to this question is no.

According to current Medicare guidelines, "the use of red lights and sirens are not a determinant factor" as to whether a transport can be billed as an emergency response.

Medicare defines an emergency response as "a Basic Life Support (BLS) or Advanced Life Support (ALS) level of service that has been provided in immediate response to a 911 call or the equivalent. An immediate response is one in which the ambulance provider/supplier begins as quickly as possible to take the steps necessary to respond to the call."

What determines whether the transport can be billed as an emergency? The following are key factors to consider:

- Was the nature of the call "emergent" at the time of dispatch — potentially requiring immediate BLS or ALS interventions?
- Did the ambulance service immediately dispatch its first available unit to respond?
- How quickly did the ambulance service begin its response? ("Turn a wheel")

The "emergency" definition does not take into account actual response time to the scene or the use of red lights or sirens by the ambulance crew.

Time Frame

What time frame constitutes an "immediate response?" Medicare has not provided an exact time frame — in minutes. Therefore, an ambulance service should take all steps necessary to respond immediately to emergency calls, including the use of mutual aid resources. In the event that no units are available, most industry experts agree a call en route in 15 minutes or less will meet the test of "immediate response."

This is not to say that anyone endorses a 15-minute delay in response time to emergency calls. However, this guideline can be used for billing and coding purposes when response time is delayed due to lack of system resources.

The following is the confusing part. Assume that a Patient Care Report (PCR) indicates an ambulance responded to the 911 call in a "non-emergency" fashion. No red lights and sirens were used during the initial response or during the transport phase to the hospital. The PCR indicates that the entire call was performed in a "non-emergency" mode.

To properly code this transport, the biller should look at the nature of the call at the time of dispatch and the "response" time. If the call was emergent in nature and the unit responded immediately, then the transport may be coded as an emergency response.

This may seem contradictory, but current Medicare guidelines state that as long as the ambulance service responded immediately to a 911 call (or equivalent), the transport may be billed as an emergency response.

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Most of the confusion is a result of certain PCR programs which require the writer to indicate whether "red lights and sirens" were used during the response and transport modes of the transport. These fields typically were not designed, nor programmed, based upon Medicare's definition of an "immediate response." These fields are usually a part of a state's mandatory PCR reporting system that permits analysis of an ambulance service's use of red lights and sirens during response and transport.

Paramedic Assessments

The second reason many ambulance services inadvertently "undercode" calls is related to "paramedic assessments."

In order to determine if ALS is the appropriate charge, current Medicare guidelines mandate that each ambulance organization closely examine two issues:

- Were ALS interventions utilized? If yes, the call can be billed an emergent or non-emergent ALS transport.
- If no ALS interventions were used, the biller must ascertain how the emergency response was dispatched. Was the response priority established as an "ALS required response" or "BLS Only Response?"

If the patient's reported condition at the time of dispatch required an ALS response and no ALS intervention were initiated, ALS may still be billed if the following "ALS Assessment" criteria are met:

The call met all emergency response criteria (outlined above) and;

The patient's reported condition (at the time of dispatch) required an ALS response, in accordance with local, state or national dispatch protocols and;

An ALS Assessment was performed by a qualified ALS crew and;

- The patient met all other medical necessity criteria and;
- The patient was transported to an approved medical facility.

(Note: Transports meeting all of the above criteria may still be coded as ALS even if the paramedic did not accompany the patient to the hospital.)

Documentation

Resolution of these types of billing and coding questions can be solved by providing ongoing documentation training to operational personnel to assure they provide clear and concise documentation of the

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response priority and patient's reported condition at the time of dispatch. Billing personnel and third party payers must understand the clear and precise differences between documentation of an "immediate response" versus the state mandated "response mode" listed on the PCR.

Documentation of the actual dispatch information and response priority assigned to each call is also a key factor in determining how a transport may be billed.

It is the ambulance service's responsibility to collect, document and analyze the patient's reported condition at the time of dispatch in order to appropriately determine whether or not the call is emergent. The nature of the call at the time of dispatch is also key to whether the call can be billed as an "ALS Assessment."

Response Priorities

Various types of response priorities are in use today. These include Alpha, Bravo, Charlie, Delta, Echo; or Class I, II, III"; or E1, E2, E3. Regardless of the type of response priority codes used, each code should be designated as to whether it requires an ALS or BLS response. Each response priority should be recorded on the PCR to help determine if the call can be classified as an "Emergency Response" or one in which a "Paramedic Assessment" was performed.

Every ambulance service providing emergency services should obtain a copy of summarized dispatch information for each response. Furthermore, operational personnel should be required to document, on each Patient Care Record (PCR), a description of the nature of the call at the time of dispatch and the assigned response priority. Billing personnel (internal or external) should be acutely familiar with the meaning and application of all local dispatch polices and response priorities in order to code transports correctly.

Implementation of these important recommendations will typically enhance revenue and will also help to assure and enhance compliance with federal and state billing requirements.

J.R. Henry has more than 30 years of experience as an EMS provider, administrator and firefighter. Henry founded his consulting firm in 1982. Working with hundreds of EMS and fire department organizations, hospitals and municipalities across the U.S., Henry is considered an expert in the area of ambulance service operations, management, reimbursement and legal-related issues. In addition to his administrative and consulting activities, Henry is a former paramedic and rescue technician and a life member of the West View Volunteer Fire Department. Henry currently serves as the mayor of West View Borough and as the president of the Pennsylvania Emergency Health Services Council and vice president of the Allegheny County EMS Council.

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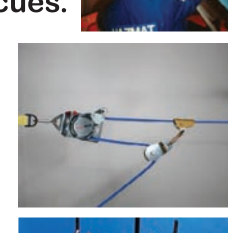

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National Junior Firefighter Program

The National Volunteer Fire Council (NVFC) and Spartan Motors has joined together to launch the National Junior Firefighter Program. This program that allows young people the opportunity to learn about their local fire, rescue and EMS organization in a safe, controlled, educational and fun environment. It also provides an invaluable recruitment pipeline to departments and positive social interaction for youth within the program and the community.

The National Junior Firefighter Program contains components for both departments and junior firefighters.

For departments:

- Resources and information for starting, promoting and managing a program for youth.
- Opportunity to list a current or new junior firefighter program in a national, searchable database.

For youth participants:

- Online system that allows junior firefighters to log their hours and receive special incentives at certain benchmarks.
- National award program to honor outstanding participants in a local junior firefighter program.
- Youth membership opportunity in the National Volunteer Fire Council.

The National Junior Firefighter Program is an umbrella for all Junior Firefighter Programs across the nation. The NVFC advocates departments develop a non-response program.

Information on the National Junior Firefighter Program is available on the NVFC web site at www.nvfc.org/juniors/.

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