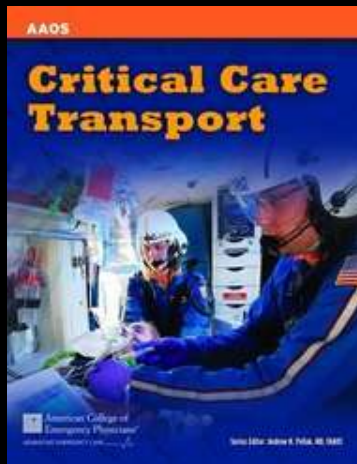


UNIQUE CONSIDERATIONS IN SPECIALTY AND CRITICAL CARE TRANSPORTS

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THERE ARE TEXTBOOKS...



COURSES...



CONFERENCES...



CERTIFICATIONS...



AND ASSOCIATIONS...



ASSOCIATION OF CRITICAL CARE TRANSPORT





SPECIALTY CARE TRANSPORTS (SCT)

- Inter-facility transportation of a critically injured or ill beneficiary, including medically necessary supplies and services, at a level beyond the scope of the EMT-P.

- *SCT is necessary when a beneficiary's condition requires ongoing care that must be furnished by one or more health professionals in an appropriate specialty area, for example, emergency or critical care nursing, emergency medicine, respiratory care, cardiovascular care, or a paramedic with additional training.*



MEDICARE SAYS...

- EMT-Paramedic level of care is *State* specific
- If EMT-Paramedics - without specialty care certification or qualification - are permitted to furnish a given service in a State, then that service does **not** qualify for SCT.
- “Additional training” means the specific additional training that a State requires a paramedic to complete in order to qualify to furnish specialty care to a critically ill or injured patient during an SCT.



SPECIALTY CARE TRANSPORT

- Why does the patient's condition indicate the need for a specially trained attendant?
- What special equipment is required for the transport?
- What medications will the patient likely need during transport?



IT'S ALL ABOUT THE PATIENT...

Just putting a person with skills above the level of an EMT-P on the ambulance does not qualify the transports done by that ambulance as SCT.



WHY IS A CCT/SCT TEAM NEEDED?

- Distance/Time Out of Hospital
- Why do they need the CCT Team?
 - Could one paramedic in the back of a ground truck do this?
 - What if?
 - High Risk Medications?
- EMTALA



EMTALA

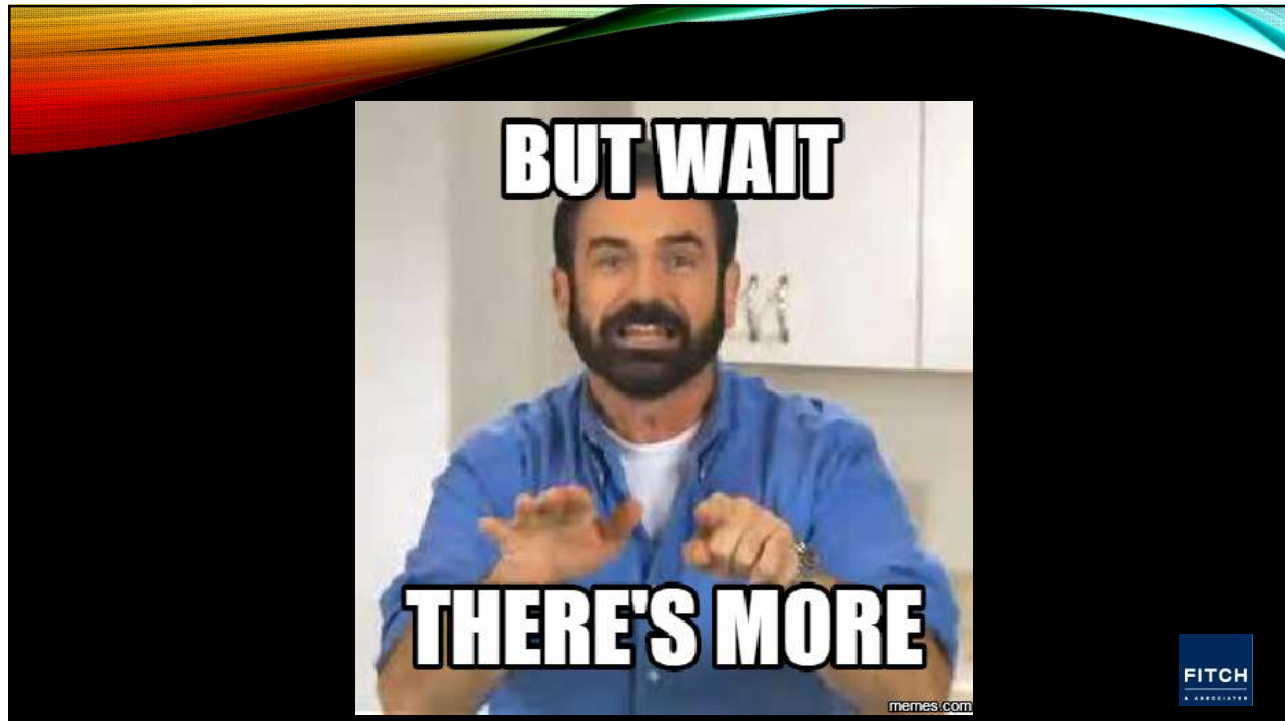
- In 1986, Congress enacted the Emergency Medical Treatment & Labor Act (EMTALA) to ensure public access to emergency services regardless of ability to pay.





EMTALA REQUIRES...

- Examination or Treatment of Emergency Conditions, including active labor, regardless of ability to pay.



If a hospital is unable to stabilize a patient within its capability, or if the patient requests, an appropriate transfer should be implemented.

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TRANSFERS

- **Appropriate** transfer of the individual is required if...
 - The Individual requests the transfer or
 - The Hospital does not have the capability or capacity to provide the treatment necessary to stabilize the condition
 - The Hospital does not have the capability or capacity to admit the individual for the condition



STATE OPERATIONS MANUAL §489.24 (E)(2)(IV)

- **Emergency medical technicians may not always be “qualified personnel”** for purposes of transferring an individual under these regulations.



STATE OPERATIONS MANUAL §489.24 (E)(2)(IV)

- Depending on the individual's condition, there may be situations in which a physician's presence or some other specialist's presence might be necessary.
- **The physician at the sending hospital (not at the receiving hospital) has the responsibility to determine the appropriate mode, equipment, and attendants for transfer.**



DOCUMENTATION

- What **Specialty** is Needed
 - Drugs?
 - Therapies?
 - Machines
 - ECMO
 - Balloon Pumps
- **WHO** was the crew....
 - Name
 - Credentials
- **WHY** were their services (beyond the scope of the EMT-P) needed?



WHAT IS NOT AVAILABLE.....

HERE



THAT IS HERE



24

DOCUMENTATION

- **NOT SUFFICIENT** - “Transferring To A Higher Level Of Care” or “Transferring for Cardiac Care Services”

DOCUMENTATION

- *Transferring patient to Hospital B for interventional cardiology services (cath-lab, stents, percutaneous valve repair) not available at Hospital A. Patient required _____ services beyond the scope of the paramedic, provided by _____.*



Not All Interfacility
Transports are
Specialty Care
Transports





COULD BE...

- BLSE
- ALSE
- BLSNE
- **ALSNE**
- And...there is no distinction in the Air
 - Rotor
 - Fixed

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NON-EMERGENT TRANSFERS

- Medicaid
 - No Prior Auth Needed...
- Medicare
 - Physicians Certification Statement



MEDICAID

- Must be one-way and the Participant must be receiving a Higher Level of Care, that is, inpatient services not available at the originating hospital.
- Hospital to hospital transports via non-emergency ambulance do not require prior authorization from First Transit. NET Providers may bill HFS directly.



PCS FORMS

- Required for **Medicare** patients when the transport is:
 - 1. **Unscheduled, non-emergency ambulance services or non-emergency ambulance services scheduled on a non-repetitive basis for a patient who is under the care of a physician; and**
 - 2. Non-emergency, scheduled, repetitive ambulance services.



WHAT SHOULD BE INCLUDED

- Patient Name
- Date of Ambulance Transport
- Medical Condition Requiring Ambulance Transport and Should be Specific as to Why Other Means of Transportation Cannot be Used
- Bed Confined Status (Yes or No)
- Origin and Destination
- Authorized Signature (Legible)



BED CONFINED

- Patient cannot ambulate
- Patient cannot get out of bed without assistance
- Patient cannot sit in a wheelchair
- BED CONFINED ALONE IS NOT A REASON FOR TRANSPORT



WHO CAN SIGN A PCS?



ONLY THESE PEOPLE...

- Physician
- Physician's Assistant
- Nurse Practitioner
- Registered Nurse
- Clinical Nurse Specialist
- Discharge Planner, who has personal knowledge of the beneficiary's condition at the time the ambulance transport is ordered or the service is furnished
- *Signatures must be **legible** and should include all applicable credentials*



BILLABLE?

- Question: Does the Nurse, Doctor, RT, or Other eligible health care professional have to be the employee of the ambulance company for the service to be billed as SCT?
- Answer: Yes and No....

The ambulance company must have a financial obligation for the criteria to be met. The obligation can be a contract setting a dollar amount to be paid with a facility employing the eligible professional.



SUMMARY

- Beyond the Scope of EMT-P
- State Specific
- Documentation of What, Who, Why
- Not All Transfers are SCT
- Non-Emergent Factors
 - ALSNE
 - PCS Forms
- Billing



KEEP
CALM
AND
ASK
QUESTIONS

A red rectangular poster with a white crown icon at the top. The text "KEEP CALM AND ASK QUESTIONS" is written in a bold, white, sans-serif font, centered on the poster.

REFERENCES

- <https://www.ngsmedicare.com/ngs/portal/ngsmedicare/newngs/home-lob/pages/Search/>
- <https://www.cms.gov/Regulations-and-Guidance/Legislation/EMTALA/>
- <https://netspap.com/for-providers/nporm/>
- Center for Medicare & Medicaid Services, *Medicare Benefit Policy Manual, Chapter 10*. <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c10.pdf>
- **(MLN Matters® Number: MM9761) Related Change Request Number: 9761**



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