Emergency Coding Clinic
Attendee License Agreement

License and Limitations of Use

Once you (Licensee) register for and/or attend any PWW Media, Inc. (Licensor, hereinafter “PWW Media”) Event (including but not limited to abc360, The PWW Executive Institute and any PWW Media webinars), you agree to be bound by the terms of this License. This License covers any information, materials or training that PWW Media provides, whether written, electronic or oral, and whether accessed directly or indirectly through attendance at a conference or access via the Internet (Licensed Materials). Licensee is permitted to print one copy of the Licensed Materials and/or keep one electronic copy as backup.

Unless Licensee obtains Licensor’s prior written permission, Licensee may not:

- Permit anyone but you to use a password or share a link to access Licensed Materials;
- Provide or forward any Licensed Materials in whole or in part to anyone else;
- Copy, duplicate or in any manner reproduce or rebroadcast any Licensed Material or use it to train anyone;
- Copy, modify, sell, distribute, rent, lease, loan or sublicense any Licensed Materials;
- Record any PWW Media Event (including presentations, questions and answers, individual consultations, etc.) by audio, video, electronic or any other means;
- Use any Licensed Materials for any commercial purposes whatsoever.

Copyright Statement

All Licensed Materials are the Copyright of PWW Media, Inc. unless otherwise noted. All rights are reserved. No claim is made with regard to any governmental works or the works of any third parties used by permission. No part of this material may be duplicated, reproduced or distributed by any means.

Disclaimer

Although Licensor attempts to provide accurate and complete information at all PWW Media Events, Licensor cannot guarantee it. Errors and omissions may occur. Therefore, Licensor presents all Licensed Materials “as is” and disclaims any warranties of any kind, express or implied. The Licensee acknowledges that the Licensed Materials are subject to change based on changes in law and agrees that Licensor is not responsible to update and/or supplement any of the Licensed Materials at any time. None of the Licensed Materials constitute legal advice or a definitive statement of the law and are not a substitute for individualized legal advice under an attorney-client relationship. Licensed Materials are for educational purposes only. Licensee is instructed to consult the official sources of materials from governmental agencies. Licensor is not responsible in any manner for any billing, compliance, reimbursement, legal or other decisions you make based in whole or in part upon any Licensed Materials, and Licensee hereby forever releases Licensor from any and all claims and liability of any kind related to Licensee’s use of any Licensed Materials. Any examples of documentation, coding scenarios and other teaching illustrations contained in any Licensed Materials are examples for illustrative purposes only. Licensor waives any and all claims, lawsuits or other actions against PWW Media, its principals and employees and all related entities. In all cases, you agree that the liability of PWW Media, Inc. is limited to any amounts paid by Licensee for registering for the PWW Media Event. This Agreement is governed by Pennsylvania law and any disputes hereunder shall be brought exclusively in the Commonwealth of Pennsylvania, County of Cumberland.

Entire Agreement

Licensee acknowledges that Licensor, nor anyone else on its behalf, made any representations or promises upon which you relied that are not in this Agreement. This Agreement constitutes the entire understanding between Licensee and Licensor and cannot be altered unless signed in writing by the principals of PWW Media, Inc. If any part of this Agreement is declared invalid, it will not invalidate the remaining parts. If Licensor does not enforce any part of this Agreement for any reason, Licensor does not waive its right to enforce it later.
Important Notes

- 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

- Some of these examples may not be billable to Medicare – you decide!
- In the Real World, you would likely hold these claims for development and additional information

Important Notes

- You’re not required to bill a non-covered service unless:
  - The patient requests submission of the claim
  - Or, where a Medicare denial is required for coordination of benefits
  - Always use the appropriate non-covered service modifier (e.g., GA, GY or GZ) when submitting a claim for a non-covered service

Important Notes

- When requesting additional information remember:
  - 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

• ICD-10 Codes used in these examples are for educational purposes only
• You are responsible for proper coding of your claims
• ICD-10 Resources:
  - abc Quik Guide
  - CMS Website
  - Novitas Local Coverage Article
  - www.ICD10data.com

CMS Q&A – ICD-10

Question 27: [new 08/18/2016]
Will unspecified codes be allowed once ICD-10 flexibilities expire?

Answer 27:
Yes. In ICD-10-CM, unspecified codes have acceptable, even necessary, use. Information about
unspecified codes, including an MLS Matters article and videos, can be found on the CMS website.
While you should report specific diagnosis codes when they are supported by the available medical
record documentation and clinical knowledge of the patient's health condition, in some instances
signs/symptoms or unspecified codes are the best choice to accurately reflect the health care encounter.

You should code each health care encounter to the level of certainty known for that encounter.

When sufficient clinical information is not known or available about a particular health condition to
assign a more specific code, it is acceptable to report the appropriate unspecified code (for example, a
diagnosis of pneumonia has been determined but the specific type has not been determined).

For ICD-10 coding resources, visit the Provider Resources section of the CMS ICD-10 website.

Coding Clinic ICD-10 Codes

• Remember, one MAC (Novitas) requires dual codes
• Codes used in the Coding Clinics are Novitas compliant
• Will also work for other MAC jurisdictions (though no secondary code required in other MACs)

Run 101E

Madame Medusa

Run 101 E – Emergency Response

• Dispatched ALS Delta for “Sick Person”
• Immediate response (Call Received and Enroute times within one minute)

Run 101 E – Medical Necessity

• Vague complaint (psych), neurologically intact
• No evidence of threat to self or others
• Not clear why pt. required ambulance
• Transported on bench seat
Run 101 E – Reasonableness
- Not clear why pt. is being transported
- “Tired of being homeless”
- Psych history, but no apparent problem

Run 101 E – Origin/Destination
- Origin = County Jail (“S”)
- Destination = Medical Center (“H”)

Run 101 E – Mileage
- Destination mileage: 87.4
- Origin mileage: 84.4
- Loaded mileage: 3.0

Run 101 E – Forms
- AOB
  - Signed by patient
  - Witnessed by crewmember
  - No indication pt. was unable to sign

Run 101 E – Documentation
- Unanswered questions
- Incomplete picture
- Medical necessity not clear
- Reasonableness not evident

Run 101 E – Other
- ALS dispatch, response, and assessment = A0427
- QJ modifier not applicable when pt. no longer incarcerated
Run 101 E – ICD-10

• F29 “Unspecified psychosis not due to a substance or known physiological condition”
• Z76.89 “Persons encountering health services in other specified circumstances”
  ▪ Note: if you in a Novitas jurisdiction, this is a mandatory Secondary Code when using GY modifier

Run 101 E – Lessons Learned

• Medical necessity & reasonableness
• ICD-10
• QJ Modifier
• ALS vs. BLS (ALS assessment)

Run 102 E

Hank Septopus

Run 102 E – Emergency Response

• Dispatched BLS Bravo for “fever”
• Immediate response (Call Received and Enroute times within three minutes)

Run 102 E – Medical Necessity

• Sudden onset nausea/vomiting, diaphoretic, clammy, fever
• EKG (to rule out cardiac problems), IV (for fluid replacement)

Run 102 E – Reasonableness

• Pt. suffering from acute medical condition
• Transport to hospital for further evaluation and treatment is warranted
Run 102 E – Origin/Destination
• Origin = Residence ("R")
• Destination = Community Hospital ("H")

Run 102 E – Mileage
• No destination or origin mileage noted, only “Total Loaded Mileage”
• Not clear how it was calculated, but
• Mapping printout shows 1.5 miles

Run 102 E – Forms
• AOB
• Signed by patient on 10/8/12 for transport from 10/4/12
• Valid, lifetime signature (even though signature captured after the DOS from that previous trip)

Run 102 E – Documentation
• Thorough, complete, paints detailed picture of events
• Includes fluid volumes (as applicable) and statements from patient and spouse regarding symptoms and conditions

Run 102 E – Other
• ALS vs. BLS – despite BLS dispatch, ALS interventions (EKG and IV) appear medically necessary and rationale for each is described by crew

Run 102 E – ICD-10
• R11.2 “Nausea with vomiting, unspecified”
• R69 “Illness, unspecified”
Run 102 E – ICD-10

- Novitas Secondary Code
  - Z74.3 “Need for continuous supervision”
  - Z99.89 “Dependence on other enabling machines and devices”

Run 102 E – Lessons Learned

- Lifetime signature
- Mileage verification
- ALS intervention despite BLS dispatch (when medically necessary)
- ICD-10 Codes

Run 103 E

Yzma Eveel

And Kronk

Run 103 E – Emergency Response

- Dispatched ALS Delta for Cardiac
- Call Received and Enroute times within three minutes – immediate response

Run 103 E – Medical Necessity

- Dispatched as cardiac problem, but pt. complains of needing to have a bowel movement
- Treated for hypotension and dehydration
- ALS assessment, EKG, and IV initiated
Run 103 E – Reasonableness

- Although pt. reported just needing to have a BM, crew treated pt. for hypotension and dehydration
- Initial complaint was cardiac, and pt. did report chest pain
- Transport to hospital for evaluation warranted

Run 103 E – Origin/Destination

- Origin = Golden SNF (“N”)
- Destination = Good Samaritan Hospital (“H”)

Run 103 E – Mileage

- Destination mileage 567.8
- Origin mileage 561.7
- Total loaded mileage 6.1

Run 103 E – Forms

- AOB signed by family member “Kronk Eveel” due to pt. history of dementia
- Pt. reported by crew as A&Ox4, but also sleepy, and multiple psychiatric conditions
- Pt. inability to sign evident

Run 103 E – Documentation

- Detailed, thorough assessment and narrative, except:
  - No pain scale noted (for chest pain)
  - Assessment shows “Heart: Not done” when EKG was performed, and pt. reported chest pain

Run 103 E – Other

- ALS vs. BLS: ALS dispatch and interventions, despite minor pt. complaint on scene
- Second IV line (IV lock)
Run 103 E – ICD-10
- E86.0 “Dehydration” – unconfirmed diagnosis
- K59.00 “Constipation” – unconfirmed diagnosis
- I95.9 “Hypotension, unspecified” – supported by on scene information
- R07.9 “Chest pain, unspecified” – dispatched condition, and confirmed on scene

Run 103 E – ICD-10
- Novitas Secondary Code
  - Z74.3 “Need for continuous supervision”
  - Z99.89 “Dependence on other enabling machines and devices”

Run 103 E – Lessons Learned
- Representative signature
- On-scene condition different than dispatched condition
- ICD-10

Run 104 E
Bailey Seen

Run 104 E – Emergency Response
- 30 minute delay from Call Received (12:33:54) to Dispatched (13:04:10) and Dispatch (13:04:10) to Enroute (13:37:06)
- Not immediate response, despite BLS Bravo dispatch

Run 104 E – Medical Necessity
- Pt. with headache rated 8/10, blurred vision, weak, tired
- IV, O2, EKG all appear warranted based on pt. complaint, and symptoms
Run 104 E – Reasonableness

• Transport for higher level of care (hospital evaluation) is reasonable

Run 104 E – Origin/Destination

• Origin = Residence (“R”)
• Destination = General Hospital (“H”)

Run 104 E – Mileage

• No mileage recorded on PCR
• No mapping printouts in file
• Need to verify mileage before billing

Run 104 E – Forms

• Pt. “unwilling” to sign = refusal
  • But, was pt. mentally unable to sign?
• AOB – signed contemporaneously by crewmember, (driver but still familiar with pt. care), attesting to pt. inability to sign and unwillingness of representative (son) to sign on behalf of patient, but no receiving facility representative signature

Run 104 E – Forms

• Face Sheet from receiving hospital
• Notes pt. arrived at ED of Community Hospital at 14:15, and came by ambulance
• Valid “secondary documentation” to satisfy 42 CFR § 424.36(b)(6)
• But…

Run 104 E – Forms

• Consider holding claim to try to get a patient signature, due to her unwillingness to sign (refusal), and a whether she had mental capacity to sign (or to refuse)
Run 104 E – Documentation

• Thorough, good incorporation of statements from pt. and family member
• Good discussion of call for Paramedic back-up
• Good documentation as to rationale for ALS interventions

Run 104 E – Other

• No immediate response, so no emergency level billing
• No PCS needed – transport from residence and pt. not under direct care of physician (42 CFR § 410.40(d)(3)(ii))

Run 104 E – ICD-10

• S05.90XA “Unspecified injury of unspecified eye and orbit, initial encounter” – possible, but blurred vision is only part of the overall complaint and issue
• R51 “Headache” – best option for Primary Code, supported well by documentation and clinical findings

Run 104 E – ICD-10

• Novitas Secondary Code: Z74.3

Run 104 E – Lessons Learned

• Immediate response
• Signature (b)(6) rules
• No PCS needed in limited circumstances

Run 105 E
Hiram Flaversham
Run 105 E – Emergency Response
- Dispatched BLS Bravo for syncope/vertigo
- Call Received, Dispatch, and Enroute times within 2 minutes – immediate response

Run 105 E – Medical Necessity
- No transport

Run 105 E – Reasonableness
- No transport

Run 105 E – Origin/Destination
- No transport
Run 105 E – Mileage
- No transport

Run 105 E – Forms
- AMA/Refusal form, signed by spouse, who is POA
- Valid and complete
- No AOB needed – not being billed to Medicare

Run 105 E – Documentation
- Very thorough and complete – details all events, with statements and quotes from patient, witnesses, and other healthcare professionals

Run 105 E – Other
- Not payable by Medicare, deemed “treat no transport,” but may be billable to other insurance (if applicable)
- Choosing to bill patient, especially when third party caller initiated 911 is a business decision
- Urgent Care Clinic is not responsible for payment

Run 105 E – ICD-10
- Not necessary or required if not being billed to insurance, but if needed for coordination of benefits:
  - Z76.89 “Persons encountering health services in other specified circumstances” and remember to use GY

Run 105 NE – Lessons Learned
- Not all responses will result in a transport
- Use AMA/refusal form where patient refuses to be treated/transported
- Do not bill with a transport HCPCS if pt is not transported
Run 106 E – Emergency Response
- Dispatched Delta for Respiratory Problem
- Call Received, Dispatch and Enroute times within 2 minutes – immediate response

Run 106 E – Medical Necessity
- Pt. clinically hypotensive and bradycardic
- IV and cardiac pacing performed

Run 106 E – Reasonableness
- Pt. initially brought to closed facility, now in parking lot
- Pt. has acute medical condition requiring transport to hospital for further evaluation

Run 106 E – Origin/Destination
- Origin = Parking lot of Freestanding ED (“S”)
- Destination = Holy Spirit Hospital (“H”)

Run 106 E – Mileage
- Destination Mileage: 5682.0
- Origin Mileage: 5672.9
- Total loaded miles: 9.1
- No need for full odometer reading, or all mileages
Run 106 E – Forms
• AOB signed contemporaneously by crewmember
• Pt. unable to sign, and son doesn’t comprehend English well – valid reason for crew to sign
• PCR signed by receiving RN – valid secondary documentation

Run 106 E – Documentation
• Thorough, complete – describes situation well, reason for interventions, fact that pt. and son don’t speak English, and communications with Medical Command

Run 106 E – Other
• DOS is 9/5/16 – patient loaded on that date, despite arrival at hospital on 9/6/16 (“Midnight Rule” does not apply)
• Crew signature on AOB is dated 9/6/16 – still contemporaneous, based on arrival
• ALS vs. ALS2 – Cardiac pacing is ALS2 skill

Run 106 E – ICD-10
• R06.02 “Shortness of breath” – related to dispatched condition, but on-scene condition is different (could still report this dispatched condition)
• R09.89 “Other specified symptoms and signs involving the circulatory and respiratory systems” – possible, but only if additional symptoms are specified in other codes

Run 106 E – ICD-10
• Z99.89 “Dependence on other enabling machines and devices” – best Novitas Secondary Code
• I50.9 “Heart failure, unspecified” – best Primary code, from this list

Run 106 E – Lessons Learned
• Dispatch vs. on-scene condition
• Secondary forms of documentation for signature
• ICD-10
• Accurate origin point (scene vs. facility)
Run 107 E – Emergency Response

- Dispatched for Psychiatric/Suicidal, BLS, Bravo
- Call Received, Dispatch, and Enroute times within 5 minutes of each other – immediate response

Run 107 E – Medical Necessity

- Psych patient, combative
- Required soft restraints and police escort

Run 107 E – Reasonableness

- Pt. “acting out” and attempted assault of facility staff
- Pt. requires evaluation and services not available at origin

Run 107 E – Origin/Destination

- Origin = Assisted Living Facility (“E”)
- Destination = Community Hospital (“H”)

Run 107 E – Mileage

- Destination Mileage: 1.8
- Origin Mileage: 0.9
- Total Loaded Mileage: 0.9
Run 107 E – Forms
- AOB signed by Minnie Mouse, RN, as representative of sending facility (42 CFR § 424.36(b)(4))
- Attest to patient’s AMS and restrained status as inability to sign

Run 107 E – Documentation
- Thorough, and supports why vitals were unable to be obtained, and includes observations from other healthcare providers and rationale for transport
- Could be better to explain why police car was not an option

Run 107 E – Other
- GM secondary modifier only applicable when there are multiple patients – not extra riders (like police officers in this case)
- GW modifier is used for hospice patients only, when condition is unrelated to terminal illness – no indication this is the case here

Run 107 E – ICD-10
- Y93.75 "Activity, martial arts" – not relevant here (although patient was “combative”)
- R41.82 "Altered mental status, unspecified" – relevant but not necessarily the best reason for ambulance

Run 107 E – ICD-10
- F99 “Mental disorder, not otherwise specified” – probably best option
- Z78.1 “Physical restraint status” – best Secondary Code option for Novitas

Run 107 E – Lessons Learned
- Representative signature can be from sending facility
- Psych patient, restraints
- ICD-10 (beware of tempting “activity codes”)

Page 16

pwwmedia.com ■ pwwemslaw.com ■ AmbulanceCompliance.com