Pitfalls in Transporting a Patient to and from a Skilled Nursing Facility

A Closer Look at Medical Necessity in Ambulance Transportation
Speakers

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What is a CMN?

- “Certificate of Medical Necessity”
- Also known as a “Physician Certification Statement” or “PCS”
- Required in Medicare Regulations
- No Generic Federal Form
MONOC’s CMN/PCS Form

CERTIFICATE OF MEDICAL NECESSITY
For Medical Transportation Services

Transport Date: _____ / _____ / _____  MONOC Control # ________________________
Patient’s Name: _____________________________
Transported From: _______________________
Transported To: ______________________________
Current Diagnosis: ___________________________
Reason for Transport: _____________________

This Patient Requires Transport By Ambulance
And Should Not Be Transported By Other Means

1. His or her medical condition is such that ambulance transportation is medically required, because he or she (check all that apply):
   - is being transported as a result of an accident, injury or illness
   - needs to be restrained (for either physical or psychiatric reasons)
   - needs other medical or mental health monitoring
   - is unconscious or in shock
   - is exhibiting signs of a decreased level of consciousness
   - requires or may require oxygen during the trip
   - must remain immobile because of diagnosed or suspected fracture
   - is experiencing severe hemorrhage
   - has decubitus ulcers & requires wound precautions
   - needs airway monitoring or suctioning
   - needs isolation precautions
   - is seizure prone & requires monitoring by trained personnel

2. Is this patient able to: (Answer all) Before this transport After this transport
   - get up from bed without assistance? YES NO YES NO
   - walk? YES NO YES NO
   - sit in a chair or wheelchair? YES NO YES NO

3. Is this patient is being transported to the closest facility able to treat the patient? YES NO
   - If no, what is the closest appropriate facility? ________________________________

I certify that the above information is true and correct based on my evaluation of this patient, to the best of my knowledge and professional training.

Signature of Physician, RN, PA, or Discharge Planner: _____________________________
Printed Name and Title: _____________________________
Date Signed: _____________________________
Expiration Date: _____________________________

No Stretcher Ambulance Needed
This patient does not require transport by ambulance and can safely be transported by other means.

Signature of Physician, RN, PA, or Discharge Planner: _____________________________
Printed Name and Title: _____________________________
Date Signed: _____________________________

EMTs must complete the following for every BLS call dispatched as interfacility transport or non-emergency:

Was this CMN form completed and signed at sending facility? YES NO
If NO, please initial the reason:
   ______ Sending facility staff refused to complete or sign certificate.
   Name of staff member(s) refusing to sign: ________________________________________
   From your observation, would this patient meet our requirements for documentation of medical necessity on this form? YES NO
   ______ This call was dispatched as a wheelchair call, even though we transported the patient by BLS ambulance on a stretcher.
   ______ Other (Explain in detail on attached incident report).

For QA use:

April 29, 2003
Chief Complaint
At time of transfer

- Relevant to this transport
- From sending facility records
- Why is the procedure needed?
- Do NOT leave this blank
- Required by Medicare
Procedure/Reason For Transport

- Name of procedure or treatment
- **NOT** “higher level of care”
- **NOT** “diagnostic testing”
- Be specific
- Do **NOT** leave this blank
- Required by Medicare

April 29, 2003
Why is the Ambulance Medically Necessary?

The patient’s medical condition is such that ambulance transportation is medically required, because he or she (check all that apply):

- is being transported as a result of an accident, injury or illness
- needs to be restrained (for either physical or psychiatric reasons)
- needs other medical or mental health monitoring
Why is the Ambulance Medically Necessary?

The patient’s medical condition is such that ambulance transportation is medically required, because he or she (check all that apply):

- is unconscious or in shock
- is exhibiting signs of a decreased level of consciousness
- requires or may require oxygen during the trip
- must remain immobile because of diagnosed or suspected fracture
Why is the Ambulance Medically Necessary?

The patient’s medical condition is such that ambulance transportation is medically required, because he or she (check all that apply):

- needs monitoring and treatment for suspected stroke or MI
- is experiencing severe hemorrhage
- has decubitus ulcers & requires wound precautions
Why is the Ambulance Medically Necessary?

The patient’s medical condition is such that ambulance transportation is medically required, because he or she (check all that apply):

- needs airway monitoring or suctioning
- needs isolation precautions
- is seizure prone & requires monitoring by trained personnel
Review of Medical Necessity

- Acute Condition
- Special Attention
- Psych, if needed

Ask: Does the patient need EMTs?
Bed Confinement

- Medicare **requires** documentation of this information
- Patient **does not** have to be bed confined to go by ambulance
  - Must have an additional reason for contraindication

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HCCA Compliance Institute

April 29, 2003
What does it mean to be “Bed Confined”?

- Both before and after this transport, the patient
  - cannot get up from bed without assistance,
  - cannot walk, and
  - cannot sit in a chair or wheelchair.

- **Not** the same as
  - “bed rest,“
  - “stretcher-bound,” or
  - “non-ambulatory.”
Bed Confined

2. Is this patient able to: (Answer all)
   - get up from bed without assistance?
   - walk?
   - sit in a chair or wheelchair?

<table>
<thead>
<tr>
<th>Activity</th>
<th>Before this transport</th>
<th>After this transport</th>
</tr>
</thead>
<tbody>
<tr>
<td>get up from bed without assistance?</td>
<td>YES  NO</td>
<td>YES  NO</td>
</tr>
<tr>
<td>walk?</td>
<td>YES  NO</td>
<td>YES  NO</td>
</tr>
<tr>
<td>sit in a chair or wheelchair?</td>
<td>YES  NO</td>
<td>YES  NO</td>
</tr>
</tbody>
</table>
Allowable Miles

3. Is this patient is being transported to the closest facility able to treat the patient?  
YES  NO  
If no, what is the closest appropriate facility?  ____________________________  
If no, why not? ________________________________________________________  

HCCA Compliance Institute  
April 29, 2003
Who Determines Medical Necessity?

- Physician
- R.N.
- A.P.N.
- P.A.
- Discharge Planner
Sharing PHI

- Treatment
- Payment
- Healthcare Operations

“Minimum Necessary” does not apply
Timelines

- In Advance
- Within 48 Hours
- Within 21 Days
- Expiration Dates
SNF Financial Responsibility

- All ambulance services to residents
- Exceptions:
  - Initial SNF Admission
  - Final SNF Discharge
  - Hospital Inpatient Admission
  - Home for Home Health Care
  - Hospital for Emergency Services
  - Hospital for Intensive Outpatient Services not in SNF’s Comprehensive Plan of Care
  - Departure from SNF w/o readmission to any SNF w/i 24 Hours
Speakers

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