



## **Ambulance News May 2010**

### **Billing Tip of the Month**

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Vice President of Billing Services

Are you familiar with Transportation Indicators? Transportation indicators are used to help support the medical necessity of the trip. The "C2" indicator is most commonly used with Ground Ambulance Services and indicates that a patient is being transported from one facility to another for a higher level of care. In the narrative, information should be reported about which service the patient requires (for example: Transferred for Orthopedic, Cardiac, Neurology, etc...).

### **What HIPAA Does NOT Prohibit**

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Chief Legal Officer

Have you ever asked a doctor or a hospital for some information about one of their patients whom you have transported? I'd be willing to bet that you have made a request like this in the past, probably even last week. And I'd also be willing to bet that at some point, again probably last week, you have been told that HIPAA won't allow them to give you that information. Is this sounding familiar? If so, there is something you need to know: HIPAA does NOT prohibit them from giving you the information you need to treat OR bill the patient.

In a "Fact Sheet" published on August 9, 2002, HHS stated that:

"Disclosures for Treatment, Payment, or Health Care Operations of Another Entity- The final Rule clarifies that covered entities can disclose protected health information for the treatment and payment activities of another covered entity or a health care provider, and for certain health care operations of another covered entity." (see: <http://www.hhs.gov/news/press/2002pres/20020809.html> or call the HHS press office at (202) 690-6343 for a copy).

Also, the HHS guidance written for HIPAA states that:

General Provisions at 45 Code of Federal Regulations § 164.506. A covered entity may, without the individual's authorization:

- A covered entity may disclose protected health information to another covered entity or a health care provider (including providers not covered by the Privacy Rule) for the payment activities of the entity that receives the information.

For example:

- A physician may send an individual's health plan coverage information to a laboratory who needs the information to bill for services it provided to the physician with respect to the individual.
- A hospital emergency department may give a patient's payment information to an





ambulance service provider that transported the patient to the hospital in order for the ambulance provider to bill for its treatment services.

The example above was given by HHS to show circumstances where medical records may be disclosed by a hospital (or any other medical provider) when requested by an ambulance service.

When you need information on a patient you are transporting, don't take "HIPAA" for an answer. HIPAA does not mean NO!

For a more detailed look at HIPAA limitations and other issues related to EMS management, see Chris's column ("Healthcare Law Updates") at [www.emsresponder.com](http://www.emsresponder.com).

### FCC Mandates "Narrowbanding" for Public Safety Radios

Keith Wages

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Just as laws, rules and processes for ambulance reimbursement are constantly evolving, other components of the the EMS system are undergoing regulatory revisions as well. At EMS Consultants, it is our goal to make our clients aware of these changes.

In December 2004, the Federal Communications Commission mandated that all private land mobile radio (LMR) users, including municipal government and state and local public safety systems, operating below 512 MHz move to 12.5 kHz narrowband voice channels and highly efficient data channel operations by January 1, 2013. Agencies that do not meet the deadline face the loss of communication capabilities.

Public safety agencies need to aggressively develop a strategy to meet narrowband deadlines to avoid cancellation of existing wideband FCC authorizations. While the deadline for this transition may seem far off, the long lead time and interim deadlines make it necessary for agencies to plan well in advance. Agencies need to start planning now to transition to narrowband systems by assessing their current radio equipment and applying for new or modified licenses.

In support of EMS systems, the Georgia Tech Research Institute prepared the following article, which describes the narrowbanding issue in detail. EMS Consultants expresses its thanks and appreciation to GTRI for its dedication and commitment to the EMS community.

### Federal Mandates Require Changes to Public Safety Radio Systems

The Federal Communications Commission (FCC) has announced two initiatives that will require Georgia public safety radio system users to make changes to their radio equipment and/or licensing.

The narrowbanding initiative will require licensing updates and subsequent reprogramming of all radio



systems operating between 150 and 512 MHz (UHF/VHF system users). The second initiative, known as rebanding, affects radio systems operating in the 800 MHz frequency spectrum only. Rebanding will require frequency shifts and retuning of radio system equipment.

Agencies should determine which of the two initiatives will affect their equipment and take action to comply with FCC regulations within the relevant deadlines. The narrowbanding deadline is January 1, 2013. The rebanding deadline for the Southeastern United States, though originally set for 2008, has been extended to January 1, 2012 to allow all systems to make the necessary changes.

In 2004, the FCC initiated the narrowbanding effort in order to increase capacity for traffic within the UHF/VHF frequency spectrum. When radio users transmit and receive messages, they use blocks of spectrum called “channels”. Each channel uses a specific amount of space in the frequency band referred to as “bandwidth”. Channels have historically been separated by 25 kHz of bandwidth to protect against interference that may result from two channels being placed close together. The FCC initiative requires that distance be reduced to a narrower bandwidth of 12.5 kHz, which will result in a greater number of available channels.

To prepare for migration to narrowband technology, VHF/UHF users should inventory current equipment to ascertain what can be converted to 12.5 kHz and what will need to be replaced. Most equipment licensed after 1997 is convertible to 12.5 kHz. Migration to narrowband technology will also require that agencies apply for new frequencies or modify existing licenses. All licenses must operate on narrowband technology by January 1, 2013.

In August 2004, the FCC issued a report and order which advised that due to serious issues with interference in the 800 MHz frequency band, the entire spectrum would be reallocated or “rebanding” in order to separate public safety users from commercial wireless carriers. The reallocation of frequencies will accommodate public safety users at the lower end of the spectrum while reserving the upper end for commercial use, and will decrease interference by creating broader frequency gaps between users.

During the rebanding process, 800 MHz ITAC (interoperability) frequencies will be impacted nationwide due to frequency shifting. All ITAC systems will be required to be re-programmed to the new set of frequencies. Agencies will make the transition at different paces, so in-depth coordination will be necessary to sustain continuous interoperability. The new 800 MHz interoperability frequencies will be renamed 8TAC to coincide with the nationwide channel naming as determined by the National Public Safety Telecommunications Council (NPSTC) and National Telecommunication and Information Administration (NTIA) standard channel nomenclature.

All radio systems utilizing the 800 MHz frequency band must conform to the rebanding requirements regardless of whether or not users are currently experiencing interference. The process will necessitate the replacement of some older radio equipment, though most radios can be recrystallized or reprogrammed to the new frequency. Agencies may make the necessary system changes using vendors or internal employees of choice. The FCC requires that agencies be compensated for all reasonable expenses incurred by the rebanding process, including legal and engineering fees.



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For additional information and guidance on how to comply with the rebanding mandate contact Jim Mollohan (Georgia Technology Authority) at [jim.mollohan@gta.ga.gov](mailto:jim.mollohan@gta.ga.gov) or 404-656-5619. For questions concerning the narrowbanding mandate contact Ralph Bevan (Georgia Technology Authority) at [ralph.bevan@gta.ga.gov](mailto:ralph.bevan@gta.ga.gov) or 404-656-2042.

## What Does Medicare Really Want?

R. Steven Everett

Director of Medicare Compliance

By now all EMS suppliers should be more than familiar with Medicare rules and regulations. The ongoing controversy over the definition of “bedbound” or “bed-confined” still lingers. I strongly suggest that your documentation should not even contain these words. When used, the interpretation is left up to a claims processor’s or auditor’s own definition of these terms. So, why put yourself at their mercy?

What Medicare really wants to know is simply this: “Why can’t this patient be safely transported via means other than ambulance?” It’s as simple as that! Why can’t the beneficiary be safely transported in the back seat of a car or in a wheelchair van? If you start with these questions, and if the patient truly requires an ambulance, I suspect you will come up with the answers! So, we are finished here, right? No.

The key to Medicare coverage is taking the answers to these simple questions and documenting them in the PCR and PCS. The trip report provides for easy documentation of medications and the patient’s medical history. The narrative provides the opportunity for the attendant to state the setting in which the patient was found, and the patient care which was rendered. There usually is a section for primary and secondary diagnoses. But where does it say; “Why could this patient not be safely transported by other means?” So, for Medicare purposes, the most important question is all too often not answered.

The trip report should contain information to answer this question. For instance, a typical entry is; “patient transferred via two man lift or drawsheet.” Ok, now we know how the patient was transferred to the stretcher! Medicare wants to know WHY the patient had to be transferred in this manner! What was the medical reason that required this type of transfer? Let’s try another favorite; “patient unable to sit up for duration of the trip.” Ok, sounds good. Now why was the patient unable to do this? Don’t just depend on the diagnoses or medical history previously stated! This is the first of several articles in which I will provide more examples of how you can document the “WHY.”