

Patient Stabilization

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Section 1011

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Agenda



- Section 1011 Background
- Emergency Medical Treatment and Labor Act
- Anti-Dumping Provision
- Stabilization Scenarios
- Patient Transfers
- Stabilization Criteria
- Key Points
- Self Service and Support

Acronym List



Acronym	Definition
ADL	Activities of Daily Living
CMS	Centers for Medicare & Medicaid Services
COBRA	Consolidated Omnibus Budget Reconciliation Act
EMC	Emergency Medical Condition
EMTALA	Emergency Medical Treatment and Labor Act
ER	Emergency Room
PPD	Provider Payment Determination

Section 1011 Background



- Section 1011 gets its name from a section of Public Law 108-173 known as the Medicare Modernization Act of 2003
 - The act can be found on this website:
http://www.ssa.gov/OP_Home/ssact/title18/1867.htm
- Section 1011 is a federal reimbursement program for eligible EMTALA emergency services furnished to undocumented aliens as defined under the act by eligible types of providers and facilities enrolled in the Section 1011 Program
- Section 1011 is administered by the Centers for Medicare and Medicaid Services
- Novitas Solutions is the national contractor for Section 1011

Section 1011 Eligibility



- The provider of service must be a type eligible to be enrolled:
 - Medicare participating hospitals and Indian Tribal Organizations
 - Medical doctors and doctors of osteopathy
 - State licensed providers of ambulance service
- The patient must meet requirements to be eligible:
 - Undocumented aliens
 - Aliens paroled into the United States at a U.S. port of entry
 - Mexican citizens permitted to enter the United States under laser-visa authority
- The medical services rendered must meet EMTALA guidelines:
 - Coverage ends at the point of patient stabilization

EMTALA



- EMTALA is the Emergency Medical Treatment and Labor Act, also known as the “Patient anti-dumping statute”
- It was passed as part of the Consolidated Omnibus Budget Reconciliation Act of 1986
- The EMTALA requirement is to stabilize the patient in an emergency, not to cure the underlying illness or injury
- Section 1011 coverage begins and ends when the EMTALA obligation begins and ends

Anti-Dumping Provision



- Under EMTALA, hospital emergency rooms cannot refuse treatment to patients based on their ability to pay
- In addition, hospitals cannot transfer patients to other facilities without patient consent
- This requirement does not apply if the transfer is necessary because the transferring hospital lacks the capacity to provide appropriate medical care

EMTALA Focus



- Emergency medical screening
- Stabilizing emergency treatment
- Medical treatment for women in active labor
- Specialty hospital transfers

“Stabilization” Defined



- Providing such treatment that assures the patient’s medical condition is unlikely to worsen if the patient is transferred to another facility or discharged from the emergency room (ER)
- Delivering the baby and placenta for women who present to the ER in active labor
- According to page 24 of the Final Policy Notice for Section 101, “To be considered stable, a patient’s emergency medical condition must be resolved, even though the underlying medical condition may persist”

Scenario 1: Asthma Attack



- Patient's emergency medical condition:
 - Chest tightness
 - Wheezing
 - Shortness of breath
- Underlying (chronic) medical condition:
 - History of asthma

Scenario 1: Treatment



- ER physician:
 - Screens the patient
 - Examines the patient
 - Diagnoses the patient (asthma attack)

- ER physician provides stabilizing treatment:
 - Medication
 - Oxygen

Scenario 1: Resolution



- Resolution of emergency condition:
 - EMC resolved
 - Patient discharged
 - Asthma still exists
- Patient care is no longer an EMTALA obligation

Scenario 2: Premature Labor



- Patient's emergency medical condition:
 - Intermittent bleeding
 - Abdominal pain

- Underlying medical condition:
 - Pregnancy, 32 weeks

Scenario 2: Treatment



- ER physician:
 - Screens the patient
 - Examines the patient
 - Diagnoses the patient (premature labor)

- ER physician provides stabilizing treatment:
 - Stops bleeding
 - Monitors fetus

Scenario 2: Resolution



- Resolution of medical condition:
 - EMC resolved
 - Patient admitted to hospital for three days
 - Patient's pregnancy stabilized on day one
- If remaining inpatient days are medically necessary for patient care:
 - Patient could be safely transferred to another facility
 - Care is no longer required by EMTALA
 - Care is no longer covered by Section 1011

Scenario 3: Auto Accident



- Patient's emergency medical condition:
 - Auto accident, head trauma, road burns, lower-leg fracture
 - Low pulse rate
 - High blood-glucose level
- Underlying medical conditions:
 - Insulin-dependent diabetes
 - Heart murmur

Scenario 3: Treatment



- ER physician:
 - Screens the patient
 - Examines the patient
 - Diagnoses the patient (fracture, trauma, burns, and diabetes)
- ER physician provides stabilizing treatment:
 - Performs fracture-reduction surgery
 - Administers insulin
 - Dresses burns

Scenario 3: Resolution



- Resolution of medical condition:
 - Patient admitted to hospital for six days
 - Condition stabilized on day two
 - Type-2 diabetes still exists
- If remaining inpatient days are medically necessary for patient care:
 - Patient could be safely transferred to another facility
 - Care is no longer required by EMTALA
 - Care is no longer covered by Section 1011

Patient Transfers



- The EMTALA statute defines transfer:
- The movement of an individual outside a hospital's facilities at the direction of any person employed by the hospital
- If the patient is transferred to a specialty facility, the facility renders services and bills Section 1011 only for:
 - Services related to the EMC
 - Services to the point of stabilization

Stabilization Criteria



- Determine patient's chief complaint
- Study the procedures, medications and treatments provided to the patient
- Examine course of action to resolve the patient's chief complaint
- Assess patient's response to procedures, medications and treatments
- Evaluate patient's ability to complete activities of daily living or establish the point at which patient could be safely transferred to another facility

Section 1011 Documentation



- Every Section 1011 payment request is subject to medical review and/or compliance review
- Only submit documents upon request from Novitas
- Providers must submit the Provider Payment Determination (PPD) form or comparable documentation to verify patient eligibility when submitting the requested medical and eligibility documents
- Essential documents are requested from all billing providers, while optional documents are requested only from providers to whom the documents apply (e.g., ambulance providers)

Essential Documents



- Itemized bill attached to UB-04 or CMS 1450
- Patient registration form
- Emergency room records
- Patient history and physical
- Physician orders
- Nursing notes
- Progress notes
- Section 1011's PPD form

Optional Documents



- When applicable, the following documents are also required by the medical staff:
 - Anesthesia record
 - Operative report
 - Case manager notes
 - Social worker notes
 - Ambulance run sheet
 - Ambulance transfer form

Section 1011 Medical Review



- Ensures reimbursement is made to eligible Section 1011 providers for eligible services to eligible patients
- Requests medical documentation when necessary to determine patient stabilization
- Examines medical records that document EMTALA-related stabilization
- Performs a Compliance Review with each Medical Review to ensure the patient is eligible to receive services under Section 1011
- Reviews medical documents and makes a determination within 30 days of receipt
- Reduces billed days to medically approved days (up to patient stabilization)

Key Points



- Section 1011 covers services provided through patient stabilization
- A patient's emergency medical condition must be resolved for the patient to be considered stable; the underlying illness may persist
- Section 1011 does not cover scheduled surgeries or procedures:
 - Caesarian deliveries are covered if the patient arrives in active labor and an unscheduled Caesarian section is required
- Prolonged inpatient stays that do not qualify for skilled nursing or home health care are not covered because they are not EMTALA-related
- If not properly documented, stabilization is automatically deemed to have occurred on the second day of the inpatient stay
- Providers are required to maintain all records related to emergency medical services for which Section 1011 payment is requested

Self Service Website



- Make use of our website to answer your questions, find resources, and get background information about the Section 1011 Program
- Join our mailing list and get automatic listserv messages
- Get all Section 1011 forms on our website
- Visit
 - <http://www.novitas-solutions.com/webcenter/spaces/Section1011>

Personalized Assistance Available



- Toll-free provider assistance (866) 860-1011 from 8:00am to 4:30pm ET, Monday through Friday
- TTY number is (888) 697-7290
- 504 Compliant formatting of information available upon request
- Representatives can assist with:
 - payment processing
 - Section 1011 forms
 - enrollment applications
 - payment disputes
- E-mail inquiries by using the online form on our website
 - <http://www.novitas-solutions.com/webcenter/spaces/Section1011/page/pagebyid?contentId=00004512>