

**Texas Department of Health
Bureau of Emergency Management**

Interim Provider Policy 02-1 - Specialty Care Transport

Background:

The Centers for Medicare and Medicaid (CMS) Ambulance Reimbursement Schedule, to be implemented April 1, 2002, provides for a special reimbursement rate for Specialty Care Transports (SCT), defined as interfacility transfers of critical patients needing medically necessary specialized interventions that are beyond the general scope and practice of the paramedic as defined in the National EMS Education and Practice Blueprint. CMS does not specify the parameters of the SCT, including what additional training for the paramedic should be, but, rather, leaves that definition up to state and local agencies.

Texas law and regulations provide for the development by policy of such parameters as a category of specialized emergency medical service vehicles.

Statutory Requirement:

§773.045 of the Texas Health and Safety Code, pertaining to Specialized EMS Provider qualifications, provides that “a provider using a vehicle qualifies as a specialized emergency medical services provider if the vehicle is designed for transporting the sick or injured by air, water, or ground transportation; and the provider has personnel and sufficient equipment and supplies to provide for the specialized needs of the patient transported.

§157.11 of the Texas Administrative Code, pertaining to EMS Provider Licensure, provides that the Specialized EMS unit, when response-ready or in-service, be staffed by a minimum of two certified or licensed personnel whose certification or licensure level be determined by the type and application of the vehicle and approved by the medical director.

Policy:

Specialty Care Transports are defined as the interfacility transfers of critically ill or injured patients requiring specialized interventions, monitoring and/or staffing. To qualify as a Specialty Care Transport, the following minimum parameters shall be met:

Qualifying Interventions:

Patients with:

One or more of the following IV infusions:

- Vasopressors – (Examples: Isuprel, Dobutamine, Dopamine, Epinephrine, Norepinephrine, Phenylephrine, etc.);
- Vasoactive Compounds - (Examples: Beta Blockers, Nitroprusside, Nitroglycerine, etc.);
- Antiarrhythmics – (Examples: Pronestyl, Amiodarone, Milrinone, etc.);
- Fibrinolytics - (Examples: TPA, Retavase, Heparin, etc.);
- Tocolytics – (Examples: Magnesium Sulfate, Ritodrine, etc.);
- Blood or blood products; and/or
- Any other parenteral pharmaceutical unique to the patient’s special health care needs.

And,

One or more of the following special monitors or procedures:

- Mechanical Ventilation;
- Multiple Monitors
- Cardiac Balloon Pump;
- External cardiac support (Ventricular assist devices, etc);
- Any other specialized device or procedure unique to the patient's health care needs.

Equipment

All specialized equipment and supplies appropriate to the required interventions shall be available at the time of the transport.

Minimum Required Staffing

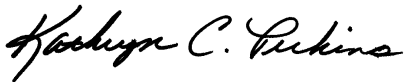
One currently certified EMT-Basic and one currently certified or licensed paramedic with the additional training as defined below; or,

A currently certified EMT-Basic and a currently certified or licensed paramedic accompanied by at least one of the following:

- a Registered Nurse with special knowledge of the patient's care needs;
- a certified Respiratory Therapist;
- a licensed physician; or,
- any licensed health care professional designated by the transferring physician.

Additional Required Training for Certified/Licensed Paramedics

Evidence of successful completion of post-paramedic training and appropriate periodic skills verification in management of patients on ventilators, 12 lead EKG and/or other critical care monitoring devices, drug infusion pumps, and cardiac and/or other critical care medications, or any other specialized procedures or devices determined at the discretion of the provider's medical director.



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Effective Date