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Recent Medicare Document Outlines Rules for Billing and Documentation

Ambulance personnel are faced with many obstacles when responding to a patient. In these situations, a critical aspect of the transport, the patient care report, is often left incomplete. Just as you would not want to leave a patient without tending to every possible scenario, neglecting to completely and accurately document a claim could result in non-payment and hinder EMS departments from adequately serving your community.

Being specific is very important. Your documentation can determine whether or not the transport is medically necessary and therefore whether or not you get paid. Even if you believe the patients' condition does not warrant transport by ambulance, accurate and specific documentation allows the billing department to properly code the claim according to Medicare requirements.

CMS (Medicare) published a document February 27, 2007, effective April 1st (CR 5442), which is a list of conditions that specifies the way ambulance claims should be both documented and billed. This list is not regulation, only a guide, however it is my opinion this will become a regulation in the future. The information I will present is referenced from this list.

Good documentation is most important on non emergency transports. In addition to a good PCS, your documentation must prove why the patient could not have gone by any other means but ambulance. Unfortunately, bed confined and non-ambulatory alone mean absolutely nothing. The patients' ability to sit erect in a wheelchair unassisted for the duration of the trip means everything. There are other conditions, which I will outline, that also justify transport by ambulance.

- **Cognitive Risk** - A patient was a danger to self or others or a "cognitive risk" such that the patient required monitoring. A dictionary definition of cognitive is as follows: "the process of knowing and, more precisely, the process of being aware, knowing, thinking, learning and judging." Terminology such as this from Medicare increases potential for reimbursement on claims for patients with dementia, Alzheimer's or other degenerative diseases not to mention other conditions which hold a patient incapacitated. The key is to accurately document the patients' condition at time of transport preferably backed up by a GCS and other information that substantiates transport by ambulance and stretcher.
- **Oxygen en route** - If the patient requires oxygen en route and cannot self administer, please state this in your narrative. Also document if the patient was on oxygen at the hospital and was continued en route. Most importantly, document reasons why oxygen was necessary such as low pulse ox (with values) or difficulty breathing. This does not apply to those on home oxygen, only those who cannot administer to themselves. This should be stated in your narrative.

- Special Positioning - There are several conditions that require special handling and precautions must be taken such as fractures, possible fractures, MRSA, and decubitus ulcers (ex. buttocks) such that the patient must be transported in a special position or with isolation precautions. Document the position in which you transport the patient and which isolation precautions were taken.

There are several areas of documenting emergency transports that could be improved.

- Pain vs. Severe Pain - Pain that is severe should be documented in the narrative in conjunction with a pain scale (7-10). By simply asking the patient if the pain is severe or not will improve your documentation.
- Vital Signs - If vital signs are abnormal, they should be included in the PCR. Vitals such as glucose, temperatures and pulse ox readings are often documented without values. In addition, if a patient is obese, approximate weight should also be documented.
- Bleeding/Hemorrhaging - Is the bleeding active? Is bleeding control required? Is the bleeding severe? Information like this gives the billing department much more to work with in order to properly code the claim.
- Immobilization - Was any immobilization used? Were there any possible or suspected fractures? If so, document the location and how the patient was immobilized. Immobilization procedures are important for billing narratives for emergency and non emergency transports.
- Possible Situations – If the patient presents with symptoms that you believe indicate a possible CVA, heart attack, or other serious condition, do not be afraid to mention this in your narrative. In this situation, you are treating and monitoring the patient for the worst case scenario. Document exactly which symptoms and possible conditions for which your crew is monitoring.

There are other mistakes made by EMS personnel in critical situations that can lead to lower EMS revenue. Knowing the rules for ALS 2 and Specialty Care Transport allows for billing at higher levels of service and receiving higher levels of reimbursement.

- ALS2 Definition – “Advanced life support, level 2 (ALS2) is the transportation by ground ambulance vehicle and the provision of medically necessary supplies and services including (1) at least three separate administrations of one or more medications by intravenous push/bolus or by continuous infusion (excluding crystalloid fluids) or (2) ground ambulance transport and the provision of at least one of the ALS2 procedures listed - Manual defibrillation/cardioversion, endotracheal intubation (insertion or monitoring), central venous line, cardiac pacing, chest decompression, surgical airway, or intraosseous line.”
- SCT Definition – “Interfacility (meaning pick-up and destination is either hospital or SNF) transportation of a critically injured or ill beneficiary by a ground ambulance vehicle, including medically necessary supplies and services, at a level of service beyond the scope of the EMT–Paramedic. SCT is necessary when a beneficiary’s condition requires ongoing care

that must be furnished by one or more health professionals in an appropriate specialty area, for example, nursing, emergency medicine, respiratory care, cardiovascular care, or a paramedic with additional training.”

It is very important to document which drugs and how many doses were administered. Accurately document the patient condition that warranted administration of such drugs and/or procedures. Document if an RN or doctor was on board for a facility to facility transport and why. It is also important to inform your billing staff of any department personnel that are paramedics with extra training so that higher levels of care may be billed in these situations.

Do not try to second guess what is payable and not payable and at what level. Simply document a claim with specific information to your best knowledge and let your billing department apply rules for billing. The purpose of these examples is not in any way to encourage you to falsify a claim. This should never be done. However, reimbursement to EMS is critical and we should never cheat ourselves of money that could have been realized if proper documentation had been used.

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