

Documentation and Billing



EMS Documentation Uses

- Legal record
- Continuity of care with hospital
- Internal quality assurance
- Billing record

Today's Environment

- Government focus on fraud
- Increased audits
- Legally collecting every dollar
- EHR—privacy vs. access
- Increased litigation



Important Areas

- Dispatch
- Medical Necessity and Reasonableness
 - Why was an ambulance needed?
 - What was the level of service provided?
- Mileage
- Destination
- Forms

Dispatch



Dispatch Documentation

- “Emergency” status:
 - How were you dispatched
 - How did you respond
- Reported condition of patient
 - ALS assessment

Example: Dispatched 911 and responded immediately to report of difficulty breathing

Dispatch Documentation

- Date and time
- Point of pick-up with zip code
 - Payment based on pick-up location



DATE	TIME	ADDRESS	PHONE	ABC FIRE DEPT
4/11	10:23	102375	11711	Patient Care Report
DOCTOR	PHYSICIAN	PHYSICIAN	PHYSICIAN	PHYSICIAN
Medicine				
Necorin Oxycodone Tramadol				
Lorazepam Valproic Acid Dilantin				
Levetiracetam Gabapentin Ranitidine				
Esomeprazole Lisinopril Ondansetron				
Flonase Gabapentin Benic Fosphenitoin Nitroglycerin				
(S) - Clinic called 911 for a pt w/ a new onset of rapid h/x short of breath Pt states he has been a little short of breath for the past week, better as it set-up, worse waking him.				

Medical Necessity

- Definition of medically necessary:
 - Transport by any other means is contraindicated
- Document why an ambulance was needed
- Medicare will only pay for medically necessary transports



Medical Necessity

Medical necessity is presumed if the record adequately documents one or more of the following:

- Unconscious or in shock
- Hemorrhage
- Acute stroke or myocardial infarction
- Accident or injury or acute illness

Medical Necessity

- Immobilization of possible fracture
- Required oxygen (not self-administered)
- Required emergency measures or treatment
- Required restraints
- Stretcher required
- Bed confined



Documentation Goals

- Provide accurate information on the patient's condition and your findings
- Provide sufficient information for a proper billing decision to be made

Bed Confined

Definition: All 3 must be true!

- Unable to safely get out of bed; and
- Unable to safely ambulate; and
- Unable to safely sit in a chair

Example: Pt unable to get out of bed or ambulate without assistance due to extreme vertigo and was unable to sit unassisted...

Documenting Level of Service

- BLS
- ALS 1
- ALS 2
- Specialty Care
- Deceased on scene



BLS

- Service can be emergency or non-emergency
- EMT-B level of care
- Often harder to document than ALS



ALS-1

- Patient condition requires EMT-I or EMT-P interventions
- Document your assessment and interventions
- ALS dispatch downgraded to BLS transport
 - Dispatch documents ALS crew required
 - ALS crew provides a hands-on assessment

ALS-2

- Same as ALS-1 plus any ALS-2 procedure
 - Manual defib/cardioversion
 - Endotracheal intubation
 - Central venous line
 - Cardiac pacing
 - Chest decompression
 - Surgical airway
 - Intraosseous line



OR...

ALS-2

- Same as ALS-1 plus 3 or more IV medications
 - Must be 3 separate full doses of one drug, or
 - 3 different drugs



Mileage

- Only charge for loaded miles
- New fractional mileage rules
- Acceptable documentation
 - Odometer readings
 - Trip odometer
 - GPS device
- Medicare pays to closest appropriate facility
 - diverted



Destination

- Name of hospital/facility
- Limit abbreviated names
- Destinations that are not payable:
 - Physicians office
 - Rendezvous with another ground ambulance



Forms

- Patient signature
- Hospital face sheet
- EMT Signature
- Physician Certification Statement (PCS)
- Advanced Beneficiary Notice (ABN)

Documentation and Billing

Systems Design

Thank You!


