



## Ambulance Non-Emergency Documentation Requirements

Based on the review of medical record documentation for service-specific audits of non-emergency ambulance transports to and from dialysis, the Medical Review department identified that a component consistently missing from medical record documentation was the “**why**” component, which enables medical review auditors to determine if the transport meets Medicare coverage requirements and all other requirements outlined within the “Ambulance Services (Ground Ambulance) – 4T-3AB” Local Coverage Determination (LCD) at: <http://www.trailblazerhealth.com/Tools/LCDs.aspx?id=3316&DomainID=1>.

Documenting the “**why**” component within a medical record does not have to be complicated and is not met by the quantity of documentation. To successfully document this component, **the medical record must clearly describe why the service is required**. A detailed description of the patient’s condition at the time of transport is the key to meeting the coverage requirements. Keep in mind that a medical reviewer cannot see the patient. They are relying on the ambulance supplier’s description to “paint a picture” of the patient’s condition. Furthermore, the diagnosis billed on the claim submitted for payment does not deem the service as meeting the coverage requirements. The documentation must include a description of the patient’s functional or mental deficits that prevent safe transportation by another means.

### Documentation

Documentation of the patient diagnosis is essential, but more important is documentation of any patient symptoms that would hinder transport by any other means. Descriptions **should not include a list of diagnosis or conclusory opinions** alone. Instead, documentation should include:

- Symptoms reported by the patient.
- Clear documentation of the patient’s physical and mental condition at the time of transport.
- Relevant historical data.
- Medication profile, if applicable.
- Intervention(s) and the patient’s response to the intervention(s).
- Method in which the patient was transferred to the stretcher, including any special equipment or additional staff required for the transfer.
- Description of existing safety issues.
- Description of special precautions taken (if any) and an explanation of the need for such precautions.
- Any changes in the patient’s status while en route.

A conclusory statement such as “patient needed transport by ambulance due to morbid obesity” is not adequate to justify Medicare payment for ambulance transportation. A more detailed description is required describing the patient’s functional limitations for which transport by ambulance is necessary. Remember, payment for non-emergency ambulance services requires that the patient’s condition at the time of transport is such that the use of any other method of transportation (such as taxi, private car, wheelchair van or other type of vehicle) is contraindicated.

**Example:** In order for Medicare to consider obesity as the sole basis for patient ambulance transportation, the patient must be unable to sit, stand or walk (i.e., unable to sit in a chair or wheelchair, get up from bed without assistance or walk because of body mass). The patient’s Body Mass Index (BMI) must be more than 80 kg/m<sup>2</sup>. Therefore, the documentation requires, at a minimum, the patient’s height, weight and a description of that patient’s functional loss due to his weight.

The following table contains expectations for minimum documentation of the most commonly covered conditions reported by ambulance providers. (Additional medical conditions are addressed within the Ambulance LCD.) Keep in mind that an inadequate description of the patient’s condition at the time of transport frequently leads to ambulance service denials.

Complaint or Symptom	Suggested Documentation
Morbid obesity	Patient’s height, weight, the use of any special equipment or staff to move the patient and functional loss due to weight.
Contractures	Location, severity/degree of the contracture and the functional limitations caused by the contractures.
History of fracture	Date of injury and effects on the patient’s mobility at the time of transport.
Decubitus ulcer	Location and stage of ulcer.
Mental status changes	Any specific behaviors that affect the patient’s safety.
Abdominal pain	Any associated symptoms.
Back pain	Description and duration, any special positioning provided, severity and any associated signs or symptoms.
Unable to self-administer oxygen/oxygen dependence	Functional and/or mental limitations causing the patient to be unable to self-administer oxygen.
Seizure disorder	Date of last seizure, frequency of seizures and any treatment administered by the physician to control the disorder.
Infectious diseases requiring isolation procedures	Description of the disease and required precautions, along with proof of continuous need for isolation.
Pain (not including back or abdominal pain)	Record if the pain is acute or bed-confining. Severity, pharmacologic interventions (if adequate), specialized handling needed for transport (if utilized), and associated signs and symptoms.

Complaint or Symptom	Suggested Documentation
Psychiatric/behavioral conditions	Any actions performed by the patient at the time of transport, active signs and symptoms the patient is experiencing, a court order if mandated, the type and reason for use of restraints (when applicable).
Risk for falls due to any disease process	Patient's functional limitations at the time of transport.

## Timing

As previously mentioned, one requirement for ambulance services is that documentation must include a detailed description of the patient's condition **at the time of transport**. Unfortunately, the documentation of the patient's condition is often limited to a list of old diagnoses, chronic conditions with no acute episode, previous injuries (that do not currently affect the patient's ability to be safely transported by a method other than ambulance), the patient's "usual condition" or problems the patient could potentially encounter. Such information is insufficient to justify Medicare payment when it is not specific to the date of service and the period of time encompassed by the specific trip in question.

## Physician Certification Statement (PCS)

For non-emergent, scheduled, repetitive ambulance transports, ambulance suppliers must obtain a **PCS from the patient's attending physician**. This is a statutory requirement. The information supplied by the physician on the certification also augments information in the run report for supporting coverage of ambulance transportation. The physician who completes the PCS should have treated the patient and that fact can be verified by reviewing the patient's claims history.

It is important to note that the signed PCS does not, by itself, demonstrate that the transport was medically necessary and does not absolve the ambulance provider from meeting all other coverage and documentation criteria.

The PCS must:

- Be patient-specific.
- Be completed, signed and dated by the patient's attending physician.
- Contain accurate, pertinent and sufficiently detailed medical information to determine the need for an ambulance transport.
- Confirm or support the medical information recorded by the ambulance supplier on the ambulance run sheet and the diagnosis information submitted to Medicare on the claim.
- Not be completed by ambulance company employees.
- Not be altered from its original format as received from the ambulance provider/supplier.

- Contain information that is consistent and verifiable in the patient's medical records, whether those are the records for the attending physician, other physicians, facilities or health care provider also caring for that patient.
- Be dated no earlier than 60 days in advance of the transport for those patients who require repetitive ambulance services and whose transportation is scheduled in advance.

## **Conflicting Documentation**

The description of the patient's physical, functional and/or mental limitations must be consistent from record to record. Inconsistencies between the medical records of the ambulance provider and the PCS or between the ambulance provider's record and other providers' medical records will lead to ambulance claim denial. For example, if the ambulance supplier's record states the patient is a quadriplegic yet the PCS, completed by the patients' attending physician, states the patient has right-sided paralysis, Medicare is unable to determine that the patient required ambulance transportation. Without a clear description of the patient's condition at the time of transportation, Medicare cannot determine that another method of transportation was contraindicated. If the patient experiences a significant change in condition during the 60-day period covered by a PCS, the ambulance supplier should obtain an updated certification. The job aid, "Physician Guidelines for Certifying Ambulance Transfers," is available to assist in completion of the PCS at:

<http://www.trailblazerhealth.com/Publications/JobAid/PhysicianGuidelinesforCertifyingAmbulanceTransfers.pdf>.

## **Signatures**

In April 2010, CMS issued changes to documentation signature requirements. These changes impact suppliers of ambulance services. All run sheets must contain legible signatures of the performing personnel and include credentials of the provider(s) who rendered and documented the service. The signature of the attending physician who completed the PCS must also be legible (or accompanied by a typed or printed name) and include his professional degree. Furthermore, the PCS must contain the date of completion and must be signed no more than 60 days prior to the transport. Refer to the "Documentation Signature Requirements for Ambulance Services" job aid for specific information on the current documentation signature requirements for ambulance services, including examples of acceptable and unacceptable legible signatures, which is available at:

<http://www.trailblazerhealth.com/Publications/JobAid/DocumentationSignatureRequirementsforAmbulanceServices.pdf>.

## **Resources**

- Ambulance LCD.  
<http://www.trailblazerhealth.com/Tools/LCDs.aspx?DomainID=1&ID=3316>
- Ambulance Run/Trip Record Documentation Computer-Based Training (CBT).  
<http://www.trailblazerhealth.com/Education/CBTs/>

## Job Aids

- Ambulance Documentation.  
[http://www.trailblazerhealth.com/Publications/Job\\_Aid/AmbulanceDocumentation.pdf](http://www.trailblazerhealth.com/Publications/Job_Aid/AmbulanceDocumentation.pdf)
- Physician Guidelines for Certifying Ambulance Transfers.  
[http://www.trailblazerhealth.com/Publications/Job\\_Aid/PhysicianGuidelinesforCertifyingAmbulanceTransfers.pdf](http://www.trailblazerhealth.com/Publications/Job_Aid/PhysicianGuidelinesforCertifyingAmbulanceTransfers.pdf)
- Part B Ground Ambulance Transports.  
[http://www.trailblazerhealth.com/Publications/Job\\_Aid/PartBTexasGroundAmbulanceMedicalReviewResults.pdf](http://www.trailblazerhealth.com/Publications/Job_Aid/PartBTexasGroundAmbulanceMedicalReviewResults.pdf)
- Signature Requirements for Ambulance Transports.  
[http://www.trailblazerhealth.com/Publications/Job\\_Aid/DocumentationSignatureRequirementsforAmbulanceServices.pdf](http://www.trailblazerhealth.com/Publications/Job_Aid/DocumentationSignatureRequirementsforAmbulanceServices.pdf)

## Additional Resources

TrailBlazer maintains an Ambulance Web page that includes:

- Notices.
- Publications.
- Upcoming events.
- Resources.
- Documentation Help.
- CBTs.
- LCD.

The Ambulance Web page can be found at:

[http://www.trailblazerhealth.com/Specialty\\_Services/Ambulance](http://www.trailblazerhealth.com/Specialty_Services/Ambulance).

**Additionally**, providers are encouraged to participate in educational opportunities provided by Provider Outreach and Education. Frequent opportunities include seminars and workshops, Web-based trainings and teleconferences. For a listing of available training opportunities or to listen to a previously recorded training event, see the Calendar of Events on the TrailBlazer Web site at: <http://www.trailblazerhealth.com/Calendar>.