

Tying Documentation to Excellent Clinical Care

Documentation tips to help you avoid billing issues for your patient.

- **Medical Necessity/Appropriate Destination** – Document why the patient requires ambulance transport AND why they are going to a particular hospital, especially if it is farther than the closest facility (i.e., cardiac catheterization or trauma services are unavailable at the nearest facility). Remember that for hospital discharges, the PCS/CMN form does not, in and of itself, establish medical necessity for billing purposes. We need you to document detailed information about the patient's condition and why the patient needs you by their side during transport. It's possible that some patients do not require an ambulance transport, but it is not your job to make that determination. Please just document the factors that describe the patient's condition and any services you provided to the patient (for example, special positioning required or administration of oxygen including whether oxygen is new for the patient and requires assistance). If you believe that a patient did not require ambulance transport (for example on a hospital discharge), please raise that with your supervisor so that appropriate discussions can be had with the hospital who requested the ambulance.
- **Insurance & Demographics** – Please collect and clearly document the patient's insurance information, cell phone number, and email address, which will allow us to bill the insurance company, and mitigate an automatic denial based on wrong/missing information.
- **ALS Assessment** – When an ALS assessment is performed, the fact of completion must be documented and by whom (for example, AMR Paramedic or Fire Department personnel).
- **Crew Signatures** – Both employees MUST sign the PCR with their legal signature. A scribble line or initials are NOT acceptable.
- **Mileage** – Must be documented to the 1/10 of a mile (for example, 2.5 miles) and cannot be manually or automatically rounded.
- **Non-emergency ambulance transports**—A PCS/CMN is required for all scheduled or non-scheduled for Medicare and some Medicaid payors (depending on your state).
- **Trailing Documents** — Ensure all trailing documents (hospital face sheets, PCS/CMN forms, EKG strips) are legible and attached to each PCR, when needed.