

Iowa County, Iowa
Policy Manual

Title: Medicare Documentation	Reference #: AMB 1045
Section: Departmental	Date Effective/Revised: 7/1/2014
Department (s): Ambulance	Approved By: Board of Supervisors

Purpose

Medicare reimbursement represents over 70% of the ambulance service revenue. Therefore, it is important that we make a strong effort to maximize Medicare reimbursement. In order to do this it is important that you try and understand how the Medicare system operates. This manual will provide you with general information, however it is limited by the fact that there are many gray areas as to what will and won't be reimbursed.

Policy

Medical necessity for emergency ambulance transportation

Ambulance transport is indicated for emergency situations and when any other means of transport would be contraindicated (i.e. will further endanger the individuals conditions significantly). Medical necessity is presumed **IF THERE IS ADEQUATE DOCUMENTATION OF ONE OF THE FOLLOWING.**

1. Emergency situations such as injury resulting from an accident, or illness with acute symptoms. examples; severe bleeding, shock, chest pain , neuro dysfunction, dyspnea)
2. Patient requires restraints: a description of why restraints are required is necessary: (examples; Patient is violent, psychotic, convulsing or may be harmful to themselves or others.) A diagnosis of senile, forgetful, Alzheimer's etc. would not qualify.
3. A newly developed state of altered consciousness, such as unconsciousness or unresponsiveness, patients whose usual status is that of diminished consciousness should include documentation of the medical necessity for ambulance transport.
4. Oxygen is required by the patient during transport. The administration of oxygen itself does not satisfy the requirement of medical necessity. Documentation should reflect the need such as hypoxemia, syncope, dyspnea, AMI, chest pain, respiratory distress, pulmonary edema, carbon monoxide poisoning, shock, stroke, unconsciousness, arrhythmia, airway obstruction.
5. Emergency measures or treatments are indicated. Examples include drugs, IV Fluids, CPR, cardiac monitoring, oxygen, respiratory support, and control of life threatening hemorrhage.
6. Immobilization of the patient is necessary in order to prevent complications because of a fracture that has not been set.
7. A transfer is made of a patient between institutions for necessary services not available at the transferring facility and the patient meets any criteria of above Number 1-6.

Medical Necessity for NON-Emergency Ambulance Transport

Ambulance transport is indicated for NON-emergency situations in which bed confinement is necessary before and after the ambulance trip and one way or round trip is for medically necessary reasons.

Bed Confined means: unable to get up from bed without assistance, unable to ambulate, and is unable to sit in a chair or wheelchair.

This does not include patients who are restricted to bed rest by their physician's instructions due to short-term illness.

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Examples of situations in which patients are bed-confined and cannot be moved by wheel chair, but must be moved by stretcher:

1. Contractures creating non-ambulatory status
2. Severe generalized weakness
3. Severe vertigo causing inability to remain upright
4. Immobility of lower extremities.

Documentation must contain adequate information supporting the reason for bed confined, bed-ridden, bed-rest or non-ambulatory status.

Examples of OTHER reasons of Medical Necessity

1. Risk of physical injury to self or others, needs restraints or trained attendant
2. Requires ongoing IV meds/fluids or the patient requires O2 and does not have a portable system
3. Isolation for contagious life threatening disease

Reasons for NON Coverage:

1. Transfer from one residence to another, (including nursing home)
2. Transfer from hospital which has appropriate facilities and staff for treatment to another hospital.
3. The patient is ambulatory
4. The trip is routine to return the patient home from the hospital
5. The patient is transported from home or nursing home to outpatient department including physician office.

Documentation Requirements

Use objective terms to describe why the patient needed an ambulance, Example-chest pain radiating to jaw instead of cardiac emergency.

Do not use phrases like "per doctor's orders" or "ordered by nursing home staff". State objective findings like, "difficulty breathing respiratory rate 32 with diaphoresis".

Give specific reasons for transfer from institution to institution- state that the "reason for transfer is for services not available at Marengo Memorial"

Do not use terms as non-ambulatory, bed confined, bed ridden, bed fast, or limited movement, etc. unless the patient is bed confined as discussed previously.

MEDICAL RECORDS must contain adequate information supporting the reason for bed confinement or non-ambulatory status.