



*CLEAR LAKE EMERGENCY
CORPS
PCR DOCUMENTATION
OVERVIEW*

Objective



Why is Documentation Important

Medicare Coverage

Medicare Documentation Requirements

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Why is Documentation Important?



The PCR is a record of your observations and what occurred during patient care

You are the eyes and ears of someone who cannot be present to see the condition of the patient

Billers use documentation to determine proper billing procedures

Why is Documentation Important?



Payers may request to review your documentation to determine medical necessity

PCR could be used in legal situations

Patients often question or dispute services provided

Hospital medical record does not give a clear picture of patient condition while in EMS care

Medicare Coverage



Medicare is the largest payer of ambulance services

The Medicare benefit for ambulance services is very limited

Ambulance transportation is a covered service under Medicare when the patient's condition is such that use of any other methods of transportation would endanger the patient's health.

Medicare Coverage



To meet the coverage criteria, the patient must require both the transportation and the level of service provided

What does this mean?

Interventions performed must also be necessary to patient care

Medicare Documentation Requirements



The provider must have documentary evidence to support claims for Medicare services. The PCR should 'paint a picture' of the patient's condition and must include objective observations and findings of the patient's functional physical and/or mental limitations

Medicare Documentation Requirements



Complete and accurate account of what occurred during patient care

Why the patient is being transported

Objective observations of patient's condition

Symptoms reported by the patient and/or other observers

Medicare Documentation Requirements



Assessment and clinical evaluations

Details of the patient's physical and mental assessment

Relevant history

Procedures and supplies provided

Patient's progress or response to treatments provided

Medicare Documentation Requirements



Non-Emergency trips

PCR documentation alone is used to determine medical necessity

What services available at destination facility that aren't available at origin facility

Bed Confinement



Bed confinement status is defined as follows:

Unable to get up from bed without assistance

Unable to ambulate; and

Unable to sit in a chair or wheelchair

patient must meet all three of the above criteria in order to qualify as bed confined

Common Documentation Deficiencies



Narrative fails to provide sufficient information to determine medical necessity

The reason for transport consistently missing from the record

Only the technical aspect is documented (placement on the stretcher, safety belts used etc..)

Use of conclusive statements

Conclusive Statements



Use of conclusive statements do not sufficiently explain patient condition, such as:

- Patient is non-ambulatory*
- Patient is no apparent, mild, moderate or severe distress*
- Patient is drunk*
- Patient found in bed*

Summary



You must illustrate the patient's current condition within your narrative

Narrative must be honest, accurate and complete

Be objective when documenting observations

Include 'Why' the patient is being transported

Do not use conclusive statements

Summary



Consider Who, What, When, How and Why when documenting your narrative

If it is not documented, it either does not exist or did not happen!

Q&A



Questions?



PCR 1



Unit A dispatched to Hospital ER for 99 yo female who had fallen earlier in the day to transfer to nursing home. Unit A went en route and arrived at hospital without incident or delay. At hospital, EMS was directed to PT's ER room. PT was transferred to EMS stretcher via sheet lift method without incident. Nurse at ER stated that the PT had fallen earlier in the day at nursing home, and was brought in for precautionary reasons. Nurse stated that PT was not injured and was able to return home. PT was loaded into ambulance without incident. Vital signs were obtained and unit A went en route for nursing home. PT was monitored for comfort and vital signs during transport. Unit A arrived at nursing home without incident or delay. PT was taken to assigned room and transferred to nursing home bed via sheet lift method without incident. Report was given to nurse at nursing home and proper signatures were obtained.

Questions



Could this patient go back to the nursing home by any other means safely?

Was this patient bed confined?

PCR 2



Unit A responded to Hospital A for a pt transfer to Hospital B for abdominal surgery. Pt is a 77 y/o female who has suffered with moderate to severe abdominal pain since yesterday. Pt has colon cancer which has her using a colostomy. Pt pain is around the left lower quadrant of her abdomen. Hospital A testing has revealed an abdominal mass in this area. Pt was given 2 mg of morphine prior to being assisted onto our stretcher. Pt secured x 3 straps and both rails secured up. Stretcher moved to ambulance and secured to floor latch. Assessment continued in route and vitals reassessed. Pt is alert and orientated. She understands the reason for the transfer. Pt pain is at a 1 on a 1-10 scale during transfer. Pt condition went unchanged enroute. Arrived at Hospital B without incident. Pt wheeled on stretcher into ER and registered.

Questions



Why did the patient need to be transported to another facility?

PCR 3



Unit A dispatched to Hospital A ER to transfer 84 yo female to Nursing Home. Unit A went en route to Hospital A and arrived without incident or delay. Once in ER, EMS was shown to PT's room in ER. PT was aaox4, was in no apparent distress, and report was received from nurse. PT was transferred to EMS stretcher via sheet-lift method without incident. PT was secured on stretcher with seat belts and taken to ambulance. PT was loaded into ambulance without incident. Vital signs were obtained and Unit A went en route for Nursing home. PT was monitored for vital signs and comfort during transport. Unit A arrived at Nursing home without incident or delay. PT was taken to assigned room and transferred into nursing home bed via sheet-lift method without incident. Report was given to receiving nurse and proper signatures were obtained.

Questions



What was the condition of the patient?

Why did the patient need to be transported to another facility?

How do you know the patient wasn't in any distress?

Is distress relative to the necessity of the transport?

PCR 4



Unit A called for transport of PT with abdominal pain and rectal bleeding from Hospital A ER to Hospital B. Unit A went en route to Hospital A ER and arrived without incident or delay. EMS was notified of location of PT in ER and received report from ER nurse. EMS went into room of PT and greeted PT and obtained vital signs. PT scooted from ER bed to EMS stretcher and was loaded into ambulance without incident. Unit A went en route to Hospital B in Smithville. PT's vital signs and pain level was monitored for duration of transport to Hospital B and vital signs stayed within non-critical ranges throughout transport. Unit A arrived at Hospital B without incident or delay. PT was taken into hospital and registered without incident. Room assignment was given by hospital staff and EMS transported PT on stretcher to room assignment. PT scooted from EMS stretcher to hospital bed without incident.

Questions



Why did the patient need to be transported to another facility?

Why did the patient need to go by ambulance?

PCR 5



Unit A dispatched for a transfer from Hospital A to Hospital B with paramedic needed. Upon arrival report is given from nurse that pt is a 84 year old female that came in after a syncopal episode and hitting her head. Pts CT was negative for a bleed but it was discovered her BGL was in the 700s. Pt is needing transported to Hospital B ICU due to no ICU beds available here at Hospital A. Pt is on an insulin drip at 5 u/hr. Pt has been extremely nauseated and was just given zofran upon ems arrival. Pt has not been diagnosed with dementia but she is altered and confused sometimes. Upon arrival into pts room pt states she needs to throw up. Pt vomits a small amount into a emesis bag. Pt states she feels better. Pt wants to know who we are and where we are going. Everything is explained to pt. Pt is moved to stretcher and insulin is moved to ems iv pump. Pt is secured and loaded into ambulance. Pt is put in position of comfort and vitals and cardiac monitoring are done en route. Pt is taken to ICU and moved to bed.

Questions



What was the condition of the patient?

Why did the patient need to be transported to another facility?

Could this patient arrived at Hospital B by any other means safely?

Was the patient in any distress? Is distress relative to the necessity of the transport?

Q&A



Questions?

