

AMBULANCE

Documentation Checklist Tool

Basic Life Support Documentation	Yes	No
Is this a patient that is being transported to or from a hospital, dialysis center, rehab center, or residence?		
Is there a Beneficiary or representative signature accepting assignment and submitting claim to Medicare?		
Is there Medical Necessity, does the patient's condition show an injury or illness that show contraindication to be transported by other means?		
Is this transport scheduled,(repetitive service for example dialysis) and is there a Physician Certification Statement (PCS)?		
Is there a signature, with credentials, of the crew member responsible for the care of the beneficiary?		
Is there any additional documentation incorporated into the certifying physician's medical record? Please note any incorporation of documentation must be corroborated by the submitted clinical/medical documentation (when supporting homebound criteria and/or medical services for ambulance transport.)		

Transportation Requirements		
Criteria One		
Does the physician/facility documentation indicate that the patient requires an ambulance transport?	Yes	No
Is transport due to bedbound status/unable to sit up in wheelchair for length of trip?		
Does patient need to be restrained to protect self or others from injury?		
Is patient unconscious, confused, combative or with mental diagnosis that needs to be supervised?		
Is there a need for oxygen or other emergency treatment during transport to nearby facility?		
Does patient exhibit signs and symptoms of acute respiratory distress or cardiac distress such as shortness of breath or chest pain?		
Does patient exhibit signs and symptoms that indicate the possibility of acute stroke?		
Criteria Two		
Does the physician/facility documentation support:	Yes	No
Is the transport for scheduled non-repetitive or non-scheduled transport?		
Is PCS signed by NP,MD, Discharge Planner or RN before furnishing the service?		
Has PCS been signed and dated within 48 hours of transport?		
If PCS unable to be obtained, is there a certified mail receipt within 21 days?		
Does PCS documentation correlate with documentation in transport?		



Transportation Requirements		
Criteria Three		
Does the physician/facility documentation support the medical necessity of repetitive transports?	Yes	No
Is the transport for dialysis or other scheduled repetitive transport?		
Is the PCS signed with credentials by the primary MD or DO?		
Has the PCS/order been signed within 60 days prior to transport?		
Does PCS documentation correlate with documentation in the transport note?		
If Criteria One or Two not met		
Does any of the ambulance transport documentation provide additional support for the bedbound status and/or need for medical necessity of this transport (paint a picture of the patient's condition)?	Yes	No
Ambulance Transports		
Does the Documentation include the following:	Yes	No
<ul style="list-style-type: none"> • Diagnoses or reason the patient is being transported • Mental status – confusion/dementia/Alzheimer's in quantitative/objective terms for that Date of Service • Types of services, supplies, and equipment required • Bedbound status or functional limitations – detailed reason for bedbound status or quantitative/objective terms of functional limitations • Medications and treatments (i.e. breathing treatments during transport or applying oxygen) <ul style="list-style-type: none"> - Oxygen management is based on titrated order for changes in breathing status or pulse oximetry results • If applicable, please make sure these documents are signed with credentials and dated by all ambulance crew members 		
Reasonable and Medically Necessary Transports		
Are the transports and the reason the transports are necessary for the beneficiary documented in objective terms?	Yes	No
Medical Necessity for Transports		
Has Medical Necessity been established?	Yes	No
Medical Necessity is established when the patient's condition is such that use of any other method of transportation is contraindicated in any case in which some means of transportation other than ambulance could be used without endangering the individuals health, whether or not such other transportation is actually available. Payment may only be made for ambulance services.		
Does the ambulance service meet all program coverage criteria in order for payment to be made?	Yes	No
It is important to note that the presence or absence of a physician's order for a transport by ambulance does not necessarily prove or disprove whether the transport was medically necessary. The ambulance service must meet all program coverage criteria in order for payment to be made.		
Certifications		
42 CFR 410.40 (d)(2) and 410.40 (d)(3) Medicare covers medically necessary nonemergency scheduled, repetitive services if the ambulance provider or supplier before furnishing services to the beneficiary obtains a written order from the beneficiaries attending physician certifying that the medical necessary requirements of the paragraph (d)(1) of this section are met.		

Certifications

REPETITIVE: The physician's order for repetitive transports MUST be signed and dated no earlier than 60 days before the date the service is furnished.

NON-REPETITIVE: The physician's order for non-repetitive transports MUST be signed and dated within 48 hours of the transport

Resources

- CMS Medicare Benefit Policy Manual (Pub. 100-2) Chap. 10 Ambulance Services
<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c10.pdf>
- CMS Medicare Claims Processing Manual (Pub. 100-4) Chapter 15 Ambulance Services
<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c15.pdf>
- CMS Medicare Program Integrity Manual (Pub 100-08)Chapter 6 Section 6.4
<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/pim83c06.pdf>
- Ambulance Fact Sheet: <https://www.cgsmedicare.com/partb/mr/pdf/ambulance.pdf>
- Ambulance Fee Schedule and Medicare Transports: <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Medicare-Ambulance-Transports-Booklet-ICN903194.pdf>