

EMS BILLING INSIGHTS

MedCorp EMS Billing, LLC

Paperwork Tidbits

This month we are doing a review of paperwork items as a reminder for everyone that will be modifying their policies for the upcoming year. We know that everyone hates change, however the only thing that is consistent in EMS is change and things that have worked for the past 20 years will no longer work. Remember, these are not our rules, these are Medicare rules and we verify everything through the MAC and our Medicare attorneys to keep you compliant. We have spoken with Medicare, and Medicare attorneys on several occasions and here is our take.

1. PCS forms / Transfer forms. Medicare does not have a standard PCS form that they require be utilized. This is both good and bad. Transfer forms CAN be used in the place of a PCS form but we must be extremely careful with the wording. As a very wise man once told me, Transfer forms can be used if they "contain the magic Medical Necessity Language". What does this mean you ask? In a nutshell, the transfer form must state "Medical Necessity", and they are required to be transferred by ambulance AND WHY they have to be transported by ambulance. They will still need to have the following information from one of the 5 allowed signers, a Signature, Printed name, Title, and Date from MD, PA, NP, RN, Discharge Planner. If you can't obtain a PCS form, you can always do a COM from the USPS.
2. The DATE on a PCS form needs to be hand written and NOT typed. This is something that Medicare is getting very strict with.
3. Make sure your PCR states the reason your patient is being transported by ambulance TODAY. Not a CVA 2 years ago, why do they need an ambulance TODAY?
4. Remember the PCS form for Dialysis patients is valid from the DATE SIGNED. Not the date at the top of the paperwork. They are good for 60 calendar days.
5. If your patient is a 1013 patient, please obtain a copy of this form. This is the involuntary detention and does take the place of a PCS form. Very important when the patient has traditional Medicaid primary.
6. Make sure you have history and physicals from the physician on all of your dialysis patients BEFORE you start transporting. In a TPE audit, one of the requirements is you provide history and physicals from the physician to support the medical necessity for an ambulance transport. These HAVE to be dated prior to the transport date. You can send the H&Ps over to MedCorp EMS Billing and we will attach these to your patients records for future use. Yes, you WILL get a TPE audit within the next 2 years. Be ready there is no gray to the audit team!!!!!!!
7. If your patient has an amputation / injury, please document where the amputation / injury is? Ie: left bka, right hip fracture, etc.
8. Make sure you document the facility name that you pick up or drop off the patient at. We are receiving just an address with documentation of residence, when actually they are being dropped off or picked up at a facility. This makes a big difference with the coding and modifiers that we are required to use.

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