

Patient Care Report Documentation for EMS Billing




May 29, 2025

EMS Billing Education ~ Introduction to Ambulance Billers Peer Network

The mission of the Oregon Office of Rural Health is to improve the quality, availability and accessibility of health care for rural Oregonians.

The Oregon Office of Rural Health's vision statement is to serve as a state leader in providing resources, developing innovative strategies and cultivating collaborative partnerships to support Oregon rural communities in achieving optimal health and well-being.

Webinar Logistics

- Audio is muted for all attendees.
- Select the  or the  to populate the chat feature on the bottom right of your screen. Please use either the chat function or raise your hand  on the bottom of your screen to ask your question live.
- Presentation slides and recordings will be posted shortly after the session at: <https://www.ohsu.edu/oregon-office-of-rural-health/emergency-medical-services-programs>.





*Krista Cuthbert
Director of
Revenue Cycles*

Krista Cuthbert is the Director of Revenue Cycles for the Metro West Family of companies. Krista started with Medix Ambulance as a biller in 2006. She was promoted to the office manager position at Medix Ambulance in 2012. Krista has been overseeing all of the revenue cycles for the Metro West Family of companies since 2018. As a member of our executive leadership team, Krista works closely with our billing managers and supervisors to create a streamlined, effective billing process for our ambulance transports and our wheelchair divisions. She also works closely with our operations team on QA/QI of patient care reports.

Krista was the chair of the American Ambulance Association's Medicare Regulatory Committee between 2020 and 2024. She has participated in multiple billing and documentation trainings for companies around Oregon, Washington and New Mexico. She recently received the Distinguished Service Award from the American Ambulance Association for her work on educating other ambulance providers across the country in Medicare Ground Ambulance Data Collection.

Patient Care Report

The Patient Care Report (PCR), also called a Prehospital Care Report, is the legal document used by first responders to record all aspects of the care a patient receives from initial dispatch to handoff in the hospital.

- Legal Document
- Patient Medical Record
- Improve Patient Outcomes
- Proof of Protocols Followed
- Ensure Accurate Billing

- ▶ Limit potential perjury. The PCR is a legal document, so stating that a patient is GCS 15 when you state that they are confused earlier on is technically lying and could be used to undermine your PCR if it is brought to court. The narrative should provide a picture of the scene and treatments provided/justification for treatments without including any of the raw "data" found in the rest of the PCR. Think of the narrative like a story that the receiving physician is reading to get an understanding of what is going on. A lay person should be able to read a narrative and have some peripheral idea of what was going on on scene and during transport. If "data" is needed in the narrative, double check that it matches the "data" found in the rest of the PCR.

Medical Necessity

Medical necessity is established when the patient's condition is such that the use of any other method of transportation would be contraindicated. In other words, medical necessity requires that no alternative mode of transportation be used without endangering the patient's health.

- Transported in an emergency situation Example; result of accident, injury, or acute illness
- Needed to be restrained to prevent injury to self or others, was unconscious or in shock
- Had to remain immobile because of fracture not set or possibility of fracture
- Required oxygen or other emergency treatment
- Was bed confined before and after the ambulance trip
- Could be moved only by stretcher

Bed Confined

- ▶ Unable to get up from bed without assistance, and
- ▶ Unable to ambulate, and
- ▶ Unable to sit in a chair or wheelchair

*** All 3 must be met!**

- ▶ (The terms “bed bound” or “non ambulatory” are not recognizable by Medicare)
- ▶ If you state the patient is bed confined you must say WHY

Medical Necessity

- ▶ Weakness where? severity?
- ▶ Contractures where?
- ▶ Amputations where? recent or old?
- ▶ Fractures where? surgically repaired?
- ▶ Paralysis where? hemi? quad?
- ▶ Wounds where? STAGE?
- ▶ Swelling where? severity
- ▶ Fall Risk why?
- ▶ ALOC description of patient's actions
- ▶ Pain severity?
- ▶ Past Medical History what is it?
- ▶ Oxygen Requirement

Supplemental Oxygen meeting medical necessity

- ▶ State law typically permits patients to self-administer their own oxygen with;
 - ▶ Valid prescription
 - ▶ Own tank
 - ▶ Mental/physical ability to self-administer
- ▶ State law typically restricts third-parties to administer oxygen except for:
 - ▶ Medical facilities
 - ▶ Licensed EMS personnel



Medicare will only cover a transfer from one hospital to another to the extent the basis for the transfer is for the patient to receive care that cannot be provided at the originating facility

Hospital to Hospital Transfers

- ▶ All narratives need to have the patient dx and the “specific” treatment or doctor patient is going to at receiving hospital

Sometimes it helps to think of this as a Mad-lib.

Arrived to _____ for patient dx
with _____ needing transferred to _____
for _____ not available at _____
hospital.

Charting tips:

- ▶ Document how you found the patient (wheelchair, bed, couch, chair, etc.) If patient found in bed, are they bed confined or is this because of time of day?
- ▶ Detailed Assessment
- ▶ Avoid conclusions
- ▶ Don't abbreviate
- ▶ Don't contradict yourself
- ▶ All interventions need to be documented in both the intervention section and the narrative. Are they continued during the transport?
- ▶ Patient weight when that's reason for transport
- ▶ Difference between GCS and A&O

Patient Signatures

PATIENT NAME: _____

RUN NUMBER: _____

DESTINATION NAME: _____

DATE OF TRANSPORT: _____

TIME AT DESTINATION: _____

SECTION I – PATIENT SIGNATURE

I acknowledge that I am legally responsible for the ambulance services provided to me. I request payment of authorized Medicare benefits and/or other insurance benefits be made on my behalf to Metro West Ambulance, Inc for any ambulance services furnished to me by Metro West Ambulance, Inc, whether in the past, now or in the future. I authorize any holder of medical information about me or other relevant documentation about me to release to the Centers for Medicare and Medicaid Services and its agents and contractors, any and all appropriate third party payers and their respective agents and contractors, as well as Metro West Ambulance, Inc, any information or documentation in their possession needed to determine these benefits and/or the benefits payable for related services, whether in the past, now or in the future.

I acknowledge that I have been provided with a copy of Metro West Ambulance, Inc Notice of Privacy Practices on this date. In the event I have not been provided with a copy of Metro West Ambulance, Inc Notice of Privacy Practices on this date, I hereby consent to the electronic delivery of said Notice of Privacy Practices.

Signature of Patient

Date

SECTION II – REPRESENTATIVE SIGNATURE

Reason Patient could not Sign (crew to complete): _____

By signing below, I certify that I am one of the following individuals, and that I am authorized to sign on the patient's behalf. I understand that I am signing in order to permit the above-named company to submit a claim for its services to Medicare and/or any other third-party payers. **My signature is not an acceptance of financial responsibility for the patient.**

(check one):

- ☐ Patient's legal guardian (42 C.F.R. §424.36(b)(1))
- ☐ Relative or other person who receives governmental benefits on the patient's behalf (42 C.F.R. §424.36(b)(2))
- ☐ Relative or other person who arranges patient's treatment or manages the patient's affairs (42 C.F.R. §424.36(b)(3))
- ☐ Representative of institution that furnished care or other services to the patient (42 C.F.R. §424.36(b)(4))

Signature of Representative

Printed Name of Representative

Date

SECTION III – RECEIVING FACILITY SIGNATURE

Complete this section only if you are unable to obtain the signature of the patient or authorized representative.

By signing below, I certify that the above-named patient was physically or mentally incapable of signing at the time of transport, and that none of the individuals listed in 42 C.F.R. §424.36(b)(1) – (4) was available or willing to sign the claim on behalf of the beneficiary.

Crew Signature

Printed Name

Date

Reason Patient could not Sign (crew to complete): _____

I certify that the above named patient was received by our facility on the date and time set forth above. In the event you are unable to obtain the signature of the patient or another authorized representative, I hereby sign on the patient's behalf in order to permit Metro West Ambulance, Inc to submit a claim to Medicare and/or any other third-party payers. **My signature is not an acceptance of financial responsibility for the patient.**

Signature of Receiving Facility Representative

Date

Printed Name of Receiving Facility Representative

Title/Position

EFFECTIVE DATE: 1/17

Crew Signatures



STOP – Impact to You

Medicare requires that services provided/ordered be authenticated by the author. The method used should be a handwritten or electronic signature. Under certain circumstances, a rubber stamped signature is acceptable. If you do not have an acceptable signature on services provided/ordered, your Medicare payment may be impacted.



CAUTION – What You Need to Know

Medicare services provided/ordered must be authenticated by the author using an acceptable signature.

The background of the slide features abstract, overlapping geometric shapes in various shades of blue, ranging from light sky blue to deep navy blue. These shapes are primarily located on the right side and bottom of the frame, creating a modern, dynamic feel. The main area of the slide is a solid light gray.

...Questions?

"Thank you for sharing your knowledge and
experience with us, Krista!"



ORH's EMS Ambulance Billers Peer Network

You're invited!

Join a focused **EMS billing and coding network** for a collaborative connection to your peers!

Stay updated on ambulance billing training and other EMS billing and coding resources. Get support from your peers for billing questions or tricky situations.

Facing a new billing challenge? More experienced peers might have the answer. New to the field? Your fresh perspective might shed new light.

This network will also help ORH identify which programs and topics will be most effective to assist EMS billing and coding professionals in their work.

[Click here](#) to add your name and meeting time preferences to our contact list!



ORH Announcements

Next ORH Biweekly Policy Update Meeting | June 6 | 12:00 p.m. ([Register here](#))

Next Community Conversations | July 24 | 12:00 p.m. | CAH, RHC and Population Health Program Updates | ([Register here](#))

October 1-3, Bend, OR | 42nd Annual Oregon Rural Health Conference
([More information here](#))

Oregon Rural Health Excellence Award | Nomination application deadline August 31st
([More information here](#))

ORH's New Rural Health Resource Hub | Search for resources, and share your resources | ([More information here](#))

Rural EMS Scholarship Program | Applications accepted on a rolling basis
([More information here](#))

Just opened: Certified Community Paramedic Scholarship Program | funds to support CP-C course and certification | email fieldj@ohsu.edu for more

Thank you!

Joan Field
Rural EMS Program Coordinator
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