



OMNI
EMS BILLING



Tip of the month: Use Detailed Comments

Comments are crucial. Detailed comments make life easier for yourself and those after you who complete the billing process. Be sure to cover the who, what, when, where, and how of the event.

Primary Impression The Fallacies of Documentation

by Grant Helferich

What is an *impression*? Per the Merriam-Webster dictionary, *impression* is:

- the effect or influence that something or someone has on a person's thoughts or feelings
- an idea or belief that is usually not clear or certain
- an appearance or suggestion of something

The intent of the "primary impression" within documentation is to convey what the primary care provider believes is wrong with the patient. This may be the protocol you are following in the care or treatment of the patient such as the "chest pain" protocol or "abdominal pain" protocol.

The primary impression should not be the root cause of the injury such as "fall" or "traumatic injury", but the injuries sustained *after* the fall or traumatic injury. It is interesting to see various patient care reports and the documentation models used by different agencies. Many EMS agencies use electronic patient records. Here, the fields in the primary impression are a pull

down screen with only a few options to select from. But trying to bill for an ambulance transport with the primary impression of "Traumatic Injury"? Good luck!

With the implementation of ICD-10 coding, you do need to accurately document the cause of the injury. This will need to be as detailed as possible, such as the type and caliber of the gun used in the assault, the type and length of the blade of the knife used, etc. For motor vehicle accidents, where was the victim sitting in the car, was the victim wearing a seatbelt, how fast was the car traveling at the time of the accident, where was the impact to the vehicle and what did the vehicle impact...?

This is also true with fall patients. It is very important to document where the fall occurred. Include the address and name of the location- whether it is a store, company, or residence. With ICD-10, insurance companies will pay more attention as to *who* is actually responsible for the medical bills associated with the fall. Also, you will need to document how the fall occurred. Was the patient pushed? Did they bump into something? Did they slip on a wet or slick surface? If the patient fell from a certain height, how high were they before the fall? How many stairs did they fall down? Where were they on the ladder before the fall? Paint a picture with your descriptions.

ICD-10 calls for much more detail in order for the claim to be accepted. If insurance returns your claim due to a lack of information, this will delay your revenue, hurting productivity.



Grant Helferich

Grant is employed as EMS Advisor/Business Development Manager with Omni EMS Billing in Wichita, Kansas. He is a former member of the KEMSA Board and has also served as the treasurer and president of the KEMSA Administrator's Society. He was certified as an EMT, EMT-I, M.I.C.T., and T.O. II. Grant has worked as an EMT, EMT-I, M.I.C.T., Field Supervisor, Flight Paramedic, Cardiovascular Specialist, Assistant Director, and Director of EMS.

Earlier This Week

Centers for Medicare & Medicaid Services Announce New Ambulance Rules



On November 16, 2015, the Centers for Medicare & Medicaid Services (CMS) published the Final 2016 Physician Fee Schedule Rule in the Federal Register. The Final Rule contains several notable ambulance-specific provisions [...read more.](#)

West Virginia Ambulance Director Fired

Following a unanimous vote, the Boone County Ambulance Authority fired its director Randy Lengyel.



"We understood this is someone's employment, but we must do the right thing," said Kevin Hill, a B.C.A.A. board member. "We took time to make the right decision." [...read more](#)



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