

Emergency Triage, Treat and Transport (ET3) Program

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Q1: What is the Emergency Triage, Treat, and Transport (ET3) Program?

A: ET3 is a payment model designed to reduce unnecessary transport to emergency departments, and to serve members in the most appropriate settings.

Q2: Does ET3 replace existing emergency services?

A: No. Individuals who have an emergency and need transport to an emergency department will continue to receive those critical services. ET3 is intended to give providers an opportunity to:

- Transport members to alternate destinations (e.g. urgent care center, behavioral health provider, PCP's office)
- Treat members in place by a qualified healthcare practitioner in person (e.g. EMS personnel provide treatment at member's existing location, using standing orders)
- Treat members in place/triage by qualified health care practitioner (e.g. medical triage)

of member via telehealth, with EMS personnel assisting as needed)

Q3: Question: What is the process for participation in ET3?

A: Any AHCCCS Registered Emergency Transportation Provider (Provider Type 06) can participate in ET3 by adhering to ET3 guidelines set forth in [AMPM 310-BB, Transportation Services](#) and by following AHCCCS billing guidelines for ET3 services.

To start the registration process as a Provider Type 06, [visit the AHCCCS Provider Enrollment web page](#).

Q4: How does ET3 impact members?

A: Some important benefits include:

- Members will have greater control of their healthcare through availability of more options
- Members who do not need an ED level of care currently can endure long wait times at an Emergency Room, due to being triaged as a lower priority
- Alternative destinations should result in shorter wait times prior to members receiving care
- Reducing unnecessary utilization of EDs should result in shorter wait times for persons in need of an ED level of care
- Members will have greater continuity of care and coordination of care by using their PCP, specialist, or behavioral health provider as opposed to the ED

Q5: How does ET3 impact providers?

A: ET3 benefits providers by:

- Allowing EMS providers to provide treatment in place (when clinically appropriate) and reducing unnecessary transports
- Getting ambulances back in service more quickly, to more readily respond to and focus on high-acuity cases
- Allowing EMS providers to transport members to alternate destinations when a different level of care is appropriate, reducing member/provider wait times in EDs
- Freeing up EDs for patients who require that level of care
- Permitting reimbursement for triage, treat, and/or transport to an alternative destination
- Providing a straightforward participation process for AHCCCS-registered emergency transport providers

Q6: How do ET3 providers bill for services?

A: For guidance on billing ET3 [click here to view Chapter 14 of the Fee-for-Service Provider Billing Manual](#).

Additionally, please review the [ET3 Billing Presentation pdf](#).

Billing for Transport to an Alternate Destination

Claim Form: CMS 1500 Claim Form

Codes:

- A0426 – Ambulance Service, **Advanced Life Support**, Non-Emergency Transport Level 1
- A0428 - Ambulance Service, **Basic Life Support**, Non-Emergency Transport

Modifier: CG

Rate: Fee-for-Service (FFS) rates will align to the existing ambulance service rates on the current FFS fee schedule with the requirement that modifier CG is utilized when billing for these services

Billing for Treatment in Place by a Qualified Health Care Practitioner (In Person by EMS Professionals)

Provider Rendering Service: EMT-Basic (EMT), EMT-Advanced (AEMT), Intermediate I-99 (EMT-I-99), and EMT-Paramedic. (All are EMCTs)

Claim Form: CMS 1500 Claim Form

Codes:

- A0998 – Ambulance Response and Treatment, No Transport

Modifier: CG

Rate: Fee-for-Service (FFS) rates will align to the existing ambulance service rates on the current FFS fee schedule with the requirement that modifier CG is utilized when billing for these services

Billing for Treatment in Place by a Qualified Health Care Practitioner (Telehealth)

Provider Rendering Service: A qualified health care practitioner, who can provide telehealth services, such as an M.D., D.O., Nurse Practitioner, Physician’s Assistant, Psychiatrist, etc.

CMS 1500 Claim Form

Code(s): The appropriate code(s) for the visit provided. For example, if an E&M visit is provided, then an E&M code should be billed.

Modifier: The appropriate telehealth modifier (GT for synchronous/real time telehealth services)

Rate: Fee-for-Service (FFS) rates will align to the existing FFS telehealth rates.

www.azahcccs.gov/AHCCCS/Initiatives/Telehealth/

Billing Scenario Example:

An ambulance provider arrives at a member’s home and during their assessment identifies that the patient is diabetic and hypoglycemic. The member is alert and oriented, and able to protect their

airway. EMS personnel on scene administer oral glucose (a BLS service) and set the member up with a telehealth appointment with a PCP that they have an existing relationship with.

- In this scenario the ET3 provider may bill for Treatment in Place with A0998 CG.
- The PCP may bill for the office visit done by telehealth, following standard telehealth policies and billing guidelines. See [AMPM 320-I, Telehealth Services](#), for further information on telehealth services.

Q7: What are the reimbursement rates?

A: For AHCCCS Fee-For-Service members, BLS, ALS, and Treatment in Place rates apply.

Rates will align to the existing ambulance service rates on the current fee schedule with the requirement that modifier CG is utilized when billing for these services.

For more information, please visit the [Fee-for-Service Rates web page](#):

- CON providers should look at the [Transportation, Certificate of Necessity Providers](#) schedule.
- Tribal providers, not in possession of a CON from ADHS, should review [Transportation, Ground Transportation](#) schedule and look at the POS for tribal providers.

AHCCCS managed care organizations may have different contracted rates. Providers should contact the appropriate managed care organization to inquire for their rate schedule.

Q8: When will AHCCCS begin reimbursing qualified emergency transportation providers for ET3 services?

A: AHCCCS will reimburse qualified emergency transportation providers for ET3 services with dates of service on and after October 1, 2021.

Q9: What is the difference between ET3 and Treat & Refer?

A: ET3 providers must be registered with AHCCCS as Emergency Transportation (PT 06) Providers.

- No additional NPI is required (ET3 is done under the provider's existing NPI).
- No additional certification is required from ADHS. (Please note that in order to register with AHCCCS as PT 06, a provider must already have a Certificate of Necessity (CON), or be a tribal provider that signs an Attestation of Equivalency of CON requirements.)
- Not open to any other AHCCCS provider type.

Treat and Refer providers must be registered with AHCCCS as Treat and Refer (PT TR) Providers.

- Requires a separate NPI for the Treat and Refer provider type.
- Requires certification from ADHS as a Treat and Refer Provider.
- Open to both CON and non-CON providers.
- Providers must go to ADHS to apply, prior to registering with AHCCCS.

Please [see slides 16 and 17 of this document](#).

Q10: Do Emergency Transportation Providers (PT 06) have to contract separately with AHCCCS Health Plans?

- A: No. AHCCCS Health Plans are not required to contract with providers for ET3, and ET3 services are covered ***with or without a contract in place***. While AHCCCS Health Plans are permitted to outreach and request a contract so as to grow their provider network, Emergency Transportation providers (PT 06) are not required to contract with the AHCCCS Health Plans in order to receive reimbursement for ET3 services.
- So if a fire department or ambulance provider (all PT 06) decides not to contract, ET3 services will still be covered despite no contract being in place.

Emergency Triage, Treat, and Transport: Services associated with Emergency Triage, Treat and Transport (ET3) provided by Emergency Transportation providers are covered when initiated by an emergency response system call, ***regardless of whether the provider that furnishes the services has a contract with the Contractor*** as specified in [AMPM Policy 310-BB](#).

Q11: How do providers establish relationships with Alternative Destination Partners (ADPs)?

- A: Emergency Transportation providers shall be responsible for establishing partnerships with Alternative Destination Partners (ADP), such as urgent care clinics, Primary Care Physicians, Specialists, FQHCs/RHCs, and Behavioral Health Clinics.

Participants in ET3 must ensure the following, prior to transportation of a member to an ADP:

- a) The transport to the ADP meets the member's level of care more appropriately than transport to an emergency department,
- b) The ADP is within or near the responding emergency transportation provider's service area,
- c) The Emergency Transportation provider has a pre-established arrangement with the ADP located within their region,
- d) The Emergency Transportation provider has knowledge of the ADP's:
 - i. Hours of operation,
 - ii. Clinical staff available,
 - iii. Services provided, and
 - iv. Ability to arrange transportation for the member to return home, when needed.***

AHCCCS does not need to approve the ADPs. However, in order for the ADPs to receive reimbursement for services rendered, they must be AHCCCS registered providers.

Q12: How can I become an AHCCCS registered provider?

- A: To apply to become a new AHCCCS provider, to reactivate an application, or to make any updates to an existing provider profile, use the [AHCCCS Provider Enrollment Portal \(APEP\)](#).

AHCCCS will post updated APEP information on the Provider Updates web page at: www.azahcccs.gov/PlansProviders/NewProviders/ProviderUpdates.html.

Providers may [subscribe to AHCCCS newsletters](#) and read past [Claims Clues newsletters](#).

Q13: Can Emergency Transportation providers (PT 06), who are not participating in the Medicare ET3 initiative, participate in the AHCCCS ET3 program?

A: Yes. AHCCCS' ET3 initiative is separate from Medicare's participation. To participate in ET3 with AHCCCS, a provider must be registered as a PT 06 with AHCCCS, and adhere to AHCCCS ET3 policy requirements. Those are the only requirements.

Q14: For Alternative Destination Partners (ADPs), are there special prior authorization requirements?

A: No. For FFS providers, there will be no change to PA requirements. PA requirements vary based upon the service provided. Please note, that most services offered via an urgent care facility or primary care physician will not require PA for FFS members.

For members enrolled in an AHCCCS Health Plan, providers should reach out to the plan of enrollment for specific PA requirements.

Q15: Should Emergency Transportation Providers (PT 06) be aware of what insurance plans an Alternative Destination Partner accepts prior to transporting a member there?

A: Yes. While ET3 services are initiated by an emergency response network (i.e. 911 call), ET3 services are only provided when the emergency response team's on-scene field assessment has determined that the member's needs are medically necessary but not emergent. Part of the information gathered by the emergency response team in a non-emergency situation includes the member's insurance information.

It will be necessary for an Emergency Transportation Provider (PT 06) to have an easy-to-access list of insurance plans taken by each of their Alternative Destination Partners. Emergency Transportation Providers should only transport members to an ADP that takes their insurance.

Q16: What insurance plans are participating in ET3?

A: All AHCCCS Medicaid Plans (Fee-for-Service and AHCCCS Health Plans).

- Please note that Medicare Advantage plans managed by an AHCCCS Health Plan are not participating at this time.

For information on the Centers for Medicare and Medicaid Innovation Program's ET3 model for Medicare Fee-for-Service members, please visit: <https://innovation.cms.gov/innovation-models/et3>

Q17: Will there be additional ET3 webinars?

A: Yes. The schedule of ET3 webinars can be found on the [DFSM Provider Training web page](#) under 2021 Training Schedules at: www.azahcccs.gov/Resources/Downloads/DFMSTraining/2021/ProviderTrainingScheduleFourthQuarter2021.pdf

Individual agencies, or providers interested in becoming Alternative Destination Partners, may also set up 1:1 training sessions by outreaching alison.lovell@azahcccs.gov or the Provider Training Team at providertrainingffs@azahcccs.gov.

Q18: Where can I find additional resources?

A: Additional resources can be found on the [ET3 Initiatives web page](#) under "ET3 Resources."

- The [ET3 forum presentation](#) has the same slides as the billing forum, but is a shorter version for non-billing audiences.
- The [ET3 billing presentation](#) is the same one posted on the training web page.

Additional billing resources can be found on the [DFSM Provider Training web page](#).

- [ET3 Billing Presentation for Fee-for-Service Emergency Transportation providers](#)
- [Alternative Destination Partners \(ADP\) Presentation](#)
- [ET3 AHCCCS Health Plans Presentation](#)