Emergency Triage, Treat, and Transport (ET3)

Division of Fee-for-Service Management (DFSM) Provider Training Team
Effective October 1, 2021
Training Presentation Dated: November 2, 2021

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What is ET3?

- Emergency Triage, Treat, and Transport (also known as ET3) is a payment model designed to reduce unnecessary transport to emergency departments
- ET3 seeks to remedy the challenges currently faced by EMS providers by providing greater flexibility to ambulance care teams following a 911 call
- AHCCCS ET3 will be effective 10/1/21, subject to CMS approval

ET3 Components

1. **Transport of Member to Alternate Destination** (e.g., urgent care center, BH provider, PCP's office, FQHC/RHC, or specialist)
2. **Treatment in Place by a Qualified Health Care Practitioner *In Person*** (e.g. EMS personnel provide treatment at member's existing location, using standing orders)
3. **Treatment in Place/Triage by Qualified Health Care Practitioner** (e.g. medical triage of member via telehealth, with EMS personnel assisting as needed)

How Does ET3 Impact Providers?

- Increased efficiency in the EMS system by:
  - Allowing EMS providers to provide treatment in place (when clinically appropriate) and reducing unnecessary transports,
  - 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,
  - Helping EMS entities establish triage line for low-acuity 911 calls, and
  - Getting ambulances back in service more quickly, to more readily respond to and focus on high-acuity cases (e.g. heart attacks and strokes, by reducing unnecessary transports to Emergency Rooms).
- Permits reimbursement for triage, treat, and/or transport to an alternative site
- Easy for AHCCCS-registered emergency transport providers to participate

ET3 Goals

- **Increasing efficiency in EMS system** to more readily respond to/ focus on high-acuity cases, e.g., heart attacks and strokes, by reducing unnecessary transports to Emergency Rooms;
- **Increasing Quality of Care** by:
  - Providing person-centered care to deliver appropriate level of care safely at right time/place, while giving members greater control of healthcare through availability of more options;
  - Encouraging appropriate utilization of services to meet health care needs effectively; and
  - Reducing unnecessary costs.




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ET3 Policy

Who Can Participate in AHCCCS ET3?

- Any AHCCCS Registered Emergency Transportation Provider (**Provider Type 06**) has the opportunity to participate in ET3
  - Provider type 06 includes Tribal EMS providers
- Providers will participate by in ET3 by:
  - Adhering to AHCCCS ET3 Policy, and
  - Billing appropriate codes with proper modifier (CG).
    - NOTE: Codes billed without the CG modifier will not qualify as ET3.

Alternative Destination Partners

Transport to an Alternative Destination Partner (ADP) is allowed when:

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.

Treatment in Place

Treatment in Place (In Person) is allowed when:

The emergency response team's field evaluation determines that:

1. The service is medically necessary, but not emergent;
2. The treatment required on scene is complies with all of the following:
   - The emergency response team's scope of practice (varies depending on licensure, EMCT, EMT-Advanced, EMT-Paramedic, etc.);
   - Standing orders/protocols; and
   - Medical direction.

Treatment in Place

Treatment in Place (Telehealth) is allowed when:

The emergency response team's field evaluation determines that:

1. The service is medically necessary, but not emergent;
2. The treatment required on scene can be handled via telehealth, and is performed in accordance with AMPM Policy 320-I, Telehealth Services.



Billing for ET3

Billing for ET3

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

Billing for ET3

Billing for Treatment in Place by a *Qualified Health Care Practitioner (In person)*

Claim Form: CMS 1500 Claim Form

Codes:

- A0998 – Ambulance Response and Treatment, No Transport

Modifier: CG

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

Billing for ET3

Billing for Treatment in Place/Triage by a *Qualified Health Care Practitioner (e.g. Telehealth)*

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.


Differences Between ET3 and Treat & Refer

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How is ET3 different from Treat and Refer?

ET3	Treat & Refer
Does **not** require additional ADHS certification as a Treat & Refer provider	Requires **ADHS certification** as a Treat & Refer provider
Does **not** require a separate NPI	Requires a **separate NPI** for the Treat & Refer Provider Type
Open only to **Certificate of Necessity (CON)** providers, and **Tribal providers who have submitted an attestation of CON equivalency** to AHCCCS (part of the registration process as a PT 06 with AHCCCS)	Open to **both CON and non-CON** providers
Must be registered with AHCCCS as **Provider Type 06** (Ambulance Provider)	Must be registered with AHCCCS as **Provider Type TR** (Treat & Refer)

How is ET3 different from Treat and Refer?

ET3	Treat & Refer
ET3 reimburses for: 1) Treatment in Place (by EMS personnel); and 2) Treatment in Place/Triage by a Qualified Health Care Practitioner (Telehealth); and 3) Transportation to an Alternate Destination.	Treat & Refer reimburses for: 1) Treatment in place (by EMS personnel)
• Rates will align to the existing ambulance service rates on the proposed fee schedule with the requirement that modifier CG is utilized when billing for these services (for Treatment in Place by EMS personnel and Transportation to an Alternate Destination). • Rates for Qualified Health Care Practitioners providing telehealth services (e.g. PCP or specialist), will align to existing telehealth rates for those providers.	Rates will align with existing Treat & Refer rates.


DFSM Provider Education and Training Unit

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ET3 Resources

AHCCCS ET3 Updates Page

- https://www.azahcccs.gov/AHCCCS/Initiatives/ET3/

Fee-for Service Provider Billing Manual

- Transportation Chapter
  - ET3 Updates Coming Soon

AHCCCS Medical Policy Manual (AMPM)

- AMPM 310-BB, Transportation
  - ET3 Updates Coming Soon

DFSM Provider Training

The DFSM Provider Education and Training Unit can assist providers with the following:

- How to submit and status claims or prior authorization requests through the AHCCCS Online Provider Portal (FFS programs, including AIHP, TRBHAs and Tribal ALTCS).
- Submission of documentation using the Transaction Insight Portal (i.e. the AHCCCS Daily Trip report, requested medical records, etc.).

Additionally, the DFSM Provider Training unit offers trainings with informational updates to program changes, system updates, and changes to the AHCCCS policy, AHCCCS guides and manuals.

Education and Training Questions?

The DFSM Provider Education and Training Unit does not instruct providers on how to code or bill for a particular service.

For additional information on rates and coding please follow the below guidelines:

- Rates - Questions on AHCCCS FFS rates should be directed to the rates team at FFSRates@azahcccs.gov
- Coding - Questions on AHCCCS Coding should be directed to the coding team at CodingPolicyQuestions@azahcccs.gov
  - NOTE: The Coding team cannot instruct providers on how to code or bill for a particular service. Those questions should be directed to the provider's professional coder/biller.
- ACC Plan Claims - Questions regarding the submission of claims to an AHCCCS Complete Care (ACC) Health Plan should be directed to the appropriate ACC Health Plan.

The DFSM Provider Training Team can be reached at ProviderTrainingFFS@azahcccs.gov

Technical Questions?

For technical assistance with the AHCCCS Online Provider Portal, please call:

- AHCCCS ISD Customer Support Desk at 602-417-4451 or ISDCustomerSupport@azahcccs.gov

Claims Questions?

For claims questions that cannot be resolved on the portal, please outreach the Claims Customer Service team at:

- Phone: (602) 417-7670 – Select Option 4
- From: Monday – Friday from 7:30am – 4:00pm (Phoenix Time).

The Claims Customer Service team can assist with the following items:

- Details regarding a claim status that cannot be answered on the AHCCCS Online Provider Portal;
- Providing denial codes and general information regarding denied claims; and
- Providing general information about approved and pended claims.

NOTE: Providers should not call the Claims Customer Service team if they have questions on rates, CPT/HCPCS codes and modifiers, billing questions, the address a check was mailed to, and payment details for approved claims.

Prior Authorization Questions?

For prior authorization questions, please visit the AHCCCS Online Provider Portal or the AHCCCS website at:

- AHCCCS Online Provider Portal:
  - https://azweb.statemedicaid.us/Account/Login.aspx?ReturnUrl=/
- DFSM Prior Authorization Web Page:
  - https://www.azahcccs.gov/PlansProviders/FeeForServiceHealthPlans/PriorAuthorization/requirements.html

Providers can check the status of a submitted authorization request online and view messages from PA staff under the Prior Authorization Inquiry link.

Prior Authorization Questions?

For questions that cannot be resolved on the portal, please outreach the Fee-for-Service Authorization Phone Line at:

- Within Maricopa County: 602-417-4400, Select option 1 for transportation
- Statewide: 1-800-433-0425
- Outside Arizona: 1-800-523-0231
- FESP Dialysis: 602-417-7548

NOTE: Providers should not call the FFS Prior Authorization team if they have questions on rates, CPT/HCPCS codes and modifiers, billing questions, claims, or for status updates.

Thank you

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