

# Billing and Payment Fact Sheet for Ambulance Suppliers and Providers (Participants)

Welcome to the Centers for Medicare & Medicaid Services (CMS) Emergency Triage, Treat, and Transport (ET3) Model. This fact sheet provides billing and payment instructions for ambulance suppliers and providers (Participants) with signed ET3 Model Participation Agreements (PA). This guidance will help your ambulance billing staff submit claims for services during your participation in the ET3 Model, as well as outlining payments for model services.

The ET3 Model is a voluntary five-year CMS payment model under which CMS will test two new payments for ET3 Model Participants. CMS will continue to pay to transport a Medicare fee-for-service (FFS) beneficiary to a hospital emergency department or other destination covered under the regulations. In addition, under the model, CMS will pay Participants to 1) transport the beneficiary to an alternative destination partner (ADP), such as a primary care office, urgent care clinic, or a community mental health center, or 2) provide the beneficiary treatment in place (TIP) with a qualified health care partner (QHCP), either at the scene of the 9-1-1 emergency response or via telehealth.

The ET3 Model applies only to the traditional Medicare Fee-for-Service program and does not apply to Medicare Advantage plans.

Billing in the ET3 Model builds upon how ambulance suppliers and providers currently bill Medicare Part B, with modifications to account for the ET3 Model services provided.

## Payment to Participant for Transport to Alternative Destination Partner

ET3 Model Participants may receive payment for transport to an ADP at the appropriate emergency Basic Life Support (BLS-E) (A0429) or emergency Advanced Life Support, Level 1, (ALS1-E) (A0427) rate plus adjustments (mileage and applicable rural/urban geographic factors or add ons or multiple-patient rule) and are subject to medical necessity criteria for emergency ambulance transport.

The ADP that receive ET3 Model Beneficiaries should bill as usual for services rendered.

## Payment to Participant for Initiation and Facilitation of Treatment in Place (No Transport)

ET3 Model Participants may receive payment for ambulance services for the initiation and facilitation of TIP in-person or telehealth services at either the BLS-E (A0429) or ALS1-E (A0427) level plus adjustments (applicable rural/urban geographic factors or add-ons or multiple-patient rule) even though there is no transport. Do not submit mileage (A0425) on a claim for TIP services.

QHCPs who partner with ET3 Model Participants to provide TIP services under the ET3 Model are paid for their services similar to standard Medicare reimbursement.

- Any covered services provided through TIP, either in person or through telehealth, must be medically necessary for the ET3 Model Beneficiary.
- Please reference the Billing and Payment Fact Sheet for Treatment in Place Services by Qualified Health Care Partners for additional information.

## Destination Modifiers

New alpha character modifiers will be used in the “destination” position of the origin/destination modifier combination on ET3 Model ambulance claims. These modifiers are specific to ambulance claims and do not apply to ADPs and QHCPs providing TIP.

Participants should select the most closely related ET3 Model destination code, as appropriate (e.g., the modifier for Community Mental Health Center, “C,” may be appropriate for ADP transport to a residential substance abuse treatment facility).

Service Provided	Modifiers
Transport to an ADP	<b>C:</b> Community Mental Health Center
	<b>F:</b> Federally Qualified Health Center
	<b>O:</b> Physician Office
	<b>U:</b> Urgent Care
Treatment in Place	<b>W:</b> Treatment in Place or via Telehealth Service

**Note:** These new destination codes may NOT be used, in any circumstance, in the origin code position of an ambulance service line Healthcare Common Procedural Coding System (HCPCS) origin/destination modifier combination.

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## ET3 Model G-Code for Beneficiary Refusal of Model Interventions

A new non-payable G-code MUST be used to track ET3 Model Beneficiary refusal of model interventions when billing claims under the ET3 Model. Your claim submission process is the same as usual, with the following addition:

HCPCS Code	Short Description	When to Use It	Where to Use It	Claim Line Submitted Charge Amount
<b>G2022</b> – Transfer to Emergency Department	Beneficiary refuses ET3 Model services	If an ET3 Model Beneficiary refuses TIP (in-person or telehealth) services or transport to an ADP and is transported to an emergency department	CPT/HCPCS code field	\$0.01

Important notes about the Participant G-code:

- Do not include G2022 when a beneficiary is not eligible for transport to an ADP or TIP and is taken to a destination covered under existing regulations (e.g., hospital).
- The G2022 code will be denied by your Medicare Administrative Contractor (MAC) and identified as being part of required reporting. This is by design, and Participants will not be held financially responsible for the denied \$0.01 charge.

### TIPS FOR SUCCESS

To ensure success of your ET3 Model claim, use the following guidance:

- Do not combine ET3 Model services and non-ET3 Model services on a single claim. This will result in a claims denial.
- Do not submit a mileage claim (HCPCS Code A0425) and a Destination code “W” (treatment in place) on the same claim.
- Do not submit a G2022 beneficiary refusal of services G-code on a claim with any of the ET3 Model intervention modifiers (C, F, O, U, or W) on the same claim.
- Submit revenue code 540 on Institutional Part A ET3 Model claims.
- Contact your respective MAC with additional ET3 Model billing and payment questions.



If you have any questions about your participation in the ET3 Model, please email [ET3Model@cms.hhs.gov](mailto:ET3Model@cms.hhs.gov) and place your “ET3-0XXX”-specific RFA ID in the subject line. Please visit the ET3 Model website <https://innovation.cms.gov/initiatives/et3/> for any other model news or information.