

Specialty Billing Training

Emergency Medical Transportation (EMT)

Health First Colorado
(Colorado's Medicaid Program)



Navigating This Presentation

- Underlined words or phrases often will link viewers to more information, such as web pages. If you are viewing this presentation in normal mode (not slideshow mode), you may need to press the Ctrl key while you click on the link in order to open it.
- Use color-coded table of contents slides to navigate to specific areas of interest in the presentation.
 - Use back arrows provided in the bottom right corner of some slides to return to table of contents slides.



Agenda

Introduction

Provider
Enrollment

Benefit
Overview

Billing &
Payment

Resources



Introduction



Introduction

Emergency Medical Transportation (EMT)

- Transportation benefit for members who have a critical or unknown illness or injury
- Illness or injury demands immediate attention to prevent permanent injury or loss of life



Provider Enrollment



Provider Enrollment

Eligible Providers

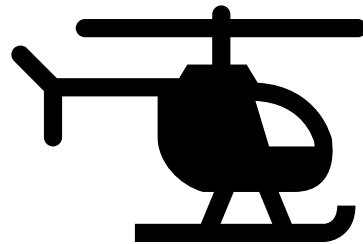
- **Air Ambulance**
 - Provider type 13, specialty code 086
 - Licensed and/or authorized by Colorado Department of Public Health and Environment (CDPHE)
- **Ground Ambulance - County Agency, Non-Metro Area**
 - Provider type 13, specialty code 124
 - Licensed and/or authorized by CDPHE
- **Ground Ambulance - Emergency**
 - Provider type 13, specialty code 324
 - Licensed and/or authorized by CDPHE

Provider Enrollment

Enrollment Requirements

Air Ambulance

- Enrollment Type = Facility
- Provider Type 13, Specialty Code 086
- Must enroll with organization's federal Employer Identification Number (EIN)
- National Provider Identifier (NPI), license and malpractice/liability insurance information must be entered in the application

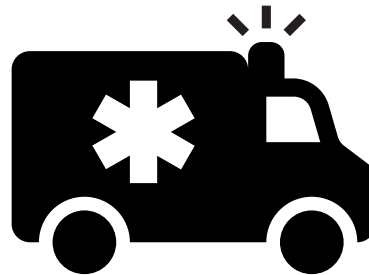


Provider Enrollment

Enrollment Requirements

Ground Ambulance

- Enrollment Type = Facility
- Provider Type 13, Specialty Code 124 or 324
- Must enroll with organization's federal Employer Identification Number (EIN)
- National Provider Identifier (NPI), license and malpractice/liability insurance information must be entered in the application



Benefit Overview

Benefit Overview

Member Eligibility

- Emergency Medical Transportation (EMT) is a benefit for all Health First Colorado members who have a critical or unknown illness or injury
 - Eligibility for EMT services are not limited in the same way as Non-Emergent Medical Transportation (NEMT) services
- Prior authorization is not required for:
 - Ground and air ambulance in emergency situations
 - In-state hospital to hospital transport, including critical care cases

Benefit Overview

Covered Services: Air Ambulance

Covered when point of pickup is inaccessible by a land vehicle or remoteness or other obstacles prohibit transporting the member by land to the nearest appropriate medical facility

Air ambulance

- Transportation to the closest, most appropriate facility
- Basic or advanced life support that is required during transport
- Critical Care Transportation - facility to facility transport requiring medical care above that offered via Non-Emergent Medical Transportation (NEMT)

Benefit Overview

Covered Services: Ground Ambulance

Ground ambulance

- Transportation to the closest, most appropriate facility
- Basic or advanced life support that is required during transport
- Critical Care Transportation: facility-to-facility transport requiring medical care beyond that offered via Non-Emergent Medical Transportation (NEMT)

Benefit Overview

Exclusions

The following services are not reimbursable by Health First Colorado:

- Waiting time, cancellations or unapproved additional passengers
- Response calls to emergency locations when no transportation is needed or approved
- Charges when the member is not in the vehicle
- Non-benefit services provided at the scene when transportation is not necessary
- Transportation which is covered by another entity

Benefit Overview

Exclusions

The following services are not reimbursable by Health First Colorado (continued):

- Transportation to local treatment programs not enrolled as a Health First Colorado provider
- Transportation of a member who has been pronounced deceased at the time that the ambulance arrives
- Pick up or delivery of prescriptions and/or supplies
- Transportation arranged for a member's convenience when there is no reasonable risk of permanent injury or loss of life
- Transportation to non-emergency medical appointments

Billing & Payment

Billing Claims Submission

Emergency Medical Transportation (EMT) services must be billed using the CMS 1500 professional claims form or the 837 Professional (837P) transaction

Claims should be submitted to the Fiscal Agent (Gainwell Technologies)

HEALTH INSURANCE CLAIM FORM
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PATIENT AND INSURED INFORMATION

1. MEDICARE (Medicare) MEDICAID (Medicaid) TRICARE (TRICARE) CHAMPVA (CHAMPVA) GROUP HEALTH PLAN (Group Health Plan) FECA (FECA) OTHER (Other)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial) 3. PATIENT'S BIRTH DATE (MM | DD | YY) SEX (M | F) 4. INSURED'S NAME (Last Name, First Name, Middle Initial) 5. PATIENT'S ADDRESS (No., Street) CITY STATE ZIP CODE TELEPHONE (Include Area Code) 6. PATIENT RELATIONSHIP TO INSURED (Self | Spouse | Child | Other) 7. INSURED'S ADDRESS (No., Street) CITY STATE ZIP CODE TELEPHONE (Include Area Code) 8. RESERVED FOR NUCC USE 9. RESERVED FOR NUCC USE 10. IS PATIENT'S CONDITION RELATED TO: (a. EMPLOYMENT? (Current or Previous) YES | NO; b. AUTO ACCIDENT? YES | NO; c. OTHER ACCIDENT? YES | NO) 11. INSURED'S POLICY GROUP OR FECA NUMBER 12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE (with release of any medical or other information necessary to process this claim. Also request payment of government benefits either to recipient or to the party who accepts assignment below.) 13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE (with release of any medical or other information necessary to process this claim. Also request payment of government benefits either to recipient or to the party who accepts assignment below.) 14. DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY (LMP) (MM | DD | YY) QUAL. 15. OTHER DATE (MM | DD | YY) 16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION (FROM | TO) (MM | DD | YY) 17. NAME OF REFERRING PROVIDER OR OTHER SOURCE (Type NPI) 18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES (FROM | TO) (MM | DD | YY) 19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC) 20. OUTSIDE LAB? (YES | NO) \$ CHARGES 21. RESUBMISSION CODE ORIGINAL REF. NO. 22. PRIOR AUTHORIZATION NUMBER 23. A. DATES OF SERVICE (From | To) (MM | DD | YY) (MM | DD | YY) B. PLACE OF SERVICE (EMG) C. PROCEDURES, SERVICES, OR SUPPLIES (Identify Unusual Circumstances) D. MODIFIER E. DIAGNOSIS F. CHARGES G. ICD-9-CM H. ICD-9-CM I. ICD-9-CM J. RENDERING PROVIDER ID, # 24. FEDERAL TAX ID NUMBER SSN/EIN 25. PATIENT'S ACCOUNT NO. 26. ACCEPT ASSIGNMENT? (YES | NO) 27. TOTAL CHARGE \$ 28. AMOUNT PAID \$ 29. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) 30. SERVICE FACILITY LOCATION INFORMATION 31. BILLING PROVIDER INFO & PII # SIGNED DATE PLEASE PRINT OR TYPE APPROVED OMB-0938-1197 FORM 1500 (02-12)

Billing

Place of Service Codes & Modifiers

- Centers for Medicare & Medicaid Services (CMS) place of service codes for Emergency Medical Transportation (EMT):
 - 41 - land transportation
 - 42 - air transportation
- EMT modifiers for multiple trips:
 - **Modifier 76**: One member taking multiple trips in the same day with the **same** rendering provider
 - **Modifier 77**: One member taking multiple trips in the same day with **different** rendering providers

Billing

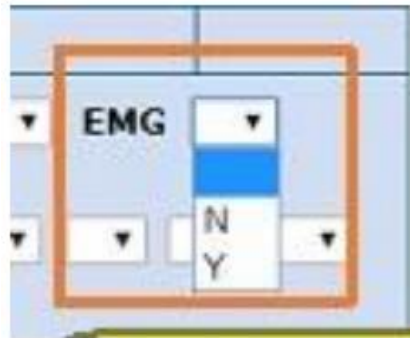
Dates of Service

- Two dates of service are required on each detail line
 1. “From” Date of Service (FDOS)
 2. “To” Date of Service (TDOS)
- Both dates must be completed on electronic record
- For services rendered on a single date, complete the FDOS and the TDOS with the same date

Billing

EMG (Emergency) Indicator

- Emergency Indicator is used to differentiate some Emergency Medical Transportation (EMT) services from Non-Emergent Medical Transportation (NEMT)
- "Y" must be entered to indicate service was EMT
 - Blank defaults to Not Sure, indicating the service was NEMT
 - Failure to enter a Y may result in a claim denial



Billing

Transportation Certification

- Emergency Medical Transportation providers should click “Yes” for the field “Transport Certification” on the Provider Web Portal
 - “Yes” response expands additional required fields (shown below)

***Transport Certification** Yes No

***Certification Condition Indicator** Yes No

***Condition Indicator**

***Transport Distance**

***Ambulance Transport Reason Code**

Billing

Transport Certification

***Transport Certification** Yes No

***Certification Condition** Yes No

Indicator

***Condition Indicator**

***Transport Distance**

***Ambulance Transport Reason Code**

“Condition Indicator” options:

- Patient was admitted to a hospital
- Patient was moved by stretcher
- Patient was unconscious or in shock
- Patient was transported in an emergency situation
- Patient had to be physically restrained
- Patient had visible hemorrhaging
- Ambulance service was medically necessary
- Patient is confined to a bed or chair

Billing

Transport Certification

*Transport Certification Yes No

*Certification Condition Indicator Yes No

*Condition Indicator

*Transport Distance

*Ambulance Transport Reason Code

"Ambulance Transport Reason Code" options:

- Patient was transported to nearest facility for care of symptoms, complaints or both
- Patient was transported for the benefit of a preferred physician
- Patient was transported for the nearness of family members
- Patient was transported for the care of a specialist or for availability of specialized equipment
- Patient transferred to rehabilitation facility

Resources

Resources

For Our Providers web pages: <https://hcpf.colorado.gov/our-providers>

The General Provider Information Manual is an overview of the program, including billing and policy information

The Emergency Medical Transportation Billing Manual provides specific guidance for the benefit

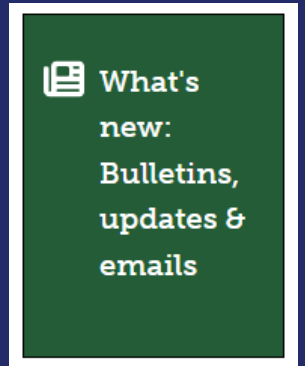
Fee Schedule web page

Provider Contacts web page



Reminders

- Remember to sign up for Department of Health Care Policy & Financing communications by visiting the [website](#) and clicking “For Our Providers” and then “What’s new: Bulletins, updates & emails.” Be sure to sign up for Provider Types 00 and 13.
- Interested in more training? Sign up or view training materials by visiting the [website](#) and clicking “Provider Resources” and then “Provider Training.” Presentations are listed under the calendar in the “Billing Training - Resources” section.



hcpf.colorado.gov/our-providers

Where can I find...?

For Our Providers

- Enrollment forms
- Revalidation dates spreadsheet
- National Provider Identifier (NPI) information
- Provider types

- Fee schedules
- General Provider Information manual
- Billing manuals & appendices
- Forms
 - Prior Authorization Requests (PARs)
 - Load letters
 - Request to use paper claim form

- Newsletters
- What's New?

Where can I...?

- Check member eligibility
- Submit claims
- Review Prior Authorization Requests (PARs)
- Receive Remittance Advices (RAs)
- Complete provider maintenance requests

- Quick Guides for Web Portal
- Known issues
- EDI Support
- Training registration
- Information about
 - Accountable Care Collaborative & RAEs
 - Co-Pays
 - EVV



<p>? Why should you become a provider?</p>	<p>📄 Provider enrollment</p>	<p>📄 Provider services: Forms, rates, & billing manuals</p>	<p>📄 What's new: Bulletins, updates & emails</p>
<p>🖱️ CBMS: CO Benefits Management System</p>	<p>🖱️ Long-Term Services and Supports</p>	<p>🖱️ Web portal</p>	
<p>📄 Revalidation</p>	<p>? Provider contacts: Who to call for help</p>	<p>☰ Provider resources: Quick guides, known issues, EDI, & training</p>	

Thank you!