



Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Secretary

MARYLAND MEDICAL ASSISTANCE PROGRAM
General Transportation No. 34
September 27, 2022

To: Emergency Services Transporters

From: Tricia Roddy, Deputy Medicaid Director
 Office of Health Care Financing

Re: Reimbursement Guidance for Jurisdictional Emergency Medical Services Operational Programs Pursuant to Senate Bill 295 (2022)

Note: Please ensure that appropriate staff members in your organization are informed of the contents of this transmittal.

Effective January 1, 2023, Maryland Medicaid will reimburse Emergency Service Transporters (ambulance company, provider type T1) for the following services when delivered in compliance with medical protocols adopted by the Maryland Institute for Emergency Medical Services Systems (MIEMSS):

- Transport of Medicaid patients with a low-acuity health condition to an urgent care center or Federally Qualified Health Center instead of to a hospital emergency department (ED) when transport is provided to a Medicaid participant in response to a 9-1-1 call.
- Treatment provided to Medicaid participants in which transportation to a facility is not required or the participant refuses transport, i.e. treatment in place. Services are provided to a Medicaid participant in response to a 9-1-1 call.

Effective January 1, 2023, Maryland Medicaid will reimburse Jurisdictional Emergency Medical Services Operational Programs (JEMSOPs) enrolled as an ambulance company (provider type T1, Category of Service designation TM) for the following services:

- Mobile integrated health services (MIH), defined as a community-based preventative, primary, chronic, pre-admission or post-admission health care service. MIH services are not provided in response to a 9-1-1 call.

This effective date is contingent upon the adoption of amended regulations in the Code of Maryland Regulations (COMAR) 10.09.31 *Emergency Service Transporters*.

Emergency Service Transporters may not bill Medicaid participants directly for any of these services.

Transport to Alternative Destinations

Medicaid will reimburse Emergency Service Transporters \$150 per transport of a Medicaid participant to an urgent care center or Federally Qualified Health Center participating as an alternative destination.

Emergency Service Transporters should bill for this service using the HCPCS code A0427, *ambulance service, advanced life support, emergency transport, level 1 (als 1 - emergency)*, with the relevant origin and destination modifier combination:

Origin modifier:

- D = Diagnostic or therapeutic site other than P or H when these are used as origin codes;
- E = Residential, domiciliary, custodial facility (other than 1819 facility);
- G = Hospital based ESRD facility;
- H = Hospital;
- I = Site of transfer (e.g. airport or helicopter pad) between modes of ambulance transport;
- J = Freestanding ESRD facility;
- N = Skilled nursing facility;
- P = Physician's office;
- R = Residence;
- S = Scene of accident or acute event;
- X = Intermediate stop at physician's office on way to hospital (destination code only).

Destination modifier:

- F = Federally Qualified Health Center
- U = Urgent Care Facility¹

Emergency Service Transporters shall provide transportation to an alternative destination in accordance with medical protocols adopted by MIEMSS.

Transportation services shall be billed to MDH and reimbursed on a fee-for-service basis.

Some alternative destinations may not participate with Medicaid. Reimbursement for medical services delivered at an alternative destination is contingent upon participation of the provider in Medicaid, and for HealthChoice participants, in the network of the participant's MCO.

¹ At this time, transport will only be reimbursed to the alternative destination of a participating urgent care center or federally qualified health center.

Treatment in Place

Medicaid will reimburse Emergency Service Transporters \$150 per event for treatment in place using the HCPCS code A0427. Providers must bill with the relevant origin modifier (see above) and the destination modifier W, *Treatment in Place (in person or via telehealth)*.

Emergency Services Transporters may bill for services delivered to a Medicaid participant in response to a 911 call when the participant receives medical services **and** either refuses transport or does not require transport. JEMSOPs shall provide services in accordance with medical protocols adopted by MIEMSS.

Emergency service transporters may not bill for services where the Medicaid participant refuses both medical services and transport.

Providers shall bill MDH for services on a fee-for-service basis.

Mobile Integrated Health Services

Medicaid will reimburse JEMSOPs for MIH services using the HCPCS code A0998, *ambulance response and treatment, no transport*, at a rate of \$150 per event.

MIEMSS continues to be responsible for the verification and credentialing of all JEMSOPs and associated providers. Only those JEMSOPs approved by the Maryland Institute of Emergency Medical Services Systems (MIEMSS) to provide MIH services will be allowed to bill code A0998.

JEMSOPs may provide MIH services to a Medicaid participant who is 18 years of age or older and enrolled in an MIH program. JEMSOPs shall provide MIH services in accordance with MIH medical protocols adopted by MIEMSS and must deliver MIH services in a participant's home or other community-based setting.

Services delivered to Medicaid participants enrolled on a fee-for-service basis must be billed to MDH. Services delivered to Medicaid participants enrolled in a HealthChoice managed care organization (MCO) must be billed to the participant's MCO. To check on participants' eligibility for any type of Maryland Medicaid benefits, a provider may use the Eligibility Verification System either by dialing 1-866-710-1447 OR visiting the website www.emdhealthchoice.org.

Please note, JEMSOPs and other provider types may not bill separately for clinical services delivered during a MIH visit. The MIH rate of \$150 per visit is inclusive of all services rendered during the MIH visit. For example, if the JEMSOP consults with a contracted physician through a telehealth appointment during an MIH visit, only the MIH visit will be reimbursed by Medicaid. It is the responsibility of the JEMSOP to ensure that any contracted entities or providers are aware of this guidance.