

ET3 Dispositions for NEMESIS 3.4

Published December 8, 2020 - Updated November 11, 2021

Developed by CMMI and the NEMESIS TAC

Guidelines

These guidelines do not constitute billing guidance. Billing is mentioned in order to assist EMS agencies to document ePCR data in a manner that is compatible with accurate billing.

The term “alternative disposition” used in this document is synonymous with the term “ET3 intervention” used by in ET3 Model communications.

These guidelines cover how to appropriately record the various ET3 scenarios of treatment and transport alternative dispositions within the NEMESIS version 3.4.0 standard, including the ET3 custom elements and values. NEMESIS data prior to version 3.4.0 will not be accepted by CMS. A version of this guidance for NEMESIS version 3.5.0 will be provided separately. These general guidelines are followed by specific scenario examples.

1. ET3 is for low-acuity 9-1-1 fee-for-service Medicare transports

The purpose of the ET3 Model is to test whether paying for (1) Transport to an Alternative Destination and (2) Treatment-in-Place, each furnished to low-acuity Medicare fee-for-service (FFS) beneficiaries following a 9-1-1 call, will reduce avoidable transports of Medicare FFS beneficiaries to emergency departments and/or utilization of other Covered Services. (Note: please see page 1 of the ET3 Participation Agreement for further information.)

2. If multiple ET3 alternative dispositions occurred, record the final disposition

If the EMS agency provides multiple ET3 alternative dispositions during an incident, then EMS records the final disposition of the incident. For example, if treatment-in-place was used but the patient was also transported, the EMS agency records (and bills) the incident as a transport. The fact that treatment-in-place occurred has no impact on the EMS agency’s billing for the incident.

3. ET3 collects whether alternative dispositions were offered and accepted, but not details about the offer and acceptance of each alternative

An EMS agency may offer multiple ET3 alternative dispositions during an incident, and patient may refuse one alternative but accept another. If any alternative disposition was accepted by the patient (even if the final disposition of the incident is a standard hospital transport), the EMS agency will record that an ET3 alternative disposition was offered and accepted by the patient. ET3 does not collect details specifically about which alternatives were offered and which were accepted. This approach minimizes the additional burden on EMS personnel for completing extra data elements on their calls.

4. The ET3 model only affects *whether* an incident is billable, not the billable amount

Under standard CMS policy, EMS agencies would not be able to bill for transport to a non-hospital destination or for facilitating treatment-in-place. ET3 makes those incidents billable, but the amount of the bill is unaffected by ET3: the bill includes the standard CMS base rate plus mileage (if a transport occurred).

Transport to Alternative Destination (TAD)

An EMS agency transports the patient to an alternative destination (not a hospital) approved by CMS. Within ET3, the incident is billable using the base rate plus mileage.

[eDisposition.01](#) – Destination/Transferred To, Name

The name of the alternative destination

[eDisposition.02](#) – Destination/Transferred To, Code

The state- or agency-assigned code of the alternative destination

[eDisposition.21](#) – Type of Destination

4221007 Clinic

4221021 Urgent Care

4221031 Mental Health Facility (*custom value*)

4221039 Drug and/or Alcohol Rehabilitation Facility (*custom value*)

4221901 Federally Qualified Health Center (*custom value*)

4221903 Rural Health Clinic (*custom value*)

[eDisposition.12](#) – Incident/Patient Disposition

4212033 Patient Treated, Transported by This EMS Unit

[et3Disposition.01](#) – ET3 Alternative Disposition Offer and Result (*custom element*)

et3Disposition.01.02 Alternative Disposition Offered, Accepted by Patient

Treatment-in-Place (TIP)

An EMS agency transfers care of the patient to a Qualified Health Care Partner (non-EMS) approved by CMS, with the partner either responding to the scene in-person or providing care via telehealth. Within ET3, the incident is billable using the base rate with no mileage.

[eDisposition.01](#) – Destination/Transferred To, Name

The name of the partner

[eDisposition.02](#) – Destination/Transferred To, Code

The state- or agency-assigned code of the partner

[eDisposition.21](#) – Type of Destination

4221902 Qualified Health Care Partner (*custom value*)

[eDisposition.12](#) – Incident/Patient Disposition

4212901 Patient Treated, Transferred Care to Another Provider on Scene (non-EMS) (*custom value*)

4212902 Patient Treated, Transferred Care to Telehealth Provider (*custom value*)

[et3Disposition.01](#) – ET3 Alternative Disposition Offer and Result (*custom element*)

et3Disposition.01.02 Alternative Disposition Offered, Accepted by Patient

Additional Scenarios

Treatment-in-Place (TIP) Followed by Transport to an Alternative Destination (TAD)

An EMS agency attempts to transfer care of patient to a Qualified Health Care Partner (non-EMS), either on scene or via telehealth, but the partner instructs EMS to retain care of the patient and transport the patient to an alternative destination approved by CMS, or the patient requests such transport, or EMS determines after treatment-in-place begins that it is necessary to transport due to patient condition. The incident is billable as an ET3 alternative destination using the base rate plus mileage.

This scenario is documented the same way as the Transport to Alternative Destination (TAD) scenario.

Treatment-in-Place (TIP) Followed by Transport to a Hospital

An EMS agency attempts to transfer care of the patient to a Qualified Health Care Partner (non-EMS), either on scene or via telehealth, but the partner instructs EMS to retain care of the patient and transport the patient to a hospital, or the patient requests such transport, or EMS determines after treatment-in-place begins that it is necessary to transport due to patient condition. The incident is billable as a standard hospital transport using the base rate plus mileage.

This scenario is documented the same way as a standard non-ET3 transport, except with the following additional information recorded:

[et3Disposition.01](#) - ET3 Alternative Disposition Offer and Result (*custom element*)

et3Disposition.01.02 Alternative Disposition Offered, Accepted by Patient (*if the partner requested the transport*)

et3Disposition.01.03 Alternative Disposition Offered, Refused by Patient (*if the patient requested the transport*)

Treatment-in-Place (TIP) Offered, Refused by Patient, Transport to Hospital

An EMS agency offers a treatment-in-place alternative to the patient, but the patient refuses it. EMS transports the patient to a hospital. The incident is billable as a standard hospital transport using the base rate plus mileage.

This scenario is documented the same way as a standard non-ET3 transport, except with the following additional information recorded:

[et3Disposition.01](#) - ET3 Alternative Disposition Offer and Result (*custom element*)

et3Disposition.01.03 Alternative Disposition Offered, Refused by Patient

Treatment-in-Place Offered (TIP), Refused by Patient, Transport to Alternative Destination (TAD)

An EMS agency offers a treatment-in-place alternative to the patient, but the patient refuses it. EMS offers an alternative destination transport to the patient, and the patient accepts it. EMS transports the patient to an alternative destination. The incident is billable as an ET3 Transport to Alternative Destination using the base rate plus mileage.

This scenario is documented the same way as the Transport to Alternative Destination (TAD) scenario.



Transport to Alternative Destination (TAD) Offered, Refused by Patient, Treatment in Place (TIP)

An EMS agency offers transport to an alternative destination, but the patient refuses it. EMS offers a treatment-in-place alternative to the patient, and the patient accepts it. Treatment-in-place is performed and the EMS agency does not transport the patient. The incident is billable as an ET3 treatment-in-place using the base rate with no mileage.

This scenario is documented the same way as the Treatment-in-Place (TIP) scenario.

Transport to Alternative Destination (TAD) Offered, Refused by Patient, Transport to Hospital

An EMS agency offers a transport to an alternative destination to the patient, but the patient refuses it. EMS transports the patient to a hospital. The incident is billable as a standard hospital transport using the base rate plus mileage.

This scenario is documented the same way as a standard non-ET3 transport, except with the following additional information recorded:

[et3Disposition.01](#) - ET3 Alternative Disposition Offer and Result (*custom element*)
et3Disposition.01.03 Alternative Disposition Offered, Refused by Patient

Treatment-in-Place (TIP) or Transport to Alternative Destination (TAD) Offered, Refused by Patient, Transport also Refused by Patient

An EMS agency offers an ET3 alternative disposition (treatment-in-place or transport to an alternative destination) to the patient, but the patient refuses it. The patient also refuses EMS transport to a hospital. The incident is not billable as either an ET3 alternative disposition or a standard hospital transport.

This scenario is documented the same way as a standard refusal or release against medical advice, except with the following additional information recorded:

[et3Disposition.01](#) - ET3 Alternative Disposition Offer and Result (*custom element*)
et3Disposition.01.03 Alternative Disposition Offered, Refused by Patient