Frequently Asked Questions

1. What is the TN-T2 Model?

The Triage, Navigate, Treat and Transport (TN-T2) is a payment model to provide greater flexibility to emergency medical services (EMS) care teams to address emergency health care needs of TennCare beneficiaries following a 9-1-1 call. The goals of the model are to provide person-centered care, increase efficiency in the EMS system, and encourage appropriate utilization of emergency medical services. Essentially this provides a method for TennCare reimbursement for treatment-in-place (TIP) and transport to alternate destinations (TAD).

2. What are the goals of this TN-T2 Model?

The TN-T2 program is designed to:

- provide person-centered care such that individuals receive care safely at the right time and place;
- to increase efficiency in the EMS system by allowing EMS providers increased opportunity to respond to high-acuity cases; and
- to encourage appropriate utilization of emergency medical services to meet health care needs effectively.

Under the TN-T2 Model, TennCare will continue to pay for emergency transport of a TennCare beneficiary to a hospital Emergency Department (ED) or other destination covered under current TennCare requirements. Additionally, TennCare will pay providers who are TennCare-enrolled ambulance suppliers to:

1. Transport a beneficiary to an Alternative Destination Partner such as an Urgent Care Clinic, Federally Qualified Health Center, or Community Mental Health Center (Transport to an Alternative Destination - **TAD**) [***Note: transport to a primary care provider is disallowed]***, **or**
2. Initiate and facilitate beneficiary receipt of a medically necessary covered service by Qualified Healthcare Partner (QHP) or Downstream Practitioner at the scene of a 9-1-1 response, either in-person on the scene or via telehealth (Treatment in Place - **TIP**).

3. Must an EMS service provide both TAD and TIP?

No. EMS service providers may provide either TAD or TIP, or both.

4. Will our service be required to provide either of these services?

No. EMS services are not required to provide these services.

5. Do TN-T2 interventions (TAD and/or TIP) have to be offered 24 hours per day?

No. TAD and TIP services do not have to be available 24 hours per day.

6. What are the requirements to participate in TN-T2?

There are no regulatory requirements to provide these services. However, providers should coordinate with their medical director to identify protocols for TAD and TIP. Additionally, providers will need to establish a partnership with a Qualified Healthcare Partner (QHP) when providing TIP and, before providing transport to alternate destinations, establish agreements with the alternate destinations such as Community Mental Health Centers, Federally Qualified Health Centers, and Urgent Care providers. As a reminder, the QHP or the alternate destination must be contracted with the member's TennCare MCO as stated in TennCare's MCO contract (known as the "Contractor Risk Agreement").

7. Who is considered to be a Qualified Healthcare Provider (QHP)?

A Qualified Healthcare Partner provides covered services to TN-T2 Model Beneficiaries as part of an In-Person Treatment in Place Intervention or Telehealth Treatment in Place intervention. Examples of a Qualified Healthcare Partner include, but are not limited to, a TennCare-enrolled group practice, a TennCare-enrolled physician or non-physician practitioner, or a non-TennCare enrolled entity that contracts or employs a TennCare-enrolled physician or non-physician practitioner to furnish services to TN-T2 Model Beneficiaries as part of a Treatment in Place intervention. As a reminder, the QHP or the alternate destination must be contracted with the member's TennCare MCO as stated in TennCare's MCO contract (known as the "Contractor Risk Agreement").

An individual practitioner must be a physician or non-physician practitioner who meets all State and local laws, regulatory requirements, accreditation standards, and licensing guidelines or rules to render the particular TennCare-covered service furnished to the TN-T2 Model Beneficiary as part of a Treatment in Place intervention. Unless also licensed as a physician or non-physician practitioner, ***paramedics and emergency medical technicians (EMTs) are not eligible to enroll in TennCare at the individual practitioner level, and therefore do not meet the standard for a Qualified Healthcare Provider under this Model.***

8. How will claims for these services be filed?

Claims for TN-T2 services shall be submitted to the MCO through normal procedures. EMS providers who provide these services must submit the following claims modifiers - placed in the "destination" position (not the origin position) of the EMS provider claim for TAD and TIP claims:

Service Provided	Modifier
Transport to Alernate Desination **(TAD)**	**C**: Community Mental Health Center
	F: Federally Qualified Health Center
	U: Urgent Care
Treatment in Place **(TIP)**	**W**: Treatment by QHP in-person or via telehealth*
Assessment and/or Treatment by EMS without QHP or telehealth (**no transport**)	Claims to be filed with the TennCare MCO using the **same modifier for both the incident location and the destination location** (i.e. incident = residence, file claim with modifier "R" in both the incident location and destination)*

***mileage charges are not applicable for TIP or any other non-transport claims**

Claims for TAD and TIP are subject to medical necessity determinations and include adjustments for geographic factors/add-ons, and multiple-patient rule, as applicable. ***Mileage adjustments must not be included in TIP claims.***

If a TennCare member refuses TIP (on-scene or telehealth) or TAD services, and must be transported to the Emergency Department, the claim should be filed with both the appropriate ALS or BLS code and the procedure code G2022, which indicates that the member was transported to the Emergency Department. In a scenario where a TennCare member receives TIP (treatment in place by EMS or via telehealth by a QHP) and the TennCare member still ends up having to be transported to the ED, then the EMS agency will be paid for the final intervention that was delivered, which is the transport to the ED. The EMS agency will not be paid for both. However, the QHP will be paid for their TIP intervention even if the member ends up being transported to an ED.

9. Do Qualified Healthcare Partners need to be onsite to furnish Treatment in Place?

It depends on the type of Treatment in Place intervention provided. Participants have the option to offer a Treatment in Place Intervention to TN-T2 Beneficiaries, and may offer the intervention in-person, via telehealth, or both. For an In-Person

Treatment in Place Intervention, the QHP must be at the scene of the 9-1-1 response to furnish medically necessary covered services. For a Telehealth Treatment in Place intervention, the Qualified Healthcare Practitioner will be located at a distant site that is not the scene of the 9-1-1 response.

10. Must a Qualified Health Care Partner ride in the ambulance of the EMS crew to provide covered services as part of an In-Person Treatment in Place intervention?

No, a Qualified Healthcare Partner is not required to ride in the ambulance with the EMS crew to provide Treatment in Place services. QHPs can arrive after the Model Participant has made a triage decision to provide Treatment in Place as a second-tier response onsite or connect via telehealth.

11. Who pays for telehealth services furnished to TN-T2 Beneficiaries as part of a telehealth Treatment in Place Intervention?

TennCare MCOs will reimburse Qualified Healthcare Partners for medically necessary covered services that are furnished as part of a telehealth Treatment in Place intervention.

TennCare MCOs will reimburse the EMS service for the base ambulance charge at the ALS or BLS rate, depending upon the presence or absence of an ALS assessment and/or an ALS procedure.

12. May an EMS service consult with a physician or non-physician practitioner in order to assist the EMS provider in making a Triage Decision to identify the most appropriate available intervention (if any) to offer a given TN-T2 Model Beneficiary?

Yes. The decision of which available intervention to offer a TN-T2 Beneficiary will be driven by the EMS service's specific predetermined Clinical Protocols that have been approved by the EMS service's medical director. These protocols will be governed by state and local requirements, as well as TennCare medical necessity requirements and may include consultation with a physician or non-physician practitioner as needed. MCOs may request a copy of these protocols for auditing purposes.

13. Can a QHP be reimbursed for an on-scene or telehealth TIP even when the patient ultimately ends up being transported to an alternate destination (TAD)? For example, if a QHP conducts a medical clearance exam on a patient who is then transported to a behavioral health facility, will the QHP receive payment? Will the EMS agency also receive payment?

Participating EMS agencies can only receive payment for one available intervention per incident. If a Participant furnishes more than one available intervention during a single incident, then the EMS agency may only receive payment for the intervention that was furnished last in time during that encounter (in this case, the transport to an Alternative Destination). Although the participating EMS service can only receive one emergency Basic Life Support (BLS-E) or emergency Advanced Life Support, Level 1 (ALS1-E) payment per encounter with a TN-T2 beneficiary, multiple providers may receive payment for furnishing other TennCare-covered services to that beneficiary. In this example, both the QHP who provided these services on scene (or via telehealth) and the practitioner who provided services at the Alternative Destination could bill for those services, as each interaction was a separate encounter with the beneficiary performed by different providers.

14. Does an ambulance have to be on scene for a TIP intervention to be performed?

No. The decision as to what type of EMS response vehicle is to be sent by the TennCare-enrolled ambulance supplier is driven by local system design and the specific predetermined Clinical Protocols and/or other standard operating procedures that have been approved by the EMS service's medical director.

Note: An EMS service must use its Clinical Protocols to make a Triage Decision for any patient identified as a TN-T2 Beneficiary before the EMS service may offer a TN-T2 Intervention to the Beneficiary.

15. How should EMS providers bill for services provided to dual-eligible members under the TN-T2 program?

Except for Scenarios #3 and #6 in the table, for all other Scenarios, EMS providers are to bill TennCare's MCOs directly because Scenarios #1, #2, #4, #5, #7, and #8 are **not** Medicare covered services. For Scenario #3 involving the member requiring transport after EMS performs an assessment, provides treatment, and/or facilitates telehealth services with a remote QHP, EMS providers are to follow the guidance for dual eligible members provided in the table. Similarly, for Scenario #6 involving EMS not facilitating telehealth services, and rather providing treatment and transport of the member to the Emergency Department,

EMS providers are to follow the guidance for dual eligible members provided in the table.

16. How should EMS providers bill for services where the ambulance service provider is delivering services on the scene without transport (specifically, Scenarios #1 and #7 in the table)?

Claims for Scenarios #1 and #7 are to be filed using the same modifier for both the incident location and the destination location.

Examples of using the same modifier:

1. 911 response to a patient's residence and Scenario #1 or #7 is the result. The claim would be filed with modifiers "RR". Modifier "R" represents a patient's residence, and the same modifier would be used for both the incident location and the destination

2. 911 response to the scene of an accident/acute event and Scenario #1 or #7 is the result. The claim would be filed with modifiers "SS". Modifier "S" represents the scene of an accident or acute event, and the same modifier would be used for both the incident location and the destination

Modifier	Location
Ambulance Modifiers Ambulance claims are billed with two of the following modifiers. The first modifier indicates the place of origin, and the second modifier indicates the destination.	
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 dialysis facility (hospital or hospital-related)
H	Hospital
I	Site of transfer (e.g., airport or helicopter pad) between modes of ambulance transport
J	Free standing ESRD facility
N	Skilled nursing facility (SNF)
P	Physician’s office
R	Residence
S	Scene of accident or acute event
X	Intermediate stop at physician’s office on way to the hospital (destination code only Note: Modifier X can only be used as a destination code in the second position of a modifier.

EMS Provider Scenarios	Description	Billing Guidance	Dual Eligible Member Guidance
Scenario 1 **(No Transport)**	EMS performs an assessment and provides treatment of medical supplies and/or medical equipment on the scene without the use of the QHP and does not transport the member. Documentation should demonstrate a medical need for the assessment and treatment.	Yes, the EMS provider is paid per the appropriate HCPCS code to satisfy Treatment In Place (TIP) according to TN-T2 program. EMS providers are to bill using the same modifier for both the incident location and the destination location. The EMS provider does not receive payment for mileage.	For dual eligible members, EMS providers are to bill TennCare's MCOs directly because this is not a Medicare covered service.
Scenario 2 **(No Transport)**	EMS arrives on scene and facilitates telehealth services as treatment with a remote QHP.	Yes, the EMS provider and the QHP are paid separately via Treatment In Place (TIP) according to the TN-T2 program. The EMS provider is performing an assessment and facilitates the telehealth services; the EMS provider would ap ply the "W" modifier. The QHP delivers the treatment via telehealth services. The EMS provider does not receive payment for mileage.	For dual eligible members, EMS providers are to bill TennCare's MCOs directly because this is not a Medicare covered service.
Scenario 3 **(Transport)**	Scenario 1 or Scenario 2 occurs, and the member still must be transported.	The EMS provider is only paid for the last service that occurred (the transport). The EMS provider would either use "H" for hospital or the appropriate TAD modifier ("C", "F", or "U). Yes, the EMS provider **does** receive payment for mileage.	For dual eligible members transported to the hospital emergency department, EMS providers are to bill Medicare first because the assessment and mileage are Medicare covered services (recognizing that the claims billed to Medicare could crossover for dual-eligible members for the crossover amounts; Medicare Advantage/D-SNP plans may not participate in crossover and the providers may have to bill for the crossover cost share amounts following payments by Medicare Advantage or D-SNP plans). For dual eligible members transported to an alternate destination, EMS providers are to bill TennCare's MCOs directly because the assessment and mileage associated with transport to an alternative destination are not Medicare covered services. The QHP should bill TennCare's MCOs separately.

EMS Provider Scenarios	Description	Billing Guidance	Dual Eligible Member Guidance
Scenario 4 **(No Transport)**	EMS arrives and the QHP is also on the scene and the QHP performs treatment in place (TIP).	Yes, the EMS provider and the QHP are paid separately via Treatment In Place (TIP) according to the TN-T2 program. The EMS provider is paid per the appropriate HCPCS code and employs the "W" modifier to satisfy Treatment In Place (TIP) according to TN-T2 program. The EMS provider does not receive payment for mileage.	For dual eligible members, EMS providers are to bill TennCare's MCOs directly because this is not a Medicare covered service.
Scenario 5 **(Transport)**	EMS neither facilitates telehealth services nor TIP, but rather provides treatment and transport of the member to an alternative destination.	Yes, the EMS provider is paid per the appropriate HCPCS code and the use of the appropriate modifier ("C", "F", or "U) to satisfy Transport to an Alternate Destination (TAD) according to TN-T2 program. The EMS provider **does** receive payment for mileage.	For dual eligible members, EMS providers are to bill TennCare's MCOs directly because this is not a Medicare covered service.
Scenario 6 **(Transport)**	EMS does not facilitate telehealth services but does provides treatment and transport of the member to the Emergency Department.	Yes, the EMS provider is paid per the traditional HCPCS code for transport to the Emergency Department. The EMS provider would apply the "H" modifier. The EMS provider **does** receive payment for mileage.	For dual eligible members, EMS providers are to bill Medicare first (recognizing that the claims billed to Medicare could crossover for dual-eligible members for the crossover amounts; Medicare Advantage/D-SNP plans may not participate in crossover and the providers may have to bill for the crossover cost share amounts following payments by Medicare Advantage or D-SNP plans) because the assessment and mileage are Medicare covered services, and the QHP is going to bill TennCare's MCOs separately.
Scenario 7 **(No Transport)**	EMS arrives and performs an assessment, but the member refuses treatment and transport to emergency department. Documentation should demonstrate a medical need for the assessment.	Yes, the EMS provider is paid per the appropriate HCPCS code for the assessment (BLS or ALS). EMS providers are to bill using the same modifier for both the incident location and the destination location. The EMS provider does not receive payment for mileage.	For dual eligible members, EMS providers are to bill TennCare's MCOs directly because this is not a Medicare covered service.
Scenario 8 **(No Transport)**	EMS arrives offers to perform an assessment, but the member refuses the assessment, treatment, and transport.	No, the EMS provider does not receive payment. The EMS provider would not apply any modifiers. The EMS provider does not receive payment for mileage.	For dual eligible members, EMS providers are to bill TennCare's MCOs directly because this is not a Medicare covered service.