



KANSAS

RURAL HEALTH TRANSFORMATION



EMS Treatment-In-Place and Transport to Alternative Location Reimbursement Under the Kansas Rural Health Transformation Program

Kansas' Rural Health Transformation Plan is supported by the Centers for Medicare & Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$221.89 million in Budget Period 1 with 100 percent funded by CMS/HHS.



Kansas Rural Health Transformation Plan

- Initiative 4 – Enable value-based care
 - Includes transportation programs essential to right-patient, right-place, right-time
- \$2.4 million total available in Years 1 and 2 to reimburse EMS providers for TIP and TAL initiated at rural site not otherwise covered by third-party payer
 - TIP and TAL: treatment in place + transport to alternative location
 - Use FORHP definition of ‘rural’; EMS providers based in urban area eligible for payment
- Follow Kansas Medicaid payment rules + comparable reimbursement rate
- State has contracted with UKHS Care Collaborative Association (CCA) to receive, process, and pay EMS claims for TIP and TAL

Kansas Rural Health Transformation Plan



- Estimated impact
 - Approximately 16% of EMS calls eligible for TIP
 - Approximately 4% of EMS calls eligible for TAL
- Key implementation requirements
 - Medical Director clinical protocol review and approval
 - Coordination with local alternative care site locations
 - Signed agreement and primary contact identified

SEPTEMBER 2026

KMAP GENERAL BULLETIN 26086

Ambulance Response and Treatment, No Transport (A0998)

Effective with dates of service on and after July 1, 2026, Kansas Medicaid will cover Ambulance Response and Treatment - No Transport, when billed by the Provider Type/Provider Specialty (PT/PS) 26/260.

Covered Service Description

Code A0998 may be billed when an Emergency Medical Service (EMS) provider responds to a 911 emergency call and delivers appropriate medical assessment and treatment at the scene or at the individual's location, without transporting the individual to a hospital emergency department.

Code	Rate
A0998	\$250.00

Note: The rates noted in this bulletin are subject to future changes. Providers should check the Kansas Medical Assistance Program (KMAP) website for the most up-to-date rates.

Billing Guidelines

- Code A0998 may be billed once per day, per individual.
- This limitation may be exceeded when medical necessity criteria are met and appropriately documented.
- A0998 must not be billed in conjunction with any other ambulance transport code on the same day by the same provider for the same member.

Treatment in Place Requirements

On-site treatment provided by an Emergency Medical Technician (EMT), Advanced Emergency Medical Technician (AEMT), or Paramedic is covered when all of the following criteria are met. Providers should submit code A0998 only when all requirements below are satisfied:

- The response must originate through a 911 call and
- Person gives consent for evaluation and treatment.
- The ambulance provider/EMS crew performs a medically necessary assessment and treatment; and
- After the evaluation and treatment, EMS provider and individual agree there is not a medical emergency requiring transport; and
- Individual is stable and have the capacity to safely follow up with their own physician or other community resources.

KMAP Kansas Medical Assistance Program

- [Bulletins](#)
- [Manuals](#)
- [Forms](#)

Customer Service

- 1-800-933-6593
- 7:30 a.m. - 5:30 p.m.
Monday - Friday

Gainwell Technologies is the fiscal agent for KMAP

Ambulance Response and Treatment, No Transport (A0998) continued

Note: The EMS provider must render treatment to the patient per EMS protocols which are approved by the medical director at the local or state level.

Note: The effective date of the policy is July 1, 2026. The implementation of State policy by the KanCare Managed Care Organizations (MCOs) may vary from the date noted in the KMAP bulletins. The **KanCare Open Claims Resolution Log** on the KMAP [Bulletins](#) page documents the MCO system status for policy implementation and any associated reprocessing completion dates once the policy is implemented.

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For changes resulting from this bulletin, view the updated *Ambulance Fee-for-Service Provider Manual*, page 8-4.

Documentation to Support HCPCS Code A0998

- Dispatch information
- Patient complaint
- Physical assessment
- Vital signs
- Treatment provided
- Clinical decision making
- Patient refusal or release instructions
- Signature (when applicable)

Claims Process for Monthly Reimbursement

- Demonstrate claim is ineligible for third-party reimbursement
 - For Medicaid TAL, no documentation required
 - No payment for TIL, even for claims denied by MCOs
 - For Medicare, no documentation required
 - For BCBS of KS, submit documentation of denied claim
 - Same for other commercial payers that limit coverage to specific circumstances
 - For commercial payers for which TIP/TAL not covered, annual documentation of such policy
 - For uninsured, no documentation required beyond demographic information
- Questions submitted to certified coding team: carecollaborative@rhttp.net
- Claims with supporting documentation submitted to 913-562-3074
- Payment generally made within 60 days (subject to State approval)

Clinical Care Pathway Developed With KEMSA



- Initial Patient Assessment
 - Minimum Clinical Stability Criteria
 - Eligible Clinical Conditions
 - Exclusion Criteria (mandatory transport to hospital emergency department)
 - High-Risk Symptoms
 - High-Risk Medical Conditions
 - Trauma Exclusions
 - Vital Sign Abnormalities
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Clinical Care Pathway, Con't

- Patient Decision Capacity
- Medical Control Consultation
- On-Scene Intervention and Treatment
- Discharge Instructions
- Documentation Requirements
- Quality Assurance
 - 72-hour ED visits or 911 recontact
 - Adverse outcomes or protocol deviations

Next Step: Participation Agreement

- Only EMS providers that have submitted signed State-approved Participation Agreement eligible for payment
 - Includes required federal terms relating to RHTP funding
 - Only services furnished after signed agreement submitted will be eligible for payment
- Available at <https://ruralhealthkansas.com/ems-payment-for-treatment-in-place-tip-and-transport-to-alternative-location/>
- Return signed agreement, completed and signed W-9, and banking information to Jo Reed at jreed18@kumc.edu

Participation Agreement – Key Terms

In response to a 911 call, a Kansas licensed or certified Emergency Medical Technician, Advanced Emergency Medical Technician, or Paramedic employed by or contracting with EMS (“Provider”) either:

- (i) furnished medically necessary evaluation and treatment using EMS equipment and supplies to an individual physically present in a rural area in Kansas at the time (as defined by the Federal Office of Rural Health Policy) who provided informed consent to such evaluation and treatment and, after the evaluation and treatment, the Provider and individual agreed (i) there was no medical emergency requiring transport, and (ii) the individual was stable and had the capacity to safely follow up with the individual’s physician or other community resources; or
- (ii) following on-scene evaluation of an individual physically present in a rural area in Kansas, recommended transportation to a location other than a hospital emergency department for treatment to which the individual gave informed consent and transportation to such location was provided by EMS.

Participation Agreement – Key Terms

- Provider's decision to recommend to the individual treatment in place or transport to an alternative destination was made in accordance with (i) written protocols approved by Provider's medical director, or (ii) recommendation from a clinician who is licensed, registered, or certified by a state regulatory board and acting within their legally permitted scope of practice
- The Services were furnished in a manner consistent with EMS' and the Provider's state certification or licensure
- The Services were provided following the Effective Date and on or before 8/1/2027, and EMS submitted the claim for the Service to the Care Collaborative on or before 8/15/2027
- EMS has not billed or received payment from any third party for any other ambulance transport code on the same day for the same individual.



Questions?