

Ground Emergency Medical Transport (GEMT) Reference Guide

Overview:

This is a reference guide to submit quarterly data for the GEMT quality assurance fee (QAF) program in compliance with Welfare and Institutions Code section 14129.1. The Department of Health Care Services (DHCS) is authorized to collect the number of emergency medical transports by payer type from GEMT providers on a quarterly basis. GEMT providers use this form to submit data and to receive a quality assurance fee quarterly invoice.

GEMT Quarterly Data Submission Form

Disclosure: Please have all census data readily available when submitting the form. You will have 20 minutes to complete the form before you are prompted to extend the session for another 20 minutes. This will allow up to **40 minutes** total to complete the form. If your session timed out, please close your browser before opening the form again.

Message from webpage



Warning!
Your session will expire in 4 minutes.
Click OK to continue before it expires

OK

1. **Quarter/ Year** – Select the transport date of service time period you are reporting.
2. **Provider Name** – Enter the name of the reporting provider.
3. **National Provider Identifier** – Enter the 10-digit National Provider Identifier of the reporting Provider.
4. **Email Address** – Enter the email address where the invoice will be sent.
5. **Contact First and Last Name** – Enter the first and last name of the person submitting the data on behalf of the provider.¹
6. **Phone Number** – Enter the 10-digit phone number and the extension (if applicable) of the person submitting the data on behalf of the provider.

Quarter/Year

Provider Name

National Provider Identifier (NPI)

Email Address

Invoice will be sent to the email address provided.

Contact First and Last Name

Phone Number

¹ subject to the perjury confirmation

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Medi-Cal Fee For Service (FFS) Emergency Transports

1. Number of A0225 transports – Enter the number of neonatal emergency transports per quarter for procedure code A0225. If none, enter “0”.
2. Number of A0427 transports – Enter the number of ambulance, advance life support (ALS), emergency transports, level 1, “ALS 1-emergency” per quarter for procedure code A0427. If none, enter “0”.
3. Number of A0429 transports – Enter the number of ambulance service, basic life support (BLS), emergency transports, “BLS-emergency” per quarter for procedure code A0429. If none, enter “0”.
4. Number of A0433 transports – Enter the number of emergency transports, advance life support (ALS), level 2, “ALS 2” emergency transports per quarter for procedure code A0433. If none, enter “0”.
5. Number of A0434 transports – Enter the number of specialty care transports per quarter for procedure code A0434. If none, enter “0”.
6. Number of X0030 transports – Enter the number of ambulance service, basic life support (BLS), emergency transports, “BLS-emergency” per quarter for procedure code X0030. If none, enter “0”.

Number of Medi-Cal Fee For Service (FFS) Emergency Transports by Procedure Code:

Number of A0225 Transports

Number of A0427 Transports

Number of A0429 Transports

Number of A0433 Transports

Number of A0434 Transports

Number of X0030 Transports

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Medi-Cal Managed Care Emergency Transports

1. **Number of A0225 transports** – Enter the number of neonatal emergency transports per quarter for procedure code A0225. If none, enter “0”.
2. **Number of A0427 transports** – Enter the number of ambulance, advance life support (ALS), emergency transports, level 1, “ALS 1- emergency” per quarter for procedure code A0427. If none, enter “0”.
3. **Number of A0429 transports** – Enter the number of ambulance service, basic life support (BLS), emergency transports, “BLS- emergency” per quarter for procedure code A0429. If none, enter “0”.
4. **Number of A0433 transports** – Enter the number of emergency transports, advance life support (ALS), level 2, “ALS 2” emergency transports per quarter for procedure code A0433. If none, enter “0”.
5. **Number of A0434 transports** – Enter the number of specialty care transports per quarter for procedure code A0434. If none, enter “0”.
6. **Number of X0030 transports** – Enter the number of ambulance service, basic life support (BLS), emergency transports, “BLS- emergency” per quarter for procedure code X0030. If none, enter “0”.

Number of Medi-Cal Managed Care

Emergency Transports by Procedure Code:

Number of A0225 Transports

Number of A0427 Transports

Number of A0429 Transports

Number of A0433 Transports

Number of A0434 Transports

Number of X0030 Transports

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Medicare Emergency Transports

1. **Number of A0225 transports** – Enter the number of neonatal emergency transports per quarter for procedure code A0225. If none, enter “0”.
2. **Number of A0427 transports** – Enter the number of ambulance, advance life support (ALS), emergency transports, level 1, “ALS 1- emergency” per quarter for procedure code A0427. If none, enter “0”.
3. **Number of A0429 transports** – Enter the number of ambulance service, basic life support (BLS), emergency transports, “BLS- emergency” per quarter for procedure code A0429. If none, enter “0”.
4. **Number of A0433 transports** – Enter the number of emergency transports, advance life support (ALS), level 2, “ALS 2” emergency transports per quarter for procedure code A0433. If none, enter “0”.
5. **Number of A0434 transports** – Enter the number of specialty care transports per quarter for procedure code A0434. If none, enter “0”.
6. **Number of X0030 transports** – Enter the number of ambulance service, basic life support (BLS), emergency transports, “BLS- emergency” per quarter for procedure code X0030. If none, enter “0”.

Number of Medicare Emergency Transports by Procedure Code:

Number of A0225 Transports

Number of A0427 Transports

Number of A0429 Transports

Number of A0433 Transports

Number of A0434 Transports

Number of X0030 Transports

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Private Payer Emergency Transports

1. **Number of A0225 transports** – Enter the number of neonatal emergency transports per quarter for procedure code A0225. If none, enter “0”.
2. **Number of A0427 transports** – Enter the number of ambulance, advance life support (ALS), emergency transports, level 1, “ALS 1- emergency” per quarter for procedure code A0427. If none, enter “0”.
3. **Number of A0429 transports** – Enter the number of ambulance service, basic life support (BLS), emergency transports, “BLS- emergency” per quarter for procedure code A0429. If none, enter “0”.
4. **Number of A0433 transports** – Enter the number of emergency transports, advance life support (ALS), level 2, “ALS 2” emergency transports per quarter for procedure code A0433. If none, enter “0”.
5. **Number of A0434 transports** – Enter the number of specialty care transports per quarter for procedure code A0434. If none, enter “0”.
6. **Number of X0030 transports** – Enter the number of ambulance service, basic life support (BLS), emergency transports, “BLS- emergency” per quarter for procedure code X0030. If none, enter “0”.

Number of Private Payer

Emergency Transports by Procedure Code:

Number of A0225 Transports

Number of A0427 Transports

Number of A0429 Transports

Number of A0433 Transports

Number of A0434 Transports

Number of X0030 Transports

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Number of Dual Medicare/Medi-Cal (Medi-Medi) Emergency Transports

***Note:** These transports are for beneficiaries who are dual eligible and both Medicare and Medi-Cal pay for the claims.

1. **Number of A0225 transports** – Enter the number of neonatal emergency transports per quarter for procedure code A0225. If none, enter “0”.
2. **Number of A0427 transports** – Enter the number of ambulance, advance life support (ALS), emergency transports, level 1, “ALS 1- emergency” per quarter for procedure code A0427. If none, enter “0”.
3. **Number of A0429 transports** – Enter the number of ambulance service, basic life support (BLS), emergency transports, “BLS- emergency” per quarter for procedure code A0429. If none, enter “0”.
4. **Number of A0433 transports** – Enter the number of emergency transports, advance life support (ALS), level 2, “ALS 2” emergency transports per quarter for procedure code A0433. If none, enter “0”.
5. **Number of A0434 transports** – Enter the number of specialty care transports per quarter for procedure code A0434. If none, enter “0”.
6. **Number of X0030 transports** – Enter the number of ambulance service, basic life support (BLS), emergency transports, “BLS- emergency” per quarter for procedure code X0030. If none, enter “0”.

Number of Dual Medicare/Medi-Cal (Medi-Medi) Emergency Transports by Procedure Code

Number of A0225 Transports

Number of A0427 Transports

Number of A0429 Transports

Number of A0433 Transports

Number of A0434 Transports

Number of X0030 Transports

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<p>Perjury Statement Review the perjury statement located at the end of the form and check the box in order to submit the form.</p>	<p><i>"By checking this box, I agree that I have been informed of and understand the request instructions and all the information on this form. I also declare under penalty of perjury that the information I have given is true and correct.</i></p> <p>Please note that successful submission of this form satisfies your requirement under Welfare and Institutions Code section 14129.1."</p>
<p>Submit Click the "Submit" button to receive your invoice via the email address provided above.</p>	<p>Thank you for your submission!</p>

If you have any questions regarding GEMT data reporting or QAF payments, please visit the QAF website (<http://dhcs.ca.gov/GCQAF>) to submit questions.