

**CHAPTER 50**

**TRANSPORTATION SERVICES MANUAL**

**Authority**

N.J.S.A. 30:4D-6b(15); 30:4D-7, 7a, b and c; 30:4D-12; 42 CFR 440.170(a).

**Source and Effective Date**

R.1995 d.650, effective November 17, 1995.  
See: 27 N.J.R. 3312(b), 27 N.J.R. 5045(a).

**Executive Order No. 66(1978) Expiration Date**

Chapter 50, Transportation Services Manual, expires on November 17, 2000.

**Chapter Historical Note**

The provisions of this chapter were originally adopted effective March 1, 1971 as R.1971 d.22. See: 3 N.J.R. 7(a), 3 N.J.R. 44(b).

1972 Revisions: Amendments became effective May 10, 1972 as R.1972 d.91. See: 4 N.J.R. 127(b).

1973 Revisions: Amendments became effective May 1, 1973 as R.1973 d.92. See: 5 N.J.R. 44(b), 5 N.J.R. 149(b).

1974 Revisions: Amendments became effective March 15, 1974 as R.1974 d.52. See: 6 N.J.R. 12(a), 6 N.J.R. 150(a). Further amendments became effective July 1, 1974 as R.1974 d.113. See: 6 N.J.R. 142(a), 6 N.J.R. 245(d).

1977 Revisions: Revisions to Subchapter 1 became effective October 3, 1977 as R.1977 d.374. See: 9 N.J.R. 83(b), 9 N.J.R. 533(b). Subchapter 2, Billing Procedures, was repealed and replaced by new rules by R.1977, d.375. See: 9 N.J.R. 333(b), 9 N.J.R. 534(a).

1978 Revisions: Amendments became effective August 28, 1978 as R.1978 d.297. See: 10 N.J.R. 282(a), 10 N.J.R. 443(b).

1980 Revisions: Amendments became effective March 1, 1980 as R.1980 d.93. See: 12 N.J.R. 21(a), 12 N.J.R. 193(a).

1981 Revisions: Amendments became effective July 9, 1981 as R.1981 d.250. See: 13 N.J.R. 296(a), 13 N.J.R. 418(a). Further amendments became effective September 10, 1981 as R.1981 d.331. See: 13 N.J.R. 413(a), 13 N.J.R. 575(a).

1983 Revisions: This chapter was readopted with amendments pursuant to Executive Order No. 66(1978) effective August 22, 1983 as R.1983 d.375. See: 15 N.J.R. 999(a), 15 N.J.R. 1582(b).

1985 Revisions: Amendments became effective August 19, 1985 as R.1985 d.427. See: 17 N.J.R. 1373(a), 17 N.J.R. 2044(a). Further amendments became effective September 16, 1985 as R.1985 d.473. See: 17 N.J.R. 1637(a), 17 N.J.R. 2271(a).

1986 Revisions: Amendments to this chapter caused a readoption of the chapter pursuant to Executive Order No. 66(1978) and became effective March 3, 1986 as R.1986 d.52. See: 17 N.J.R. 1519(b), 18 N.J.R. 478(a). Further amendments became effective June 16, 1986 (operative July 1, 1986) as R.1986 d.236. See: 18 N.J.R. 803(a), 18 N.J.R. 1287(a).

1987 Revisions: Amendments became effective October 5, 1987 as R.1987 d.408. See: 19 N.J.R. 1155(a), 19 N.J.R. 1800(a).

1988 Revisions: This chapter was substantially amended effective June 6, 1988 as R.1988 d.262. See: 19 N.J.R. 2103(a), 20 N.J.R. 1214(a).

1991 Revisions: Pursuant to Executive Order No. 66(1978), Chapter 50, Transportation Services Manual, was readopted with amendments by R.1991 d.167, effective February 27, 1991. See: 23 N.J.R. 5(a), 23 N.J.R. 1006(a).

1992 Revisions: Subchapter 2, Billing Procedures, was repealed, Subchapter 3, HCFA Common Procedure Codify System (HCPCS), was recodified as Subchapter 2, substantive amendments were made to Subchapter 1, General Provisions, and Appendices I and II were repealed and replaced by Appendix I, the Fiscal Agent Billing Supplement, by R.1992 d.83, effective February 18, 1992. See: 23 N.J.R. 3619(a), 24 N.J.R. 610(a).

1995 Revisions: Pursuant to Executive Order No. 66(1978), Chapter 50 was readopted as R.1995 d.650, effective November 17, 1995. See: Source and Effective Date. See, also, section annotations.

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**SUBCHAPTER 1. GENERAL PROVISIONS**

**10:50-1.1 Scope**

This chapter describes the policies and procedures of the New Jersey Medicaid and NJ KidCare programs for reimbursement of approved providers of transportation services. Questions about this chapter may be directed to any Medicaid District Office (MDO) listed in N.J.A.C. 10:49 Appendix or to the Division of Medical Assistance and Health Services, PO Box 712, Trenton, New Jersey 08625-0712.

Amended by R.1974 d.52, effective March 15, 1974.

See: 6 N.J.R. 12(a), 6 N.J.R. 150(a).

Amended by R.1974 d.113, effective July 1, 1974.

See: 6 N.J.R. 142(a), 6 N.J.R. 245(d).

Amended by R.1988 d.262, effective June 6, 1988.

See: 19 N.J.R. 2103(a), 20 N.J.R. 1214(a).

Changed address from "P.O. Box 2486" to "CN 712".

Amended by R.1990 d.592, effective December 3, 1990.

See: 22 N.J.R. 1513(a), 22 N.J.R. 3620(c).

Revised citation to MDO list to Appendix A in N.J.A.C. 10:49-1.

Amended by R.1992 d.83, effective February 18, 1992.

See: 23 N.J.R. 3619(a), 24 N.J.R. 610(a).

Corrected address information.

Amended by R.1992 d.447, effective November 16, 1992.

See: 24 N.J.R. 2517(a), 24 N.J.R. 4264(a).

Revised text to "chapter" from "manual".  
 Amended by R.1999 d.5, effective January 4, 1999.  
 See: 30 N.J.R. 3625(a), 31 N.J.R. 58(a).  
 Inserted a reference to the NJ KidCare program.

### 10:50-1.2 Definitions

The following words and terms, when used in this chapter, shall have the following meanings unless the context clearly indicates otherwise.

"Air ambulance service" means the provision of emergency or non-emergency medical transportation in an aircraft (fixed wings) certified by and operated in accord with Federal Aviation Administration requirements.

"Emergency condition" means an illness or injury of such magnitude and gravity as to constitute an imminent threat to life or limb or where there may be intractable pain.

"Ground ambulance service" means the provision of emergency or non-emergency medical transportation in a vehicle that is licensed, equipped, and staffed in accord with New Jersey State Department of Health rules, as specified in N.J.A.C. 8:40.

"Loaded mile" means mileage accrued when a vehicle is actually carrying a Medicaid or NJ KidCare fee-for-service beneficiary.

"Mobility assistance vehicle service" means the provision of non-emergency medical transportation in a vehicle that is licensed, equipped, and staffed in accord with New Jersey State Department of Health and Senior Services rules, as specified in N.J.A.C. 8:40. (This service was formerly known as invalid coach service prior to the enactment of P.L. 1997, c.102.)

"Multiple loading" means that more than one Medicaid or NJ KidCare fee-for-service beneficiary is being transported in the same vehicle at the same time.

"Provider" means air ambulance (fixed wings) service, ground ambulance service, and invalid coach service.

"Transportation" means the use of an approved vehicle to move a Medicaid or NJ KidCare fee-for-service beneficiary from place to place for the purpose of obtaining a Medicaid-covered or NJ KidCare-covered service.

"Transportation reimbursement allowance" means that claims are paid on a fee-for-service basis, as indicated in N.J.A.C. 10:50-2, HCFA Common Procedure Coding System (HCPCS).

"Waiting time" means that period of actual time, in increments of 15 minutes, beginning 30 minutes following delivery of the beneficiary to his or her destination, for ground ambulance and mobility assistance vehicle service.

Amended by R.1974 d.52, effective March 15, 1974.

See: 6 N.J.R. 12(a), 6 N.J.R. 150(a).  
 Amended by R.1978 d.297, effective August 28, 1978.  
 See: 10 N.J.R. 282(a), 10 N.J.R. 443(b).  
 Amended by R.1980 d.93, effective March 1, 1980.  
 See: 12 N.J.R. 21(a), 12 N.J.R. 193(e).  
 Amended by R.1985 d.427, effective August 19, 1985.  
 See: 17 N.J.R. 1373(a), 17 N.J.R. 2044(a).

2ii(1)(H) deleted; iii added.  
 Amended by R.1988 d.262, effective June 6, 1988.  
 See: 19 N.J.R. 2103(a), 20 N.J.R. 1214(a).  
 Substantially amended.  
 Amended by R.1990 d.592, effective December 3, 1990.  
 See: 22 N.J.R. 1513(a), 22 N.J.R. 3620(c).

Added definition for "patient."  
 Amended by R.1992 d.83, effective February 18, 1992.  
 See: 23 N.J.R. 3619(a), 24 N.J.R. 610(a).

Added new definitions for air and ground ambulance service. Deleted general ambulance service definitions, and those definitions for "passenger", "patient" and "physician". Added text to "provider" definition. Other stylistic revisions.

Amended by R.1992 d.447, effective November 16, 1992.  
 See: 24 N.J.R. 2517(a), 24 N.J.R. 4264(a).

Added definitions for: "Loaded mile," "Transportation reimbursement allowance" and "Waiting time."  
 Amended by R.1994 d.402, effective August 1, 1994 (operative August 15, 1994).

See: 26 N.J.R. 1425(a), 26 N.J.R. 3211(b).  
 Amended by R.1999 d.5, effective January 4, 1999.  
 See: 30 N.J.R. 3625(a), 31 N.J.R. 58(a).

Substituted references to beneficiaries for references to recipients throughout; changed "Invalid coach service" definition to "Mobility assistance vehicle service", and added a second sentence; in "Loaded mile", "Multiple loading" and "Transportation", inserted references to NJ KidCare fee-for-service; in "Transportation", inserted a reference to NJ KidCare-covered service; and in "Waiting time", substituted a reference to mobility assistance vehicle service for a reference to invalid coach service.

### 10:50-1.3 General policies for participation

(a) The approval process for becoming a transportation service provider is as follows:

1. Each transportation provider must be individually approved for each type of service provided. The Division of Medical Assistance and Health Services, Department of Human Services, in conjunction with the Fiscal Agent for the New Jersey Medicaid and NJ KidCare programs, must approve each provider before reimbursement can be made to that provider for a transportation service.

2. The Provider Application (Form FD-20), Provider Agreement (Form FD-62), and Ownership and Control Interest Disclosure Statement (HCFA-1513) may be obtained from the Fiscal Agent for the New Jersey Medicaid and NJ KidCare programs.

3. A ground ambulance company providing service in New Jersey shall possess a Certificate of Need, provider license, and vehicle license(s) issued by the New Jersey State Department of Health and Senior Services.

- i. A potential provider seeking approval to provide ground ambulance service shall forward photocopies of the Certificate of Need approval letter, provider license, and vehicle license(s) to the Fiscal Agent for the New Jersey Medicaid and NJ KidCare programs.

4. A mobility assistance vehicle company providing service in New Jersey shall possess a provider license and vehicle license(s) issued by the New Jersey State Department of Health and Senior Services in accordance with N.J.A.C. 8:40.

i. A potential provider seeking approval to provide mobility assistance vehicle service shall forward photocopies of the provider license and vehicle license(s) to the Fiscal Agent for the New Jersey Medicaid and NJ KidCare programs.

ii. A mobility assistance vehicle service provider must submit their enrollment application and all the required documentation specified in N.J.A.C. 10:50-1.4(a)4i above no later than November 30, 1998. Failure to complete and file the application by November 30, 1998, will preclude enrollment as a Medicaid or NJ KidCare provider. Subsequent to November 30, 1998, enrollment applications will only be accepted for transfers of ownership. Exceptions to the moratorium will be considered by the Division on a case-by-case basis if the Division determines there is a lack of access to services.

5. The completed provider agreement, disclosure statement, and/or provider application shall be submitted to the Fiscal Agent.

6. Once approved, the applicant will receive the following from the Fiscal Agent: a provider number; a Transportation Services Manual; an initial supply of claim forms; and, if applicable, an initial supply of prior authorization forms.

(b) As a condition of participation, the transportation provider agrees to bill the New Jersey Medicaid and NJ KidCare programs for services provided by the billing entity only. If the provider seeks reimbursement for services performed by any other organization or entity, whether a franchise, independent contractor, etc., full disclosure in writing of the financial and organizational arrangement between said entities shall be made to, and approved in advance by, the Division of Medical Assistance and Health Services.

Amended by R.1980 d.93, effective March 1, 1980.

See: 12 N.J.R. 21(a), 12 N.J.R. 193(e).

Amended by R.1988 d.262, effective June 6, 1988.

See: 19 N.J.R. 2103(a), 20 N.J.R. 1214(a).

Added new (a); recodified old (a)-(b) as (b)-(c); new (d) added; old (d)-(f) recodified to (e)-(g).

Amended by R.1990 d.592, effective December 3, 1990.

See: 22 N.J.R. 1513(a), 22 N.J.R. 3620(c).

Added and revised various sections setting out General policies for participation.

In (a): revised 1-10, adding new 3i. and new 4i.-iii. Revised subsection (b) and deleted subsections (c)-(e), incorporating requirement into new rule N.J.A.C. 10:50-1.4.

Administrative Correction to (a)4.

See: 23 N.J.R. 63(a).

Amended by R.1991 d.167, effective April 1, 1991.

See: 23 N.J.R. 5(a), 23 N.J.R. 1006(a).

In (a): added 4iv-v; deleted (a)5, recodifying 6-8 as 5-7. Restructured old (a)8 and new 7-9.

Amended by R.1992 d.83, effective February 18, 1992.

See: 23 N.J.R. 3619(a), 24 N.J.R. 610(a).

In (a)3 and (a)3i, added "ground" describing ambulance. Also stylistic revisions.

Amended by R.1992 d.447, effective November 16, 1992.

See: 24 N.J.R. 2517(a), 24 N.J.R. 4264(a).

In (a)4iii: added text on vehicle fleet number requirement. In (a)4iv: added text on Certificate of Insurance requirement. In (a)9: revised to specify those items provider will receive from the Fiscal Agent.

Amended by R.1994 d.402, effective August 1, 1994 (operative August 15, 1994).

See: 26 N.J.R. 1425(a), 26 N.J.R. 3211(b).

Amended by R.1999 d.5, effective January 4, 1999.

See: 30 N.J.R. 3625(a), 31 N.J.R. 58(a).

Inserted references to the NJ KidCare program throughout; and in (a), substituted a reference to Provider Applications for a reference to Medicaid Provider Applications in 2, deleted a reference to invalid coach companies in the introductory paragraph of 3, deleted a reference to invalid coach service in 3i, inserted a new 4, recodified former 4 and 5 as 5 and 6, and substituted a reference to provider numbers for a reference to Medicaid provider numbers in the new 6.

#### 10:50-1.4 Services covered by the New Jersey Medicaid and NJ KidCare programs

(a) Ground ambulance service is a covered service under the following conditions:

1. When such service is not free and available in the community;

2. When the service is provided to a patient as indicated in N.J.A.C. 10:50-1.6(b);

3. When the use of any other method of transportation is medically contraindicated and the service is provided as specified in New Jersey State Department of Health and Senior Services rules N.J.A.C. 8:40-5 and 6.

4. The ambulance crew shall comply with the duties of staff as specified in New Jersey State Department of Health and Senior Services rules N.J.A.C. 8:40-6.27.

5. An air ambulance (fixed wings), under extenuating circumstances, may be used as a carrier to transport the sick, injured or disabled Medicaid or NJ KidCare fee-for-service beneficiary;

i. The service is restricted to the emergency condition where transportation by air is medically considered the only acceptable form of travel and the conditions are such that its utilization is feasible. The Division retains the option to utilize this form of transportation in such situations where, at the Program's discretion, it could represent a significant cost savings when compared to ground ambulance or mobility assistance vehicle service involving trips covering similarly long distances.

6. Mobile Intensive Care Unit/Advanced Life Support (MICU/ALS) service and associated Ambulance/Basic Life Support (Ambulance/BLS) service are reimbursable by the Medicaid or NJ Kid Care fee-for-service program only when billed on a single claim by the hospital provid-

ing the MICU/ALS service. Transportation companies providing the Ambulance/BLS service associated with a MICU/ALS run shall bill the hospital providing the MICU/ALS service and shall not bill the Medicaid or NJ KidCare program directly for this service.

(b) Mobility assistance vehicle service is a covered service under the following conditions:

1. When the service is provided to a Medicaid or NJ KidCare fee-for-service beneficiary as indicated in N.J.A.C. 10:50-1.6(b); and

i. If the beneficiary is wheelchair bound; or

ii. If the beneficiary is ambulatory but unable to take an alternative mode of transportation (such as taxi, bus, livery, or private vehicle) without assistance or supervision.

2. The mobility assistance vehicle driver and/or crew shall comply with New Jersey State Department of Health and Senior Services rules governing the duties of staff, as specified in N.J.A.C. 8:40-4.8. In addition, the mobility assistance vehicle driver and/or crew shall:

i. Provide "portal-through-portal" (door-through-door) assistance at the beneficiary's place of departure and destination; and

ii. Provide assistance in the placement and removal of the beneficiary into and out of the vehicle at his or her place of departure and destination.

3. In accordance with New Jersey State Department of Health and Senior Services rules, as indicated in N.J.A.C. 8:40-4.1(b), mobility assistance vehicle service shall not be provided to a patient who requires (based upon current medical condition or past medical history):

i. Transportation in a prone or supine position or who is bed or stretcher bound;

ii. Constant attendance due to a medical and/or mental condition;

iii. Aspiration;

iv. Management or observation of intravenous fluids and/or intravenous medications;

v. An automatic ventilator or whose breathing is ventilator-assisted;

vi. Emergency medical services or other emergency services, such as emergency inter-hospital transfer;

vii. Treatment in the emergency department of a hospital (for other than routine, non-emergency, follow-up care of a previously diagnosed condition);

viii. Treatment in, or admission to, the obstetrical unit (labor and delivery suite) or the intensive and/or coronary care unit of a hospital; or

ix. Transportation in physical behavioral restraints.

4. The mobility assistance vehicle shall carry no more than four beneficiaries at one time. All wheelchairs shall be restrained and the driver and all vehicle occupants shall wear automotive safety belts, in accord with New Jersey State Department of Health and Senior Services rules, as specified in N.J.A.C. 8:40.

5. The use of an extra crew for mobility assistance vehicle services is covered when two or more persons are used to move a beneficiary under the following circumstances:

i. The beneficiary is wheelchair bound;

ii. The beneficiary's place of departure or destination has no elevator service available; and

iii. The beneficiary is unable to ambulate even with the assistance of another person, such as the mobility assistance vehicle driver; and

(1) The beneficiary's place of departure or destination is accessible only by means of five or more steps; or

(2) The beneficiary's place of departure or destination is accessible only by means of two or more steps and he or she weighs 200 or more pounds.

Repeal and New Rule, R.1990 d.592, effective December 3, 1990.

See: 22 N.J.R. 1513(a), 22 N.J.R. 3620(c).

Section was "Livery Service."

Prior rulemakings are as follows:

Amended by R.1974 d.52, effective March 15, 1974.

See: 6 N.J.R. 12(a), 6 N.J.R. 150(a).

Amended by R.1980 d.93, effective March 1, 1980.

See: 12 N.J.R. 21(a), 12 N.J.R. 193(e).

New Rule, R.1988 d.262, effective June 6, 1988.

See: 19 N.J.R. 2103(a), 20 N.J.R. 1214(a).

Prior authorization was repealed.

Administrative Correction to (a)5.

See: 23 N.J.R. 63(a).

Amended by R.1991 d.167, effective April 1, 1991.

See: 23 N.J.R. 5(a), 23 N.J.R. 1006(a).

In (a)3: added reference to Department of Health rules; deleted (a)3i-xix conditions because of inclusion of DOH rules. Also deleted (a)3xix (1)-(3) and (a)4, recodifying (a)5-7 as (a)4-6, with no change in text. In (c)2: deleted language regarding livery service from non-medical facilities.

Amended by R.1992 d.83, effective February 18, 1992.

See: 23 N.J.R. 3619(a), 24 N.J.R. 610(a).

Stylistic revisions throughout. In (a)5, deleted "or helicopter" and added "fixed wings." In (a)5i, added "ground" describing ambulance. Amended by R.1992 d.447, effective November 16, 1992.

See: 24 N.J.R. 2517(a), 24 N.J.R. 4264(a).

Revised N.J.A.C. references in section. Added new (b)3v. In (c)3iii: revised vehicle age to eight model years from six model years. Amended by R.1994 d.402, effective August 1, 1994 (operative August 15, 1994).

See: 26 N.J.R. 1425(a), 26 N.J.R. 3211(b).

Amended by R.1999 d.5, effective January 4, 1999.

See: 30 N.J.R. 3625(a), 31 N.J.R. 58(a).

Substituted references to beneficiaries for references to recipients throughout; substituted "mobility assistance vehicle" for "invalid coach" throughout; inserted references to NJ KidCare fee-for-service throughout; in (a), substituted a reference to the Division for a reference to the New Jersey Medicaid Program in the 5i, and inserted a reference to the NJ KidCare program in 6; and in (b)2, changed N.J.A.C. reference in the introductory paragraph.

**10:50-1.5 Authorization for transportation services**

(a) Prior authorization from the Medicaid District Office (MDO) is required for air ambulance service and mobility assistance vehicle service. See (f) below for the policy concerning authorization for Medicaid and NJ KidCare fee-for-service beneficiaries transported by a mobility assistance vehicle to/from a nursing facility.

(b) Procedures for obtaining prior authorization are as follows:

1. Written request: The provider submits a Transportation Prior Authorization Form (MC-12(A)) to the MDO. Upon receipt of this document, an MDO staff person reviews the information to verify the medical necessity for the use of the respective mode of transportation and approves or denies the request. The data is then sent electronically by the MDO to the Fiscal Agent. If the request is approved, the provider is notified in writing by the Fiscal Agent of the MDO's decision and the authorized date or time frame. If the request is denied or if the MDO requires additional information, the provider is notified in writing by the Fiscal Agent.

2. Oral request: The provider may call the MDO to request prior authorization. An MDO staff person completes a Transportation Prior Authorization Form (MC-12(A)), reviews the information to verify the medical necessity for the use of the respective mode of transportation, and approves or denies the request. The data is then sent electronically by the MDO to the Fiscal Agent. If the request is approved, the provider is notified in writing by the Fiscal Agent of the MDO's decision and the authorized date or time frame. If the request is denied or if the MDO requires additional information, the provider is notified in writing by the Fiscal Agent.

(c) Prior authorization for air ambulance (fixed wings) service includes approval of both the service and the rate of reimbursement for the service as indicated in N.J.A.C. 10:50-1.6(i).

1. The following documentation shall be submitted to the MDO in support of both written and oral requests for air ambulance authorization:

i. A detailed explanation of the reason(s) why air ambulance service, as opposed to ground ambulance service or mobility assistance vehicle service, is medically considered the only acceptable form of travel, as indicated in N.J.A.C. 10:50-1.4(a)5;

ii. A detailed description of the beneficiary's health condition at the time of transport;

iii. A log showing actual flight time; and

iv. An itemized bill.

2. As indicated in N.J.A.C. 10:50-1.4(a)5, reimbursement for the use of air ambulance service may be considered only under extenuating circumstances after all alternative, less costly modes of transportation have been considered and ruled out.

(d) A request for mobility assistance vehicle authorization may be approved for an extended period of time when, in the opinion of an MDO staff person, the Medicaid or NJ KidCare beneficiary's health condition will not improve to the extent that a lower mode of service would be appropriate during the period under consideration. An extended authorization may range from one month through 12 months in duration.

1. After the provider receives approval from the Fiscal Agent for the extended period of time, claims for reimbursement for actual trips provided during the extended period of time may be forwarded by the provider directly to the Fiscal Agent for processing.

(e) Retroactive request for authorization: When communication between the provider and the MDO cannot be established because the MDO is closed and the provision of the service can not be delayed, the provider may perform the service. In such instances, the provider shall request retroactive authorization from the MDO within 10 working days from the date of service. The request for retroactive authorization may be written or oral, following the procedures specified in (b)1 or (b)2 above. The provider will be notified in writing by the Fiscal Agent that the request has been approved, denied, or that additional information is required.

(f) Authorization from the MDO is not required for mobility assistance vehicle service when a beneficiary's place of origin or destination is a nursing facility or intermediate care facility for the mentally retarded. A nursing facility (formerly called a long-term care facility) is defined in the Long-Term Care Services Manual, N.J.A.C. 10:63. In these instances only, providers may render the mobility assistance vehicle service and submit a Transportation Claim (Form MC-12) directly to the Fiscal Agent for the New Jersey Medicaid and NJ KidCare programs without obtaining authorization from the MDO. A post-payment review will be conducted on an ongoing basis to ensure the accuracy and validity of claims submitted for reimbursement.

1. The HCFA Common Procedure Coding System (HCPCS) procedure codes used when billing the base allowance for mobility assistance vehicle service in these instances must be followed by the modifier "XA," as indicated in N.J.A.C. 10:50-2, HCFA Common Procedure Coding System (HCPCS).

New Rule, R.1988 d.262, effective June 6, 1988.

Sec: 19 N.J.R. 2103(a), 20 N.J.R. 1214(a).

Section 1.5 was recodified to 1.6.

Amended by R.1990 d.592, effective December 3, 1990.

See: 22 N.J.R. 1513(a), 22 N.J.R. 3620(c).

Added new subsection (f).

In (a): added reference to subsection (f); added "ground" to define ambulance service.

In (b): replaced "professional staff person" for "MDO consultant" and/or "medical consultant."

In (d): stylistic revisions and updates, deleting reference to "Prudential" fiscal agent.

Administrative Correction to (d).

See: 23 N.J.R. 63(a).

Amended by R.1992 d.83, effective February 18, 1992.

See: 23 N.J.R. 3619(a), 24 N.J.R. 610(a).

In (a)-(d): text revised to clarify prior authorization and reimbursement procedures for providers under new Fiscal Agent.

In (e)-(f): stylistic revisions.

Amended by R.1999 d.5, effective January 4, 1999.

See: 30 N.J.R. 3625(a), 31 N.J.R. 58(a).

Substituted references to beneficiaries for references to recipients throughout; substituted "mobility assistance vehicle" for "invalid coach" throughout; in (a), inserted a reference to NJ KidCare fee-for-service; and in (d) and (f), inserted references to NJ KidCare.

### 10:50-1.6 Reimbursement policy

(a) The least expensive mode of transportation suitable to the beneficiary's needs is to be used.

(b) Mileage for ground ambulance service and mobility assistance vehicle service is measured by odometer from the point at which the beneficiary enters the vehicle to the point at which the beneficiary exits the vehicle.

(c) In a multiple load situation for ground ambulance service and mobility assistance vehicle service, the amount reimbursable for loaded mileage accrued is only applicable to one beneficiary. Total mileage is equivalent to the total distance traveled by the beneficiary from point of departure to point of destination. No allowance is reimbursable for any mileage accrued by additional beneficiaries in the multiple load situation.

(d) For trips by ground ambulance and mobility assistance vehicle in excess of 15 miles one way, loaded mileage is reimbursable beginning with the first mile, at a higher rate as indicated in N.J.A.C. 10:50-2, HCFA Common Procedure Coding System (HCPCS). The higher rate of reimbursement is applicable to both the one-way trip and to the return/round trip.

(e) There is no reimbursement for waiting time on round trips, and it is limited to a maximum of one hour on one-way trips at the point of destination, not at the point of departure. Waiting time is only applicable to one beneficiary in a multiple load situation.

(f) Transportation service provided to a Medicaid or NJ KidCare fee-for-service beneficiary is reimbursable by the New Jersey Medicaid or NJ KidCare programs under the following conditions only:

1. The medical care provider/facility to which and/or from which the beneficiary is being transported either participates as a provider in the Medicaid or NJ KidCare program or meets the requirements for participation as a provider in the Medicaid and NJ KidCare programs; and

2. The medical service rendered to the beneficiary by the provider/facility is a covered Medicaid or NJ KidCare service (as listed in N.J.A.C. 10:49) at the time the transportation is provided.

(g) Reimbursement is not permitted when a Medicaid or NJ KidCare fee-for-service beneficiary is transported under the following conditions:

1. For the purpose of obtaining a non-Medicaid or non-NJ Kid Care-covered service, such as a service that is primarily educational, vocational, or social in nature;

2. From home to a medical day care center or the reverse; or

3. From a medical day care center to any service provided indirectly by a medical day care center.

(h) Air ambulance (fixed wings) reimbursement shall be based on a rate authorized by the Medicaid District Office, not to exceed the charge made to non-Medicaid beneficiaries for the same service.

(i) Hospital-based transportation service provided to a Medicaid or NJ KidCare fee-for-service beneficiary who is transported to other than the base hospital is reimbursable on a fee-for-service basis in the same manner as a non-hospital based transportation provider. In such instances, the hospital shall be enrolled as a transportation provider as defined in 10:50-1.2. A Transportation Claim (Form MC-12) and Transportation Certification shall be used when submitting a claim for transportation services, as described in the Fiscal Agent Billing Supplement, incorporated herein by reference as an Appendix to this chapter.

(j) When a transportation provider renders a round trip service to a Medicaid or a NJ KidCare fee-for-service beneficiary in a general hospital whose status remains "inpatient," the transportation provider bills the hospital for the service.

(k) If a nursing facility transports a Medicaid or NJ KidCare fee-for-service beneficiary, reimbursement is considered as part of the per diem rate. No further reimbursement is allowed.

(l) No additional payment is made for the use of medical supplies and/or equipment. Exception: Oxygen is reimbursable on a per occurrence basis when provided to a Medicaid or NJ KidCare fee-for-service beneficiary during an ambulance trip or mobility assistance vehicle trip.

(m) If a transportation service is operated by an organization which has established a policy of providing service without cost for a specific class of individuals, or individuals living within a given area, then it shall be understood that such service is also available without cost to individuals falling within such category who are covered under the New Jersey Medicaid or NJ KidCare program.