

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 Subchapter 2, Billing Procedures, was repealed and replaced by new rules by R.1977, d.375.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 re adoption 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.

CHAPTER TABLE OF CONTENTS

SUBCHAPTER 1. GENERAL PROVISIONS

- 10:50-1.1 Scope
- 10:50-1.2 Definitions
- 10:50-1.3 General policies for participation
- 10:50-1.4 Services covered by the New Jersey Medicaid and NJ KidCare programs
- 10:50-1.5 Authorization for transportation services
- 10:50-1.6 Reimbursement policy
- 10:50-1.7 Transportation certification

SUBCHAPTER 2. HCFA COMMON PROCEDURE CODING SYSTEM (HCPCS)

- 10:50-2.1 Introduction
- 10:50-2.2 HCPCS procedures codes and maximum fee schedule

APPENDIX FISCAL AGENT BILLING SUPPLEMENT

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 health care 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, by certified trained personnel, for sick, infirm or otherwise disabled individuals who are under the care and supervision of a physician and whose medical condition is not of sufficient magnitude or gravity to require transportation by ambulance, but whose medical condition requires transportation from place to place for medical care, and whose use of an alternate form of transportation, such as taxicab, bus, other public conveyance or private vehicle might create a serious risk to life and health.

"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.

Amended by R.1999 d.370, effective November 1, 1999.
See: 31 N.J.R. 847(a), 31 N.J.R. 3325(a).

Rewrote "Mobility assistance vehicle 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 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 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.

Amended by R.1999 d.370, effective November 1, 1999.

See: 31 N.J.R. 847(a), 31 N.J.R. 3325(a).

In (a)3, deleted a reference to Certificates of Need in the introductory paragraph, and deleted a reference to Certificate of Need approval letters in i.

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 the least expensive mode of transportation suitable to the individual's needs, as indicated in N.J.A.C. 10:50-1.6(a);

3. When the service is provided as specified in the rules of the New Jersey State Department of Health and Senior Services at N.J.A.C. 8:40-5, Specific Transport Ambulance Requirements, or N.J.A.C. 8:40-6, Specific Emergency Ambulance Requirements;

4. When the use of any other method of transportation is medically contraindicated;

5. The ambulance crew shall comply with the duties of staff as specified in New Jersey State Department of Health and Senior Services rule N.J.A.C. 8:40-6.21;

6. 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.

7. 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 providing 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 similar service is not free and available in the community;
2. When the service is the least expensive mode of transportation suitable to the individual's needs, as indicated at N.J.A.C. 10:50-1.6(a);
3. When the service is provided as specified in the rules of the New Jersey State Department of Health and Senior Services at N.J.A.C. 8:40-4, Specific Mobility Assistance Vehicle Requirements;
4. When the service is provided to a Medicaid or NJ KidCare fee-for-service beneficiary as indicated at N.J.A.C. 10:50-1.6(a); and
 - i. If the beneficiary is a sick, infirm or otherwise disabled individual under the care and supervision of a physician;
 - ii. If the beneficiary's medical condition is not of sufficient magnitude or gravity to require transportation by ambulance, but does require transportation from place to place for medical care; and
 - iii. If the use of an alternate form of transportation, such as taxicab, bus, other public conveyance or private vehicle, might create a serious risk to the beneficiary's life and health.
5. 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.

6. 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 unless:

(1) The device is totally self-sufficient, including medication supply and patient interface devices;

(2) The device requires no interaction or intervention by staff of the vehicle; and

(3) The device is of the type approved by the FDA for home administration of medications;

v. An automatic ventilator or whose breathing is ventilator assisted unless:

(1) The device is totally self-sufficient (including gas supply and power source);

(2) The device requires no monitoring or interaction by staff of the licensee; and

(3) The device is of the type approved for home use on patients;

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.

7. 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.

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.

Amended by R.1999 d.370, effective November 1, 1999.

See: 31 N.J.R. 847(a), 31 N.J.R. 3325(a).

In (c), changed N.J.A.C. reference in the introductory paragraph; and added (g) and (h).

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

(n) Services not directly reimbursable by the New Jersey Medicaid or NJ KidCare program include transportation by taxi, train, bus, plane and other public conveyances. Reimbursement for arranging/providing these "lower mode" services shall be made by the appropriate county welfare agency/board of social services on behalf of the New Jersey Medicaid or NJ KidCare-Plan A program.

(o) Eligible transportation costs for Medicaid or NJ KidCare fee-for-service beneficiaries who are required to make regular visits to medical facilities outside the immediate community are reimbursable only if the required services are not available within the community.

Amended by R.1985 d.427, effective August 19, 1985.
See: 17 N.J.R. 1373(a), 17 N.J.R. 2044(a).

Substantially amended.

Amended by R.1985 d.473, effective September 16, 1985.

See: 17 N.J.R. 1637(a), 17 N.J.R. 2271(a).

Substantially amended.

Amended by R.1986 d.236, effective June 16, 1986 (operative July 1, 1986).

See: 18 N.J.R. 803(a), 18 N.J.R. 1287(a).

Text added to (g) "For recipients in . . . refer to N.J.A.C. 10:49-1.2".

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

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

Recodified from 1.5 and 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).

Section title changed to "Reimbursement Policy" from "Basis of Payment." Deleted and revised subsections (a)-(e); added new (h)-(k), recodifying (f)-(i) as (d)-(g), with new text specifying reimbursement policy.

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

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

Added new subsection (c), recodifying prior (c) as new (d), with no change in text. Deleted existing (d) and recodified (d)1 as new subsection (e); deleted (d)2 and recodified existing (e) as new (f). Recodified existing (f)-(k) as (g)-(l), with no change in text. Changes were made to clarify reimbursement policy regarding Medically Needy, rebundling and non-covered Medicaid services.

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)2: added text regarding the "least expensive mode of transportation."

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

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

Replaced subsection (a) with new text at subsections (a)-(f); recodified definitions in subsection (a) to definitions at N.J.A.C. 10:50-1.2.

Recodified existing (b)-(h) as (g)-(m). Deleted existing subsection (i) and recodified (j)-(l) as (n)-(p).

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 NJ KidCare fee-for-service throughout; in (f), (m) and (n), inserted references to the NJ KidCare program; in (g)1, inserted a reference to non-NJ KidCare-covered service; and in (n), inserted a reference to the NJ KidCare-Plan A program.

10:50-1.7 Transportation certification

(a) The Fiscal Agent Billing Supplement contains a sample transportation certification form and instructions for the form's proper completion. The elements appearing on the sample transportation certification form shall appear on all

certification forms furnished and prepared by the transportation provider.

(b) The transportation certification form shall be retained on file at the provider's place of business and shall be made available for review upon request by staff of the Division of Medical Assistance and Health Services or the Division's Fiscal Agent. If a transportation certification form is not on file for each service, Medicaid or NJ KidCare reimbursement for the service is subject to recoupment, as indicated in N.J.A.C. 10:49-9.6(b).

(c) The vehicle recognition number (ground ambulance and mobility assistance vehicle) that corresponds to the vehicle used to provide the respective transportation service shall be entered on the "Transportation Claim" (Form MC-12) in Item 18 (REMARKS) when submitting hard copy claims to the Division's Fiscal Agent for ground ambulance and mobility assistance vehicle service.

New Rule, R.1992 d.83, effective February 18, 1992.

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

Prior annotations for this section are as follows:

Amended by R.1972 d.91, effective May 10, 1972.

See: 4 N.J.R. 127(b).

Amended by R.1985 d.427, effective August 19, 1985.

See: 17 N.J.R. 1373(a), 17 N.J.R. 2044(a).

Chart substantially amended.

Amended by R.1985 d.473, effective September 16, 1985.

See: 17 N.J.R. 1637(a), 17 N.J.R. 2271(a).

Chart substantially amended.

Repealed by R.1986 d.52, effective March 3, 1986.

See: 17 N.J.R. 1519(b), 18 N.J.R. 478(a).

This section was "transportation services, maximum allowable fees".

Recodified from 1.6 R.1988 d.262, effective June 6, 1988.

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

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

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

Recodified section as subsections (a)-(c), adding new text at subsections (b) and (c).

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).

In (b), inserted a reference to NJ KidCare; and in (c), substituted "mobility assistance vehicle" for "invalid coach" throughout.

SUBCHAPTER 2. HCFA COMMON PROCEDURE CODING SYSTEM (HCPCS)

10:50-2.1 Introduction

(a) The New Jersey Medicaid and NJ KidCare programs adopted the Health Care Financing Administration's (HCFA) Common Procedure Coding System (HCPCS). The HCPCS codes as listed in this Subchapter are relevant to Medicaid and NJ KidCare fee-for-services transportation services and must be used when filing a claim.

1. The responsibility of the transportation services provider when rendering services and requesting reimburse-

ment is listed in Subchapter 1 and Subchapter 2 of this manual.

2. The column titled Maximum Fee Allowance indicates the amount of reimbursement or the symbol B.R.:

i. "B.R." (By Report) is listed instead of a dollar amount. It means that additional information will be required in order to properly evaluate the service. Attach a copy of the report to the MC-12 claim form.

(b) The following modifiers shall accompany the appropriate HCPCS procedure codes when applicable:

1. "22" Mileage, ground ambulance and mobility assistance vehicle service, in excess of 15 miles one way (see 10:50-1.6(e)).
2. "XA" Base allowance, mobility assistance vehicle service, when a Medicaid beneficiary is transported to or from a nursing facility (see 10:50-1.5(f)).
3. "XE" Non-Medicare-covered service—to indicate that a ground ambulance service provided to a Medicare/ Medicaid or Medicaid/NJ KidCare beneficiary is NOT reimbursable by Medicare because the place of destination is a physician's office, a clinic, or a dialysis facility, etc. Use modifier "XE" following all applicable HCPCS procedure codes when billing Medicaid or NJ KidCare for the non-Medicare reimbursable service; an Explanation of Medicare Benefits statement is not required.
4. "76" Repeat procedure—same day—to indicate that the service duplicates a service previously rendered to the same beneficiary on the same day. Use modifier "76" following all HCPCS procedure codes when billing for the repeat service. Do NOT use the modifier to bill for the first service. Failure to use modifier "76" to indicate a second service on the same date of service will result in the denial of the second service as a duplicate. Likewise, affixing modifier "76" to both services will cause the claims to deny as duplicates.

Recodified from N.J.A.C. 10:50-3.1 by R.1992 d.83, effective February 18, 1992.

See: 23 N.J.R. 3619(a), 24 N.J.R. 610(a).
Amended by R.1992 d.447, effective November 16, 1992.
See: 24 N.J.R. 2517(a), 24 N.J.R. 4264(a).

Added new subsection (b).
Amended by R.1999 d.5, effective January 4, 1999.
See: 30 N.J.R. 3625(a), 31 N.J.R. 58(a).

In (a), inserted a reference to NJ KidCare programs, and inserted a reference to NJ KidCare fee-for-service; and in (b), substituted "mobility assistance vehicle" for "invalid coach" in 1 and 2, substituted references to beneficiaries for references to recipients in 2 through 4, and inserted a reference to Medicaid/NJ KidCare and inserted a reference to NJ KidCare in 3.

10:50-2.2 HCPCS procedures codes and maximum fee schedule

HCPCS Code	Mod.	Description	Maximum Fee Allowance
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(a) AMBULANCE SERVICE

A0320		Ambulance Service, BLS, Non-Emergency Transport, Supplies Included, Mileage Separately Billed NOTE: ONE WAY: Enter "1" Unit of Service in Field 17F of the MC-12 Transportation Claim Form NOTE: ROUND TRIP: Enter "2" Units of Service in Field 17F of the MC-12 Transportation Claim Form	58.00
A0322		Ambulance Service, BLS, Emergency Transport, Supplies Included, Mileage Separately Billed NOTE: ONE WAY: Enter "1" Unit of Service in Field 17F of the MC-12 Transportation Claim Form NOTE: ROUND TRIP: Enter "2" Units of Service in Field 17F of the MC-12 Transportation Claim Form	58.00
A0360		Ambulance Service, BLS, Non-Emergency Transport, Mileage and Disposable Supplies Separately Billed NOTE: ONE WAY: Enter "1" Unit of Service in Field 17F of the MC-12 Transportation Claim Form NOTE: ROUND TRIP: Enter "2" Units of Service in Field 17F of the MC-12 Transportation Claim Form	58.00
A0362		Ambulance Service, BLS, Emergency Transport, Mileage And Disposable Supplies Separately Billed NOTE: ONE WAY: Enter "1" Unit of Service in Field 17F of the MC-12 Transportation Claim Form NOTE: ROUND TRIP: Enter "2" Units of Service in Field 17F of the MC-12 Transportation Claim Form	58.00
A0380		BLS Mileage (Per Mile) NOTE: Ambulance Service, Per Mile, One Way and Round Trip. Applicable when one-way mileage is 15 miles or less.	1.50
Y0004		Ambulance Service (BLS) Per Mile, Transport, One Way NOTE: The higher rate is applicable for trips in excess of 15 miles one way, beginning with the first mile. The higher rate is applicable to both the one way and to the return trip.	2.00
A0040		Ambulance Service, Air, Helicopter Service, Transport	B.R.
A0422		Ambulance Service, Oxygen, Administration and supplies, Life sustaining situation	12.00 per occurrence
Y0005		Waiting Time—Ambulance Service—One Way Trip Only ¼ hour	2.50

½ hour	5.00
¾ hour	7.50
1 hour	10.00

NOTE: Reimbursable only on one way trips and only after 30 minutes have elapsed. It is reimbursable in ¼ hour increments. Maximum reimbursement for waiting time is \$10.00 (1 hour).

(e): corrected HCPCS code. In (g): increased rate to "\$12.00 per occurrence" from "\$6.00 per ½ hour."
 Recodified from N.J.A.C. 10:50-3.2 by R.1992 d.83, effective February 18, 1992.
 See: 23 N.J.R. 3619(a), 24 N.J.R. 610(a).
 Repeal and New Rule, R.1992 d.447, effective November 16, 1992.
 See: 24 N.J.R. 2517(a), 24 N.J.R. 4264(a).
 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.1994 d.622, effective December 19, 1994.
 See: 26 N.J.R. 3929(a), 26 N.J.R. 5020(b).
 Amended by R.1995 d.650, effective December 18, 1995.
 See: 27 N.J.R. 3312(b), 27 N.J.R. 5045(a).
 Amended by R.1999 d.5, effective January 4, 1999.
 See: 30 N.J.R. 3625(a), 31 N.J.R. 58(a).
 In (b), substituted "Mobility Assistance Vehicle" for "Invalid Coach" throughout.

(b) MOBILITY ASSISTANCE VEHICLE SERVICE

A0130	Non-Emergency Transportation: Wheelchair Van	25.00
	NOTE: Mobility Assistance Vehicle Service, One Way, Per Patient	
Y0002	Mobility Assistance Vehicle Service, Per Mile, One Way and Round Trip.	1.50
Y0002	22 Mobility Assistance Vehicle Service, Per Mile, One Way and Round Trip, in excess of 15 miles one way.	2.00
	NOTE: The higher rate is applicable for trips in excess of 15 miles one way, beginning with the first mile. The higher rate is applicable to both the one way and to the round trip.	
Y0010	Waiting Time—Mobility Assistance Vehicle Service—One Way Trip Only	
	¼ hour	1.25
	½ hour	2.50
	¾ hour	3.75
	1 hour	5.00
	NOTE: Reimbursable only on one way trips and only after 30 minutes have elapsed. It is reimbursable in ¼ hour increments. Maximum reimbursement for waiting time is \$5.00 (1 hour).	
Y0060	Mobility Assistance Vehicle Service, Round Trip, Per Patient	50.00
Y0065	Extra crew differential, round trip	20.00
Y0070	Extra crew differential, one way	10.00
Y0075	Mobility Assistance Vehicle Oxygen per occurrence	12.00

Public notice: Pursuant to the provisions of N.J.S.A. 30:4D-2, 3, 5, 6 and 7 and the New Jersey Appropriations Act (P.L. 1988, c.47, effective August 1, 1988), new ambulance service code A0020 22 added to (d) Mileage, with maximum fee allowance increased effective May 1, 1988.
 See: 20 N.J.R. 2101(a).
 Amended by R.1990 d.592, effective December 3, 1990.
 See: 22 N.J.R. 1513(a), 22 N.J.R. 3620(c).
 In (b): added "XA—Invalid Coach Service" references. In (d): corrected HCPCS code and added "Note" regarding higher rate. In

APPENDIX

FISCAL AGENT BILLING SUPPLEMENT

APPENDIX I

Amended by R.1990 d.592, effective December 3, 1990.
 See: 22 N.J.R. 1513(a), 22 N.J.R. 3620(c).
 Stylistic revisions. In Item 14: added "ambulance service" and text "... or invalid coach ... nursing facility." Deleted "multiple-load situation" text.
 Amended by R.1991 d.167, effective April 1, 1991.
 See: 23 N.J.R. 5(a), 23 N.J.R. 1006(a).
 In Item 11: changed to Individual from Practitioner and deleted "Not applicable."
 In Item 12D: Expanded information to be included regarding transportation.

APPENDIX II

Amended by R.1990 d.592, effective December 3, 1990.
 See: 22 N.J.R. 1513(a), 22 N.J.R. 3620(c).
 In Section II, Item B: added text regarding the Vehicle Recognition Number.
 Amended by R.1999 d.5, effective January 4, 1999.
 See: 30 N.J.R. 3625(a), 31 N.J.R. 58(a).

AGENCY NOTE: The Fiscal Agent Billing Supplement is appended as a part of this chapter/manual but is not reproduced in the New Jersey Administrative Code. When revisions are made to the Fiscal Agent Billing Supplement, replacement pages will be distributed to providers and copies will be filed with the Office of Administrative Law. For a copy of the Fiscal Agent Billing Supplement, write to:

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