

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.1991 d.167, effective February 27, 1991.
See: 23 N.J.R. 5(a), 23 N.J.R. 1006(a).

Executive Order 66(1978) Expiration Date

Chapter 50, Transportation Services Manual, expires on February 27, 1996.

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 Subchapter 2, Billing Procedures, was repealed and replaced by new rules by R.1977, d.375.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 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 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. See: Source and Effective Date.

1992 Revisions: Subchapter 2, Billing Procedures, was repealed by R.1992 d.83, effective February 18, 1992.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 Appendices I and II were repealed and replaced by Appendix I, the Fiscal Agent Billing Supplement.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

See section annotations for specific rulemaking activity.

Prior rulemaking activity in Subchapter 2, Billing Procedures, was as follows:

- 10:50-2.1 General billing procedures
Amended by R.1973 d. 92, effective May 1, 1973.
See: 5 N.J.R. 44(b), 5 N.J.R. 149(b).
Amended by R.1987 d. 408, effective October 5, 1987.
See: 19 N.J.R. 1155(a), 19 N.J.R. 1800(a).
New (a) added; old text became (b).
- 10:50-2.2 Timeliness of claim submission and claim inquiry
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.1987 d. 408, effective October 5, 1987.
See: 19 N.J.R. 1155(a), 19 N.J.R. 1800(a).
Old rule general policy repealed.
- 10:50-2.3 (Reserved)
Amended by R.1973 d. 92, effective May 1, 1973.
See: 5 N.J.R. 44(b), 5 N.J.R. 149(b).
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).
Deleted text "on the first ... for SSI eligibles" and substituted "monthly individuals under ... quarterly validation cards."
Repealed by R.1988 d. 262, effective June 6, 1988.
See: 19 N.J.R. 2103(a), 20 N.J.R. 1214(a).
Section was "Patient identification".
- 10:50-2.4 (Reserved)
Amended by R.1973 d. 92, effective May 1, 1973.
See: 5 N.J.R. 44(b), 5 N.J.R. 149(b).
Amended by R.1980 d. 93, effective March 1, 1980.
See: 12 N.J.R. 21(a), 12 N.J.R. 193(e).
Repealed by R.1988 d. 262, effective June 6, 1988.
See: 19 N.J.R. 2103(a), 20 N.J.R. 1214(a).
Section was "Prior authorization".
- 10:50-2.5 Transportation Claim (Form MC-12)
Amended by R.1978 d. 297, effective August 28, 1978.
See: 10 N.J.R. 282(a), 10 N.J.R. 443(a).
Amended by R.1988 d. 262, 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).
Recodified from 2.6 and substantially amended.
- 10:50-2.6 Combination Medicare/Medicaid claims
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).
Old text deleted and new text substituted. This rule was recodified from 2.5.
Amended by R.1990 d. 592, effective December 3, 1990.
See: 22 N.J.R. 1513(a), 22 N.J.R. 3620(c).
Added (a)1-3, deleting reference to Prudential and previous forms.
- 10:50-2.7 Transportation Certification
Amended by R.1981 d. 250, effective July 9, 1981.
See: 13 N.J.R. 296(a), 13 N.J.R. 418(a).

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

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

Old section "Automated Data Exchange" repealed.

10:50-2.8 Automated Data Exchange

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

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

Revised reference to fiscal agent.

10:50-2.9 Patient certification

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.1981 d. 331, effective September 10, 1981.

See: 13 N.J.R. 413(a), 13 N.J.R. 575(a).

Delete existing text (a)-(e) and substitute new text therefor.

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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 Program 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, CN-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".

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.

"Invalid coach 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 rules, as specified in N.J.A.C. 8:40.

"Loaded mile" means mileage accrued when a vehicle is actually carrying a Medicaid recipient.

"Multiple loading" means that more than one Medicaid recipient 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 recipient from place to place for the purpose of obtaining a Medicaid-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 recipient to his or her destination, for ground ambulance and invalid coach 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).

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 Program, must approve each provider before reimbursement can be made to that provider for a transportation service.

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

3. A ground ambulance or invalid coach 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.

- i. A potential provider seeking approval to provide ambulance and/or invalid coach 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 Program.

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

5. Once approved, the applicant will receive the following from the Fiscal Agent: a Medicaid 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 Program 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).

10:50-1.4 Services covered by the New Jersey Medicaid Program

(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 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 rule 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 recipient;

- 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 New Jersey Medicaid Program 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

invalid coach 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 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 Program directly for this service.

(b) Invalid coach service is a covered service under the following conditions:

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

i. If the recipient is wheelchair bound; or

ii. If the recipient 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 invalid coach driver and/or crew shall comply with New Jersey State Department of Health rules governing the duties of staff, as specified in N.J.A.C. 8:40. In addition, the invalid coach driver and/or crew shall:

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

ii. Provide assistance in the placement and removal of the recipient 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 rules, as indicated in N.J.A.C. 8:40-4.1(b) invalid coach 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 invalid coach shall carry no more than four recipients 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 rules, as specified in N.J.A.C. 8:40.

5. The use of an extra crew for invalid coach services is covered when two or more persons are used to move a recipient under the following circumstances:

i. The recipient is wheelchair bound;

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

iii. The recipient is unable to ambulate even with the assistance of another person, such as the invalid coach driver; and

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

(2) The recipient'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).

10:50-1.5 Authorization for transportation services

(a) Prior authorization from the Medicaid District Office (MDO) is required for air ambulance service and invalid coach service. See (f) below for the policy concerning authorization for Medicaid recipients transported by invalid coach 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(d).

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 invalid coach 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 recipient'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 alter-

native, less costly modes of transportation have been considered and ruled out.

(d) A request for invalid coach authorization may be approved for an extended period of time when, in the opinion of an MDO staff person, the Medicaid recipient'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 invalid coach service when a recipient'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 invalid coach service and submit a Transportation Claim (Form MC-12) and Transportation Certification directly to the Fiscal Agent for the New Jersey Medicaid Program, 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 invalid coach 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.

See: 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.

10:50-1.6 Reimbursement policy

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

(b) Mileage for ground ambulance service and invalid coach service is measured by odometer from the point at which the recipient enters the vehicle to the point at which the recipient exits the vehicle.

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

(d) For trips by ground ambulance and invalid coach 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 recipient in a multiple-load situation.

(f) Transportation service provided to a Medicaid recipient is reimbursable by the New Jersey Medicaid Program under the following conditions only:

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

2. The medical service rendered to the recipient by the provider/facility is a covered Medicaid 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 recipient is transported under the following conditions:

1. For the purpose of obtaining a non-Medicaid-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 recipients for the same service.

(i) Hospital-based transportation service provided to a Medicaid recipient 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 N.J.A.C. 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 recipient 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 recipient, 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 recipient during an ambulance trip or invalid coach 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 Program.

(n) Services not directly reimbursable by the New Jersey Medicaid 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 Program.

(o) Eligible transportation costs for Medicaid recipients 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).

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 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 invalid coach) 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 invalid coach 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).

SUBCHAPTER 2. HCFA COMMON PROCEDURE CODING SYSTEM (HCPCS)

10:50-2.1 Introduction

(a) The New Jersey Medicaid Program 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 transportation services and must be used when filing a claim.

1. The responsibility of the transportation services provider when rendering services and requesting reimbursement 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 invalid coach service, in excess of 15 miles one way (see N.J.A.C. 10:50-1.6(e)).
2. "XA" Base allowance, invalid coach service, when a Medicaid recipient is transported to or from a nursing facility (see N.J.A.C. 10:50-1.5(f)).
3. "XE" Non-Medicare-covered service—to indicate that a ground ambulance service provided to a Medicare/Medicaid recipient 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 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 recipient on the same day. Use modifier "76" following all HCPCS procedure codes when billing for the repeat ser-

vice. 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).

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

HCPCS Mod. Code	Description	Maximum Fee Allowance
(a) AMBULANCE SERVICE		
A0010	Ambulance Service, Basic Life Support (BLS) Base Rate, Emergency Transport, One Way	\$58.00
A0020	Ambulance Service, (BLS) Per Mile, Transport, One Way	1.50
Y0004	Ambulance Service, (BLS) Per Mile, Transport, 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 return trip.		
A0040	Ambulance Service, Air, Helicopter Service, Transport	B.R.
A0070	Ambulance Service, Oxygen, Administration and supplies, Life sustaining situation	12.00 per occurrence
A0222	Ambulance Service, Return Trip, Transport	58.00
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).		

(b) INVALID COACH SERVICE

A0130	Non-Emergency Transportation: Wheelchair Van	25.00
NOTE: Invalid Coach Service, One Way, Per Patient		
Y0002	Invalid Coach Service, Per Mile, One Way and Round Trip	1.50

HCPCS Mod. Code

Y0002 22 Description
Invalid Coach Service, Per Mile, One Way and Round Trip, in excess of 15 miles one way

Maximum
Fee
Allowance
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—Invalid Coach 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 Invalid Coach Service, Round Trip, Per Patient 50.00

Y0065	Extra crew differential, round trip	20.00
Y0070	Extra crew differential, one way	10.00
Y0075	Invalid Coach Oxygen	12.00 per occurrence

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 (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).

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.

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:

Unisys Corporation

CN-4801

Trenton, New Jersey 08650

or contact:

Office of Administrative Law

Quakerbridge Plaza, Bldg. 9

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Trenton, New Jersey 08625.