

**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), Section 1905 of the Social Security Act (42 U.S.C. § 1396d), Sections 2103 and 2110 of the Social Security Act (42 U.S.C. § 1397cc and § 1397jj).

**Source and Effective Date**

R.2000 d.491, effective November 14, 2000.  
See: 32 N.J.R. 2395(a), 32 N.J.R. 4464(a).

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

Chapter 50, Transportation Services Manual, expires on November 14, 2005.

**Chapter Historical Note**

Chapter 50, Transportation Services Manual, was adopted as R.1971 d.22, effective March 1, 1971. See: 3 N.J.R. 7(a), 3 N.J.R. 44(b).

Subchapter 2, Billing Procedures, was repealed and Subchapter 2, Billing Procedures, was adopted as new rules by R.1977 d.375, effective October 3, 1977. See: 9 N.J.R. 333(b), 9 N.J.R. 534(a).

Pursuant to Executive Order No. 66(1978), Chapter 50, Transportation Services Manual, was readopted as R.1983 d.375, effective August 22, 1983. See: 15 N.J.R. 999(a), 15 N.J.R. 1582(b).

Pursuant to Executive Order No. 66(1978), Chapter 50, Transportation Services Manual, was readopted as R.1986 d.52, effective March 3, 1986. See: 17 N.J.R. 1519(b), 18 N.J.R. 478(a).

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

Subchapter 2, Billing Procedures, was repealed, Subchapter 3, HCFA Common Procedure Codify System (HCPCS), was recodified as Subchapter 2, HCFA Common Procedure Coding System (HCPCS), and Appendices I and II were repealed and Appendix, Fiscal Agent Billing Supplement, was adopted as a new rule by R.1992 d.83, effective February 18, 1992. See: 23 N.J.R. 3619(a), 24 N.J.R. 610(a).

Pursuant to Executive Order No. 66(1978), Chapter 50, Transportation Services Manual, was readopted as R.1995 d.650, effective November 17, 1995. See: 27 N.J.R. 3312(b), 27 N.J.R. 5045(a).

Pursuant to Executive Order No. 66(1978), Chapter 50, Transportation Services Manual, was readopted as R.2000 d.491, effective November 14, 2000. See: Source and Effective Date.

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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 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 mobility assistance vehicle 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".  
Administrative change.  
See: 32 N.J.R. 708(a).

### 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 (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.

Administrative change.

See: 32 N.J.R. 708(a).

**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.

8. 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.

(c) Mobility assistance vehicle service is not a covered service under the following conditions:

1. If an alternate form of transportation, such as taxicab, bus, other public conveyance or private vehicle, might be used without creating a serious risk to the individual's life and health.

2. When a mobility assistance vehicle is used simply for the convenience of the passenger or the mobility assistance vehicle provider.

3. When, upon the Division's review, it is determined that the mobility assistance vehicle company did not take necessary and conclusive steps to substantiate the individual's need for mobility assistance vehicle service prior to providing the service.

4. When, regardless of a previously obtained approval from a Medicaid District Office, the individual's condition at the time of transport did not meet the requirements for the provision of mobility assistance vehicle service as specified in this section.

5. When, upon the Division's review, it is determined that the mobility assistance vehicle provider did not notify the appropriate Medicaid District Office when it was apparent to a driver that an individual's condition improved to the extent that mobility assistance vehicle service was no longer necessary.

i. In such instances, a driver shall so notify the mobility assistance vehicle provider and the mobility assistance vehicle provider shall so notify the Medicaid District Office.

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.

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

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

Rewrote the section.

#### 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(h).

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)6;

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)6, 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).

(g) A request for mobility assistance service, for a single trip and for an extended period of time, shall be destination specific. If an MAV provider is aware of a beneficiary's intended places of destination, a listing shall be provided in Item 18 (REMARKS) on the original (first) Transportation Prior Authorization (PA) form. An MAV provider shall forward written notification to the appropriate MDO in one of the following ways whenever there is a change in a beneficiary's formerly approved place of destination as entered on the original PA form:

1. List the revised places of destination in Item 18 (REMARKS) on a photocopy of the original (first) PA form;

2. List the revised places of destination on a separate page and attach it to the original (or photocopied) PA form; or

3. Forward a photocopy of each Transportation Certification Form, indicating the revised place of destination, as an attachment to a photocopy of the original PA form.

(h) Each of the three methods of forwarding written notification to the appropriate MDO listed in (g) above shall include the name, address, and telephone number of the medical facility at the place of destination. In each case, the documentation shall be received by the appropriate MDO within five working days of the date of service. The Division reserves the right to retroactively deny any previously approved PA request if a place of destination is subsequently determined by the Division to be inappropriate.

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.

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

falling within such category who are covered under the New Jersey Medicaid or NJ KidCare program.

(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.