

## PUBLIC NOTICE

BANKING AND INSURANCE  
DIVISION OF INSURANCE  
PROPERTY AND CASUALTY DIVISION

Notice of Receipt of Petition for Rulemaking

Review of the Medical Fee Schedule  
N.J.A.C. 11:3-29.6, Appendix Exhibit 4

Petitioner: Medical Transportation Association

**Take notice** that on March 20, 2006, the Department of Banking and Insurance (Department) received a petition for rulemaking from the above petitioner requesting that the Department review overdue adjustments to the medical fee schedule, currently found at N.J.A.C. 11:3-2.6 Appendix, Exhibit 6, covering the reimbursement by insurers for ambulance and other necessary medical transportation services. N.J.S.A. 39:6A-4.6(a) requires the Commissioner to promulgate medical fee schedules for the reimbursement of health care providers of medical expense benefits for which payment is made pursuant to personal injury protection (PIP) coverage. The petitioner noted that this section further requires such fee schedules to “be adjusted biennially for inflation and for the addition of new medical procedures.”

The petitioner stated that the schedule used for ambulance service and associated items has not been adjusted since 2001 and that there has been no review for new medical procedures. The petitioner stated that at the time the Department published the proposed rule in 2001, the 2001 Medicare rate for ambulance services was available. The petitioner contends that the published rate from 1999 was outdated two years when it was published, and is now over six years old. The petitioner further contends that since ambulance service rates are six years old, the lack of the biennial adjustment of the rates and the addition of new medical procedures is harming the industry.

The petitioner further contends that the cost of providing ambulance service to motor vehicle accident victims is often greater than the current reimbursement rate limit established by the Department. The petitioner stated that most often the unscheduled emergency response to a motor vehicle collision is

provided by local government 9-1-1 and contracted 9-1-1 providers. Additionally, the petitioner stated that these providers cannot recover their costs because of the prohibition found at N.J.A.C. 11:3-29.5, which limits a health care provider's reimbursement to the fees set forth therein.

The petitioner requested that the Department adjust the ambulance service and associated rates, and that the rate should be greater than the established Medicare rate. Additionally, the petitioner requested the inclusion of payment for lower levels of medical transportation services, such as wheelchair and medical car, when appropriate. The petitioner contends that the allowance of these additional levels of service for the transfer of injured parties (in a non-emergency setting) would insure that the person receives the necessary medical treatment, aimed toward promptly returning them to their normal living arrangements. The full text of the petitioners' suggested rates for ambulance service that are in accordance with the Federal Healthcare Financing Administration's Common Procedure Code System (HCPCS) and used by Medicare and Medicaid follows:

A0428 BLS Non Emergency ambulance services	\$222.46
A0429 BLS Emergency ambulance services	\$355.94
A0425 BLS Mileage (per loaded mile)	\$ 6.05
Mileage over 50 miles from first mile	\$ 7.56
A0426 ALS1 Non Emergency ambulance services	\$266.95
A0427 ALS1 Emergency ambulance services	\$422.68
A0433 ALS2 Emergency ambulance services	\$611.77
A0434 Specialty Care Transport ambulance service	\$723.00
A0130 MAV Wheelchair Van Service	\$ 80.00
Y0002 MAV Wheelchair Van Service mileage (per loaded mile)	\$ 6.00
Y0010 MAV Wheelchair Van Service Waiting time per hour	\$ 40.00
Y0065 MAV Wheelchair Van Service extra crew differential (obese patient)	\$ 50.00
A0422 MAV Wheelchair Van Service oxygen per occurrence	\$ 50.00

In accordance with N.J.A.C. 1:30-4.2 and 11:1-5, the Department shall subsequently mail to the petitioner, and file with the Office of Administrative Law, the notice of action on the petitioner's request.