

N.J.A.C. 10:50

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 50 No. 11, June 4, 2018

New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 50. TRANSPORTATION SERVICES MANUAL

Title 10, Chapter 50 -- Chapter Notes

Statutory Authority

CHAPTER AUTHORITY:

N.J.S.A. 30:4D-1 et seq. and 30:4J-8 et seq.

History

CHAPTER SOURCE AND EFFECTIVE DATE:

Effective: April 4, 2013.

See: 45 N.J.R. 1139(a).

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Subchapter 2, Billing Procedures, was repealed and Subchapter 2, Billing Procedures, was adopted as new rules by R.1977 d.375, effective October 3, 1977.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Subchapter 2, Billing Procedures, was repealed, Subchapter 3, HCFA Common Procedure Codify System (HCPCS), was recodified as Subchapter 2, HCFA Common Procedure Coding System (HCPCS), and Appendices I and II were repealed and Appendix, Fiscal Agent Billing Supplement, was adopted as a new rule by R.1992 d.83, effective February 18, 1992.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: 32 N.J.R. 2395(a), 32 N.J.R. 4464(a).

Chapter 50, Transportation Services Manual, was readopted as R.2006 d.213, effective May 12, 2006. As a part of R.2006 d.213, Subchapter 2, HCFA Common Procedure Coding System (HCPCS), was renamed Healthcare Common Procedure Coding System (HCPCS), effective June 19, 2006. See: 37 N.J.R. 4850(a), 38 N.J.R. 2713(a).

In accordance with N.J.S.A. 52:14B-5.1b, Chapter 50, Transportation Services Manual, was scheduled to expire on May 21, 2013. See: 43 N.J.R. 1203(a).

In accordance with N.J.S.A. 52:14B-5.1c, Chapter 50, Transportation Services Manual, was scheduled to expire on November 8, 2013. See: 43 N.J.R. 1395(a).

Chapter 50, Transportation Services Manual, was readopted, effective April 4, 2013. See: Source and Effective Date.

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N.J.A.C. 10:50-1.1

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§ 10:50-1.1 Scope

This chapter describes the policies and procedures of the New Jersey Medicaid and NJ FamilyCare programs for reimbursement of approved providers of transportation services. Questions about this chapter may be directed to any Medical Assistance Customer Center (MACC) 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.

History

HISTORY:

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

See: 6 New Jersey Register 12(a), 6 New Jersey Register 150(a).

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

See: 6 New Jersey Register 142(a), 6 New Jersey Register 245(d).

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

See: 19 New Jersey Register 2103(a), 20 New Jersey Register 1214(a).

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

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

See: 22 New Jersey Register 1513(a), 22 New Jersey Register 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 New Jersey Register 3619(a), 24 New Jersey Register 610(a).

Corrected address information.

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

See: 24 New Jersey Register 2517(a), 24 New Jersey Register 4264(a).

Revised text to "chapter" from "manual".

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

See: 30 New Jersey Register 3625(a), 31 New Jersey Register 58(a).

Inserted a reference to the NJ KidCare program.

Amended by R.2006 d.213, effective June 19, 2006.

See: 37 N.J.R. 4850(a), 38 N.J.R. 2713(a).

Substituted "FamilyCare" for "KidCare" and "Medical Assistance Customer Center (MACC)" for "Medicaid District Office (MDO)".

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N.J.A.C. 10:50-1.2

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§ 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 wing or rotary wing) certified by and operated in accord with Federal Aviation Administration requirements.

"Beneficiary" means any person meeting the definition of that term contained in N.J.A.C. 10:49-1.3.

"Division" means the Division of Medical Assistance and Health Services (DMAHS) in the New Jersey Department of Human Services.

"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 FamilyCare fee-for-service beneficiary.

"Lower mode service" means non-emergency transportation, reserved for sick, infirm or otherwise disabled persons who are under the care and supervision of a physician and whose medical condition requires transportation for medical care.

"Mobility assistance vehicle (MAV)" means a specialized transport vehicle that is validly licensed, equipped, staffed and operated in accordance with New Jersey Department of Health and Senior Services rules regarding such vehicles at N.J.A.C. 8:40 and 8:41.

"Mobility assistance vehicle service" means the provision of non-emergency health care transportation in a vehicle that is licensed, equipped, staffed and operated 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.

"Modified livery transportation service" means livery service or MAV service provided by a Division-approved transportation provider to beneficiaries under 21 years of age who require supervision provided by a qualified provider-supplied attendant.

"Motor Vehicle Commission (MVC)" means the New Jersey Motor Vehicle Commission.

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

"Provider" means an air ambulance (fixed wing or rotary wing) service, ground ambulance service, mobility assistance vehicle service or livery service. Modified livery transportation services may be provided either by a mobility assistance vehicle service or by a livery service.

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

History

HISTORY:

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

See: 6 New Jersey Register 12(a), 6 New Jersey Register 150(a).

Amended by R.1978 d.297, effective August 28, 1978.

See: 10 New Jersey Register 282(a), 10 New Jersey Register 443(b).

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

See: 12 New Jersey Register 21(a), 12 New Jersey Register 193(e).

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

See: 17 New Jersey Register 1373(a), 17 New Jersey Register 2044(a).

2ii(1)(H) deleted; iii added.

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

See: 19 New Jersey Register 2103(a), 20 New Jersey Register 1214(a).

Substantially amended.

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

See: 22 New Jersey Register 1513(a), 22 New Jersey Register 3620(c).

Added definition for "patient."

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

See: 23 New Jersey Register 3619(a), 24 New Jersey Register 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 New Jersey Register 2517(a), 24 New Jersey Register 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 New Jersey Register 1425(a), 26 New Jersey Register 3211(b).

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

See: 30 New Jersey Register 3625(a), 31 New Jersey Register 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 New Jersey Register 847(a), 31 New Jersey Register 3325(a).

Rewrote "Mobility assistance vehicle service".

Administrative change.

See: 32 New Jersey Register 708(a).

Amended by R.2006 d.213, effective June 19, 2006.

See: 37 N.J.R. 4850(a), 38 N.J.R. 2713(a).

Substituted "FamilyCare" for "KidCare" throughout; in definition "Air ambulance service", substituted "wing or rotary wing" for "wings"; added definitions "Beneficiary", "Division", "Lower mode service", "Mobility assistance vehicle (MAV)", "Modified livery transportation service" and "Motor Vehicle Commission (MVC)"; in definition "Mobility assistance vehicle service",

substituted "staffed and operated" for "and staffed"; in definition "Provider", in the first sentence inserted "an", substituted "wing or rotary wing" for "wings", deleted "and" preceding "mobility" and added "or livery service" and added the last sentence; and in definition "Transportation reimbursement allowance", substituted "Healthcare" for "HCFA".

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N.J.A.C. 10:50-1.3

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§ 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 FamilyCare 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 (CMS-1513) may be obtained from the Fiscal Agent for the New Jersey Medicaid and NJ FamilyCare 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 FamilyCare 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 FamilyCare 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 FamilyCare provider. Subsequent to November 30, 1998, enrollment applications will only be accepted for transfers of ownership. Exceptions will be considered by the Division on a

case-by-case basis only if the Division determines there is a lack of access to services.

iii.A potential provider seeking approval to provide mobility assistance vehicle service shall be a provider in good standing with the NJ Medicaid and NJ FamilyCare fee-for-service programs for at least a 10 year continuous period. The Division may waive this experience requirement, at its sole discretion, based upon its review of the potential provider's record of service with the State and its review of the need for additional providers of mobility assistance vehicle service.

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 shall agree to bill the New Jersey Medicaid and NJ FamilyCare 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.

(c)Transportation providers that provide modified livery transportation services shall not permit utilization of services by children under 21 years of age to exceed more than 50 percent of that provider's overall volume of transportation service for the Medicaid and NJ FamilyCare programs, as measured in the number of passengers.

(d)A transfer of ownership by or to any person or entity not currently enrolled and actively participating as a provider of mobility assistance vehicle service in the New Jersey Medicaid and NJ FamilyCare programs shall be considered a new application and shall be denied in accordance with the standards contained in(a)4ii above.

1.Active participation means that the New Jersey Medicaid Management Information System (NJMMIS) reflects paid claims for transportation service, for both the buyer and seller, with dates of service within six months prior to the transfer of ownership.

2.A currently enrolled provider shall notify the Division of a transfer of ownership, in writing, within 30 days of the transfer of ownership. Failure to provide written notice shall result in the termination of the provider's Medicaid ID number and cancellation of the Provider Agreement.

3.A change in ownership of an existing provider entity that results in a new Federal tax ID number (EIN) requires a new Medicaid provider application and issuance of a new Medicaid provider number.

4.A change in ownership of an existing provider entity that does not result in a new Federal tax ID number (EIN) requires the completion and submission of an updated Form CMS-1513, Disclosure of Ownership and Control Interest Statement. The updated CMS-1513 is required when there is a change in those persons or entities

with a direct or indirect ownership interest of five percent or more, as defined in Form CMS-1513. The Medicaid provider number remains the same when the Federal tax ID number (EIN) is unchanged.

5.All changes of ownership, or changes in the owners of an existing provider entity, shall comply with the licensure requirements of the New Jersey State Department of Health and Senior Services licensure requirements at N.J.A.C. 8:40.

(e)A transportation company's Medicaid provider ID number shall be cancelled and Provider Agreement terminated due to inactivity based on a review of the NJMMIS, in accordance with the standards contained in (d)1 above. The effective date of cancellation shall correspond to the company's last service date as reflected in the NJMMIS.

(f)Each transportation provider shall maintain a New Jersey business location and a telephone dispatch service. The provider shall notify the Division within five working days of any change of address or telephone number or of any cessation or interruption of service.

(g)Notwithstanding the provisions of any other rule or regulation, the Division of Medical Assistance and Health Services may, at its discretion, provide and reimburse any or all non-emergency medical transportation services by means of a contract or agreement with a single transportation broker or vendor, or a limited number of transportation brokers or vendors, on either a Statewide, county-by-county, or other basis. For example, the Division may provide all or some non-emergency medical transportation services Statewide or in any specific county through a contract with a single transportation broker. In order to utilize a broker or vendor, the Division may also take actions including, but not limited to, terminating existing enrollments of other providers, declining to utilize services from other enrolled providers and/or declining to enroll new providers, for particular transportation provider types, in particular geographic areas, and/or on any other basis on which a broker or vendor is used.

History

HISTORY:

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).

Amended by R.2002 d.170, effective June 3, 2002.

See: 34 N.J.R. 635(a), 34 N.J.R. 1925(a).

In (a) and (b), substituted "FamilyCare" for "KidCare" throughout; added (c) and (d).

Amended by R.2006 d.213, effective June 19, 2006.

See: 37 N.J.R. 4850(a), 38 N.J.R. 2713(a).

Substituted "CMS-1513" for "HCFA-1513" throughout; added (a)4iii; in (b), substituted "shall agree" for "agrees"; added present (c); recodified existing (c) and (d) as (d) and (e); inserted "Information" in (d)1; substituted "(d)1" for "(c)1" in (e); and added (f).

Amended by R.2010 d.179, effective August 16, 2010.

See: 41 N.J.R. 3886(a), 42 N.J.R. 1898(b).

Added (g).

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N.J.A.C. 10:50-1.4

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 50 No. 11, June 4, 2018

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§ 10:50-1.4 Services covered by the New Jersey Medicaid and NJ FamilyCare 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 Mobility Assistance Vehicle Service Requirements, or N.J.A.C. 8:40-6, Specific Basic Life Support Ambulance Service 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. 8:40-6.4;
6. An air ambulance (fixed wing or rotary wing), under extenuating circumstances, may be used as a carrier to transport the sick, injured or disabled Medicaid or NJ FamilyCare 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 FamilyCare 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 FamilyCare program directly for this service.

8.The Division will pay, on behalf of eligible Medicaid and NJ FamilyCare beneficiaries who are also eligible for Medicare, the full amount of any Medicare deductible and coinsurance costs for covered MICU/ALS and Ambulance/BLS services provided to such beneficiaries. Code A0434 shall be used when submitting claims for such ambulance specialty care transport services. See N.J.A.C. 10:50-2.2(a).

(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. 8:40-5, Specific Mobility Assistance Vehicle Service Requirements;
- 4.**When the service is provided to a Medicaid or NJ FamilyCare 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. 8:40-5.4. 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. 8:40-5.2(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 Medical Assistance Customer Center (MACC) or other program-designated agent of the Division of Medical Assistance and Health Services, 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 MACC or other program-designated agent of the Division of Medical Assistance and Health Services 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 MACC or other program-designated agent of the Division of Medical Assistance and Health Services.

(d)Services reimbursed indirectly by the New Jersey Medicaid or NJ FamilyCare fee-for-service programs include transportation by taxi, train, bus, plane, and other public conveyances. Reimbursement for arranging and/or providing these "lower-mode" transportation services, including mileage reimbursement for the use of an individual's vehicle, is made by the appropriate county board of social services on behalf of the New Jersey Medicaid or NJ FamilyCare Plan A fee-for-service programs.

- 1.Lower-mode transportation services may be procured by county boards of social services through competitive bid arrangements, inter-governmental agreements with county paratransit agencies, contracts with transportation companies, or other means including, but not limited to, the use of county-owned and operated vehicles.

(e)Other administrative arrangements exist in counties where boards of social services do not participate in arranging and/or providing lower-mode transportation services or in counties that arrange and/or provide only minimal services. Arrangements include, but are not limited to, State contracts with transportation companies, inter-governmental agreements with county paratransit agencies, and the purchase and distribution of monthly bus passes and tickets by MACCs.

History

HISTORY:

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

See: 22 New Jersey Register 1513(a), 22 New Jersey Register 3620(c).

Section was "Livery Service."

Prior rulemakings are as follows:

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

See: 6 New Jersey Register 12(a), 6 New Jersey Register 150(a).

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

See: 12 New Jersey Register 21(a), 12 New Jersey Register 193(e).

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

See: 19 New Jersey Register 2103(a), 20 New Jersey Register 1214(a).

Prior authorization was repealed.

Administrative Correction to (a)5.

See: 23 New Jersey Register 63(a).

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

See: 23 New Jersey Register 5(a), 23 New Jersey Register 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 New Jersey Register 3619(a), 24 New Jersey Register 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 New Jersey Register 2517(a), 24 New Jersey Register 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 New Jersey Register 1425(a), 26 New Jersey Register 3211(b).

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

See: 30 New Jersey Register 3625(a), 31 New Jersey Register 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 New Jersey Register 847(a), 31 New Jersey Register 3325(a).

Rewrote the section.

Amended by R.2000 d.501, effective January 16, 2001.

See: 32 New Jersey Register 2397(a), 33 New Jersey Register 322(a).

Added (d) and (e).

Amended by R.2002 d.170, effective June 3, 2002.

See: 34 New Jersey Register 635(a), 34 New Jersey Register 1925(a).

Rewrote the section.

Amended by R.2006 d.213, effective June 19, 2006.

See: 37 N.J.R. 4850(a), 38 N.J.R. 2713(a).

In (a)3, substituted "Specific Mobility Assistance Vehicle Service Requirements" for "Specific Transport Ambulance Requirements" and "Specific Basic Life Support Ambulance Service Requirements" for "Specific Emergency Ambulance Requirements"; substituted "6.4" for "6.21" in (a)5; in (a)6, substituted "wing or rotary wing" for "wings"; added (a)8; in (b)3, substituted "5" for "4" and inserted "Service" following "Vehicle"; substituted "5.4" for "4.8" in (b)5; and substituted "5.2(b)" for "4.1(b)" in (b)6.

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N.J.A.C. 10:50-1.5

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 50 No. 11, June 4, 2018

New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 50. TRANSPORTATION SERVICES MANUAL > SUBCHAPTER 1. GENERAL PROVISIONS

§ 10:50-1.5 Prior authorization for transportation services

(a) Prior authorization from the Medical Assistance Customer Center (MACC) or other program-designated agent of the Division of Medical Assistance and Health Services is required and shall be obtained for air ambulance service and mobility assistance vehicle service. See (g) below for the policy concerning prior authorization for Medicaid and NJ FamilyCare fee-for-service beneficiaries transported by a mobility assistance vehicle to/from a nursing facility.

(b) Procedures for obtaining prior authorization shall be as follows:

1. The provider submits a Transportation Prior Authorization Form (MC-12(A)) to the appropriate program-designated agent. Upon receipt of this document, a 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 to the Fiscal Agent. If the request is approved, the provider is notified in writing by the Fiscal Agent of the decision and the authorized date or time frame. If the request is denied or if additional information is required, the provider is notified in writing by the Fiscal Agent.

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

1. The following documentation shall be submitted to the MACC or other program-designated agent of the Division of Medical Assistance and Health Services 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 prior authorization shall include documentation of the Medicaid or NJ FamilyCare fee-for-service beneficiary's current medical diagnosis, impairment, and functional limitations. This documentation shall be sufficient to enable a staff person to make a decision concerning the individual's need for mobility assistance vehicle service. The documentation shall include, but not be limited to, factors that affect the individual's ability to walk and to use an alternative mode of service such as public transportation, livery, clinic van, taxicab, bus, or a county-administered, lower mode of service. A request that does not contain sufficient documentation to enable a staff person to make a decision concerning the individual's need for mobility assistance vehicle service shall be returned to the mobility assistance vehicle service provider for correction. A request for a renewal of an existing approval shall contain current, updated documentation of the individual's medical condition, impairment, and functional limitations.

1.In addition to current medical diagnoses, the documentation submitted shall include a narrative description of the individual's current medical condition, impairment, and functional limitations. The narrative shall include a description of how the individual's current medical condition or impairment affects his or her ability to function with respect to transportation services, specifically the mobility assistance vehicle mode of service. A diagnosis(es) entered on Form MC-12(A) shall not serve as a substitute for a narrative description of the Medicaid or NJ FamilyCare fee-for-service beneficiary's current medical condition, impairment, and functional limitations. A physician's statement containing the required description may be attached to the MC-12(A) to support the statements required in Items 10 and 12 on the MC-12(A).

2.The MC-12(A) shall include an explanation as to why the individual's current medical condition, impairment, and functional limitations are of sufficient severity to require the use of a mobility assistance vehicle, as opposed to an alternative mode of service such as public transportation, livery, clinic van, taxicab, bus, or a county-administered, lower mode of service. Terms such as "examination and treatment," "doctor's appointment" or "medical condition" as a reason for the use of a mobility assistance vehicle shall not be accepted.

3. The MC-12(A) shall contain a narrative that fully and completely addresses the need for mobility assistance, such as the following: "The use of an alternative, lower mode of transportation would create a serious risk to this individual's life and health because"

4.If deemed necessary by the MACC or other program-designated agent of the Division of Medical Assistance and Health Services, additional documentation of the Medicaid or NJ FamilyCare fee-for-service beneficiary's current medical condition may be required. The description shall include an explicit description of the individual's impairment and functional limitations and shall include a signed physician's prescription, certificate of medical necessity, and/or a functional assessment form.

5. If no other modes of transportation service for ambulatory individuals are appropriate or available, the use of Mobility Assistance Vehicle service shall be approved based on documentation demonstrating that alternative modes of transportation service are inappropriate or unavailable. Documentation of an ambulatory Medicaid or NJ FamilyCare fee-for-service beneficiary's medical condition, impairment, and functional limitations shall be complete and current.

(e) A request for mobility assistance vehicle prior authorization may be approved for an extended period of time when, in the opinion of a staff person, the Medicaid or NJ FamilyCare 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.

2. A mobility assistance vehicle service provider's request for prior authorization for a Medicaid or NJ FamilyCare fee-for-service beneficiary shall not be approved by the MACC or other program-designated agent of the Division of Medical Assistance and Health Services if the requested dates of service span another provider's previously approved dates of service. Exceptions may be made on a case-by-case basis upon the investigation of the specific circumstances involved.

(f) Retroactive requests for authorization for new services will be evaluated based on the standards in this subsection. Retroactive requests for renewals of existing periods of authorization shall not be approved. When communication between the provider and the MACC or other program-designated agent of the Division of Medical Assistance and Health Services cannot be established and the provision of the service cannot be delayed, the provider may perform the service. In such instances, the provider shall request retroactive authorization within 10 working days from the date of service. The request for retroactive authorization shall follow the procedures specified in (b)1 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. A retroactive request for authorization shall be accompanied by a properly completed, signed, and dated transportation certification form, as required by N.J.A.C. 10:50-1.7, for each requested date of service for each beneficiary.

(g) Authorization is not required for mobility assistance vehicle service when a beneficiary's place of origin or destination is a nursing facility. A nursing facility (formerly called a long-term care facility) is defined in the Long-Term Care Services Manual, N.J.A.C. 8:85. 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 FamilyCare programs without obtaining authorization from the MACC or other program-designated agent of the Division of Medical Assistance and Health Services. A post-payment review will be conducted on an ongoing basis to ensure the accuracy and validity of claims submitted for reimbursement. In these instances, MAV providers must report the value "5" (mentioning the nursing facility) in field 17H of the MC-12 claim form. This value may be reported in either the "from" or "to" fields within field 17H.

(h)A request for mobility assistance vehicle service, for a single trip and for an extended period of time, shall be destination specific. If a mobility assistance vehicle 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. A mobility assistance vehicle provider shall forward written notification to the appropriate MACC or other program-designated agent of the Division of Medical Assistance and Health Services 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.

(i)Each of the three methods of forwarding written notification to the appropriate MACC or other program-designated agent of the Division of Medical Assistance and Health Services listed in (h) 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 agency 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.

(j)A photocopy of the MC-12(A) form shall be retained on file at the provider's place of business for a minimum period of five years from the date the corresponding service was rendered. The MC-12(A) form 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 during this period of time. If a MC-12(A) form is not on file for each service, or does not contain all the required documentation as indicated in this section, Medicaid or NJ FamilyCare reimbursement for the service is subject to recoupment as indicated in N.J.A.C. 10:49-9.9.

History

HISTORY:

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

See: 19 New Jersey Register 2103(a), 20 New Jersey Register 1214(a).

Section 1.5 was recodified to 1.6.

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

See: 22 New Jersey Register 1513(a), 22 New Jersey Register 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 New Jersey Register 63(a).

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

See: 23 New Jersey Register 3619(a), 24 New Jersey Register 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 New Jersey Register 3625(a), 31 New Jersey Register 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 New Jersey Register 847(a), 31 New Jersey Register 3325(a).

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

Amended by R.2000 d.501, effective January 16, 2001.

See: 32 New Jersey Register 2397(a), 33 New Jersey Register 322(a).

Rewrote the section.

Amended by R.2002 d.170, effective June 3, 2002.

See: 34 New Jersey Register 635(a), 34 New Jersey Register 1925(a).

Rewrote the section.

Amended by R.2006 d.213, effective June 19, 2006.

See: 37 N.J.R. 4850(a), 38 N.J.R. 2713(a).

Inserted "and shall be obtained" in (a); substituted "shall be" for "are" in (b); in (c), substituted "wing or rotary wing" for "wings"; in the introductory paragraph of (g), deleted "or intermediate care facility for the mentally retarded", substituted "8:85" for "10:63" and added last sentence; deleted (g)1; and divided (h) into three sentences by inserting a period and capitalizing "A".

N.J.A.C. 10:50-1.6

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 50 No. 11, June 4, 2018

New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 50. TRANSPORTATION SERVICES MANUAL > SUBCHAPTER 1. GENERAL PROVISIONS

§ 10:50-1.6 Reimbursement policy

(a)The least expensive mode of transportation suitable to the Medicaid or NJ FamilyCare fee-for-service beneficiary's needs shall be used:

1. For example, trips by mobility assistance vehicle to/from a clinic that provides Medicaid or NJ FamilyCare-reimbursed van service for the clinic's ambulatory clients are not appropriate and shall not be Medicaid or NJ FamilyCare reimbursable, because clinic-reimbursed van services are less costly to the programs than mobility assistance vehicle services.

(b)Mileage for ground ambulance service and mobility assistance vehicle service shall be measured by odometer from the point at which the Medicaid or NJ FamilyCare fee-for-service beneficiary enters the vehicle to the point at which he or she exits the vehicle.

1. Medicaid or NJ FamilyCare fee-for-service beneficiaries shall be transported to/from medical appointments in a manner that results in the accrual of the least number of miles.

2. There may be instances in which a driver takes a faster-but-longer route to avoid traffic congestion or road construction. Mileage based on the faster-but-longer route shall be acceptable if the reason for the route is fully documented on the Transportation Certification Form.

(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, Healthcare Common Procedure Coding System (HCPCS). The higher rate of reimbursement is applicable both to 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 FamilyCare fee-for-service beneficiary is reimbursable by the New Jersey Medicaid or NJ FamilyCare 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 FamilyCare program or meets the requirements for participation as a provider in the Medicaid and NJ FamilyCare programs; and
2. The medical service rendered to the beneficiary by the provider/facility is a covered Medicaid or NJ FamilyCare service (as listed in N.J.A.C. 10:49) at the time the transportation is provided.

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

1. For the purpose of obtaining a non-Medicaid or non-NJ FamilyCare-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;
3. From a medical day care center to any service provided indirectly by a medical day care center; and
4. From a nursing facility to a clinic to obtain partial care services, as indicated in N.J.A.C. 10:63-2.20(a)6.

(h) For ambulatory individuals, if other modes of transportation are appropriate or available, Medicaid or NJ FamilyCare fee-for-service beneficiaries do not qualify for ambulance service or mobility assistance vehicle service. The appropriate Medicaid-reimbursed modes of transportation service for ambulatory individuals, in most cases, are public transportation, livery, clinic van, taxicab, bus, or county-administered, lower modes of service.

1. An ambulatory Medicaid or NJ FamilyCare fee-for-service beneficiary's need for ambulance service or mobility assistance vehicle service is not established solely by the fact that a driver escorts or accompanies an individual who has no mobility related problem, is not of full legal age (a minor child), or is unable to communicate in the English language.
2. Trips by ambulance or mobility assistance vehicle provided to ambulatory Medicaid or NJ FamilyCare fee-for-service beneficiaries to or from a clinic that provides Medicaid or NJ FamilyCare-reimbursed van service for the clinic's ambulatory clients are not appropriate and shall not be Medicaid or NJ FamilyCare reimbursable.

(i) Air ambulance (fixed wing or rotary wing) reimbursement shall be based on a rate authorized by the MACC or other program-designated agent of the Division of Medical Assistance and Health Services, not to exceed the charge made to non-Medicaid beneficiaries for the same service.

(j)Hospital-based transportation service provided to a Medicaid or NJ FamilyCare fee-for-service beneficiary shall be recognized by the Division as a covered outpatient hospital service under the conditions set forth in the hospital services rules, specifically N.J.A.C. 10:52-2.16.

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

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

(m)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 FamilyCare fee-for-service beneficiary during an ambulance trip or mobility assistance vehicle trip.

(n)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 FamilyCare program.

(o)A transportation company shall not charge the New Jersey Medicaid or NJ FamilyCare fee-for-service program a higher rate than the rate charged by the transportation company to provide similar service to private-pay, non-New Jersey Medicaid or NJ FamilyCare-covered individuals.

(p)Eligible transportation costs for Medicaid or NJ FamilyCare 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.

(q)The Division will deny transportation service to a Medicaid or NJ FamilyCare fee-for-service beneficiary when the beneficiary's place of destination is less than one-half mile from the place of origin and the beneficiary is able to ambulate this distance independently.

History

HISTORY:

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

See: 17 New Jersey Register 1373(a), 17 New Jersey Register 2044(a).

Substantially amended.

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

See: 17 New Jersey Register 1637(a), 17 New Jersey Register 2271(a).

Substantially amended.

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

See: 18 New Jersey Register 803(a), 18 New Jersey Register 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 New Jersey Register 2103(a), 20 New Jersey Register 1214(a).

Recodified from 1.5 and substantially amended.

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

See: 22 New Jersey Register 1513(a), 22 New Jersey Register 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 New Jersey Register 5(a), 23 New Jersey Register 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 New Jersey Register 3619(a), 24 New Jersey Register 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 New Jersey Register 2517(a), 24 New Jersey Register 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 New Jersey Register 1425(a), 26 New Jersey Register 3211(b).

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

See: 30 New Jersey Register 3625(a), 31 New Jersey Register 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.

Amended by R.2000 d.501, effective January 16, 2001.

See: 32 New Jersey Register 2397(a), 33 New Jersey Register 322(a).

Rewrote the section.

Amended by R.2002 d.170, effective June 3, 2002.

See: 34 New Jersey Register 635(a), 34 New Jersey Register 1925(a).

In (g), added 4; in (h), inserted references to ambulance or ambulance service preceding "mobility assistance" throughout; rewrote (i); substituted "FamilyCare" for "KidCare" throughout.

Amended by R.2006 d.213, effective June 19, 2006.

See: 37 N.J.R. 4850(a), 38 N.J.R. 2713(a).

In (d), substituted "Healthcare" for "HCFA" and "both to" for "to both"; in (i), substituted "wing or rotary wing" for "wings"; substituted "2.16" for "2.15" in (j); and added (q).

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N.J.A.C. 10:50-1.7

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 50 No. 11, June 4, 2018

New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 50. TRANSPORTATION SERVICES MANUAL > SUBCHAPTER 1. GENERAL PROVISIONS

§ 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. In addition to the elements appearing on the sample transportation certification form in the Fiscal Agent Billing Supplement, a provider's transportation certification form for ground ambulance and mobility assistance vehicle service shall contain the following documentation:

- 1.Beginning and ending mileage amounts for each trip as measured by the vehicle's odometer. Mileage amounts shall accurately reflect the point at which the Medicaid or NJ FamilyCare fee-for-service beneficiary enters the vehicle and the point at which he or she exits the vehicle;
- 2.The name (printed) of each Medicaid or NJ FamilyCare fee-for-service beneficiary transported in a multiple-load situation; and
- 3.The seven-digit Provider Billing Number of the provider at the place of destination.

(b)The transportation certification form shall be retained on file at the provider's place of business for a minimum period of five years from the date the service was rendered. The transportation certification form 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 during this period of time. If a transportation certification form is not on file for each service, or does not contain all the required elements and signatures as indicated in this section and on the sample transportation certification form in the Fiscal Agent Billing Supplement, Medicaid or NJ FamilyCare reimbursement for the service is subject to recoupment, as indicated in N.J.A.C. 10:49-9.9

- 1.Each hard-copy transportation claim form, MC-12, forwarded to the Division's Fiscal Agent shall include, as an attachment, a photocopy of a properly completed, signed, and dated transportation certification form for each corresponding date of service for each beneficiary.

(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.

History

HISTORY:

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.

Amended by R.2000 d.501, effective January 16, 2001.

See: 32 N.J.R. 2397(a), 33 N.J.R. 322(a).

Rewrote (a) and (b).

Amended by R.2002 d.170, effective June 3, 2002.

See: 34 N.J.R. 635(a), 34 N.J.R. 1925(a).

Added (b)1.

Amended by R.2006 d.213, effective June 19, 2006.

See: 37 N.J.R. 4850(a), 38 N.J.R. 2713(a).

Substituted "FamilyCare" for "KidCare" throughout.

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N.J.A.C. 10:50-1.8

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 50 No. 11, June 4, 2018

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§ 10:50-1.8 Documentation and notification requirements

(a)A livery or modified livery service provider shall immediately notify the Division of the occurrence of any passenger injury or vehicular accident. The provider shall submit a written report describing the occurrence to the Division within five business days of the incident. The Division reserves the right to require a police report of such incidents.

(b)A livery or modified livery service provider shall have and maintain all licenses, registrations, insurance and vehicles for which documentation is required in this chapter, in the manner described in this chapter.

(c)A livery or modified livery service provider shall provide to the Division the following documentation concerning vehicles, upon initial application to enroll, and shall immediately provide to the Division documentation of any change to any of the information provided:

- 1.Total number of vehicles owned, and vehicles leased, that are available to provide service;
- 2.Year, make, model and seating capacity of each vehicle to be utilized;
- 3.If applicable, license (photocopy) to operate livery service company for each vehicle, issued by the clerk of the municipality in which the place of business is located; and
- 4.Vehicle registration (photocopy) for each vehicle, bearing the classification "commercial" or "livery," issued by the New Jersey Motor Vehicle Commission. The livery or modified livery service provider shall enter each vehicle's fleet number on the photocopy of the vehicle's registration. Additionally, each vehicle registration from a livery or modified livery service provider shall:
 - i.Indicate that the seating used to provide the livery or modified livery service is not less than five nor more than 10 persons (including the driver);
 - ii.Indicate that the vehicle is not more than nine model years old; and
 - iii.Indicate that the vehicle has at least four doors, if the vehicle is a passenger car.

(d)A livery or modified livery service provider shall provide to the Division the following documentation concerning insurance, upon initial application to enroll, and shall immediately provide to the Division documentation of any change to any of the information provided:

1. A copy of the State of New Jersey insurance identification card for each vehicle, issued by the provider's insurance company;
2. A copy of all certificates of insurance, listing the Division as certificate holder, verifying coverage for general liability and automobile liability for each vehicle and workers compensation; the specified amount indicated in each certificate of insurance shall, at a minimum, comply with the requirements of N.J.A.C. 10:50-1.9 and also, if applicable, N.J.S.A. 48:16-14, incorporated herein by reference, as amended and supplemented; and
3. A copy of all insurance policies, which shall include the "New Jersey Department of Human Services, Division of Medical Assistance and Health Services" as additional insured.

(e) A livery or modified livery service provider shall immediately provide to the Division documentation of any change to any insurance coverage.

(f) A livery or modified livery service provider shall provide the current valid operator's license (photocopy) for each driver upon initial application to enroll and upon request. Additionally, a livery or modified livery service provider shall provide a current valid operator's license for each new driver hired by the livery or modified livery service provider prior to allowing the driver to provide any service.

(g) The Division reserves the right to require an abstract of each driver's driving record in New Jersey and in any other states, to ensure that the livery or modified livery service provider hires drivers who have satisfactory and safe driving records, that do not contain any of the driving related violations listed at N.J.A.C. 10:50-1.10(d). If the Division finds that a livery or modified livery service provider has hired drivers with unsatisfactory or unsafe driving records, the Division may terminate services from that provider.

(h) A livery or modified livery service provider shall maintain all documentation provided to the Division current and valid throughout the term of the contract with the Division, including, but not limited to, company and operator licensure, vehicle registration(s), and proofs of insurance.

(i) When any of the documents cited in this section are renewed, the livery or modified livery service provider shall send photocopies of the new documents to the Division within five business days.

(j) A livery or modified livery service provider shall notify the Division within five business days whenever an additional vehicle is added to the company's fleet.

(k) A livery or modified livery service provider shall forward all documentation, notifications and information required under this section to:

Transportation Coordinator
Division of Medical Assistance and Health Services
PO Box 712
Trenton, N.J. 08625

HISTORY:

New Rule, R.2006 d.213, effective June 19, 2006.

See: 37 N.J.R. 4850(a), 38 N.J.R. 2713(a).

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N.J.A.C. 10:50-1.9

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 50 No. 11, June 4, 2018

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§ 10:50-1.9 Insurance requirements

(a) A transportation provider shall have the following insurance, upon initial application to enroll, and shall fully maintain that insurance, in order to participate in the Medicaid or NJ FamilyCare program:

1. Workers compensation, in amounts as required by law, including N.J.S.A. 34:15-1 et seq.;
2. General liability coverage, which:
 - i. For MAV or ambulance providers, shall comply with the professional liability requirements for such providers contained in N.J.A.C. 8:40-3.3, as amended and supplemented;
 - ii. For a livery service or non-MAV modified livery transportation service, is in an amount equal to that required of MAV providers, as contained in N.J.A.C. 8:40-3.3, as amended and supplemented;
3. Automobile liability coverage, for each vehicle, which:
 - i. For MAV service or ambulance service, shall comply with the automobile liability requirements for such providers contained in N.J.A.C. 8:40-3.3, as amended and supplemented;
 - ii. For a livery service or non-MAV modified livery transportation service, shall, at a minimum, comply with the requirements of N.J.S.A. 48:16-14, as amended and supplemented or, if that law does not apply to the provider, shall be in an amount equal to that required of MAV providers contained in N.J.A.C. 8:40-3.3, as amended and supplemented; and
4. For ambulance providers, professional liability insurance coverage, which shall comply with the professional liability requirements for such providers contained in N.J.A.C. 8:40-3.3, as amended and supplemented.

(b) For livery or modified livery providers, each insurance policy listed in (a)2 and 3 above shall include the Division of Medical Assistance and Health Services as additional insured.

(c)A transportation provider shall immediately notify the Division and shall immediately discontinue all transportation services for beneficiaries if any portion of any required insurance is cancelled or becomes null or void.

History

HISTORY:

New Rule, R.2006 d.213, effective June 19, 2006.

See: 37 N.J.R. 4850(a), 38 N.J.R. 2713(a).

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N.J.A.C. 10:50-1.10

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 50 No. 11, June 4, 2018

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§ 10:50-1.10 Modified livery transportation service driver and provider-supplied attendant requirements

(a)A modified livery transportation service provider shall require and ensure that each driver and provider-supplied attendant is 21 years of age or older and has in his/her physical possession, for inspection, a valid New Jersey driver's license.

(b)A modified livery transportation service provider shall require that the driver of any commercial motor vehicle that is designed to transport eight to 10 passengers including the driver (Group C) shall possess a commercial driver license (CDL) with any required passenger endorsement as defined at N.J.S.A. 39:3-10.11.

(c)A modified livery transportation service provider shall not hire any person, and shall immediately dismiss any person, as a driver or provider-supplied attendant, who has a criminal history, or who has used any drug illegally or in a manner that could compromise the person's ability to perform the duties of the job, as listed in (d) below.

(d)A modified livery transportation service provider shall not allow any person to provide service as a driver or provider-supplied attendant unless the provider has screened and trained the person as follows:

- 1.A New Jersey criminal history record background check (including a fingerprint record check and a name search identification check) shall be completed prior to hire. The transportation provider shall ensure that a request for a New Jersey criminal history record background check on each driver and each provider-supplied attendant to be employed is sent to the Department of Human Services, through the Division, for processing by the Division of State Police, State Bureau of Identification (SBI) in the Department of Law and Public Safety. Each New Jersey criminal history record background check shall take place in accordance with the rules of the Division of State Police at N.J.A.C. 13:59-1. Each such request from the provider for a New Jersey criminal history background check must be accompanied by a payment from the provider covering all costs of the process, as provided at N.J.A.C. 13:59-1.3. A transportation provider shall not employ any person as a driver or provider-supplied attendant who has a record of conviction for any of the following:

i.A crime against a child, including endangering the welfare of a child and child pornography under N.J.S.A. 2C:24-4, and child molestation as set forth in N.J.S.A. 2C:14-1 et seq.;

ii.Abuse, abandonment or neglect of a child under N.J.S.A. 9:6-3;

iii.Endangering the welfare of an incompetent person under N.J.S.A. 2C:24-7;

iv.Sexual assault, criminal sexual contact or lewdness under N.J.S.A. 2C:14-2 through 4;

v.A crime involving the use of force or the threat of force to or upon a person or property including, but not limited to: robbery, aggravated assault, stalking under P.L. 1992, c. 209 (N.J.S.A. 2C:12-10); manslaughter under N.J.S.A. 2C:11-4; and murder under N.J.S.A. 2C:11-3;

vi.A crime as set forth in Chapter 39 of Title 2C of the New Jersey Statutes, a third-degree crime involving theft as set forth in Chapter 20 of Title 2C of the New Jersey Statutes, or an offense as set forth in N.J.S.A. 2C:29-2;

vii.Kidnapping and related offenses, including criminal restraint; false imprisonment; interference with custody; criminal coercion; or luring or enticing a child into a motor vehicle, structure or isolated area under P.L. 1993, c. 291 (N.J.S.A. 2C:13-1 through 6);

viii.Arson pursuant to N.J.S.A. 2C:17-1, or causing or risking widespread injury or damage which would constitute a crime of the second degree under N.J.S.A. 2C:17-2;

ix.Terroristic threats pursuant to N.J.S.A. 2C:12-3;

x.Recklessly endangering another person under N.J.S.A. 2C:12-2;

xi.Threats and other improper influence under N.J.S.A. 2C:27-3;

xii.An offense involving the manufacture, transportation, sale, possession, distribution or habitual use of a controlled dangerous substance as defined at N.J.S.A. 2C:35-1 et seq.;

xiii.Any attempt or conspiracy to commit any of the above crimes or offenses; or

xiv.For drivers, within the last 10 years, a violation of N.J.S.A. 39:4-50, 39:4-50.4a, 39:3-10.13 or 39:3-10.24;

2.Initial drug testing shall be completed prior to hire. A modified livery transportation service provider shall not employ any person as a driver or provider-supplied attendant who has failed any part of such drug testing. Such testing shall screen for use of:

i.Cannabinoids;

ii.Barbiturates;

iii.Benzodiazepines;

iv.Amphetamines;

- v. Narcotics;
- vi. Cocaine;
- vii. Opiates; and
- viii. Phencyclidine (PCP);

3. A modified livery transportation service provider shall perform random drug testing, no less frequently than once every three months, for the drug categories above in (d)2 above to ensure that all drivers and provider-supplied attendants remain drug free; and

4. Division approved medical and safety courses including, but not limited to, passenger assistance techniques, cardiopulmonary resuscitation (CPR), child safety and car seat training, and sensitivity training for behaviorally-challenged individuals, shall be completed by a driver or provider-supplied attendant before that person provides any service to any beneficiary.

(e) A modified livery transportation service provider shall require and ensure that each driver and provider-supplied attendant shall:

1. Wear a uniform and an identification badge that includes his or her name and the name of the transportation company;
2. Be neat and clean, maintain a professional appearance and behave professionally while providing service to beneficiaries;
3. Supervise the well being of individuals while in the vehicle to ensure their privacy, comfort, and appropriate care;
4. Ensure that all passengers wear automobile safety belts; and
5. Ensure that smoking is prohibited within the vehicle at all times.

(f) A modified livery transportation service provider shall require and ensure that each driver shall:

1. Assist beneficiaries in entering and leaving the vehicle, using a step stool if necessary, and shall provide door-through-door escort and assistance, if necessary, at the place of departure and destination;
2. Operate the vehicle in a safe manner, starting and stopping as slowly and smoothly as safety permits, and complying with all motor vehicle laws; and
3. Only be employed if the driver has a satisfactory and safe driving record.

(g) A modified livery transportation service provider shall require and ensure that no person shall be allowed to operate a vehicle:

1. While under the influence of alcohol or drugs;
2. In a reckless manner;
3. At an excessive or illegal speed; or
4. While engaging in any illegal conduct.

(h)A modified livery transportation service provider shall require and ensure that:

1.During a modified livery transport, the provider-supplied attendant is responsible for the safety of all beneficiaries under 21 years of age during transport and also in the absence of a driver (for instance, when the driver departs the vehicle to provide door-through-door escort and assistance); and

2.Each provider-supplied attendant shall be responsible for verifying the destination requiring a modified livery transport by signing the certification statement on behalf of passengers under 21 years of age.

History

HISTORY:

New Rule, R.2006 d.213, effective June 19, 2006.

See: 37 N.J.R. 4850(a), 38 N.J.R. 2713(a).

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N.J.A.C. 10:50-1.11

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 50 No. 11, June 4, 2018

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§ 10:50-1.11 Additional requirements and passenger limitations for transportation providers that provide modified livery transportation services

(a)A provider of modified livery transportation services shall not provide modified livery transportation to any beneficiary unless that person is under 21 years of age.

(b)A provider of modified livery transportation services shall provide modified livery transportation to a maximum of eight children per transport vehicle, unless otherwise more limited by vehicle capacity and safety requirements.

(c)A provider of modified livery transportation services shall ensure that a provider-supplied attendant is present during all modified livery transportation services, and that provider-supplied attendant supervision during a modified livery transport shall not exceed eight passengers per one provider-supplied attendant.

(d)A provider of modified livery transportation services shall not use any vehicle to provide modified livery transportation services unless the vehicle has all MVC required and approved safety restraint systems for passengers based on age and weight.

(e)A provider of modified livery transportation services shall demonstrate, to the Division's satisfaction, proof of compliance with all applicable New Jersey State school bus licensing standards and requirements prior to providing modified livery transportation services.

(f)A provider of modified livery transportation services shall ensure that utilization of services by children under 21 years of age shall not exceed more than 50 percent of the provider's overall transportation service volume, as measured by the number of passengers.

(g)A provider of modified livery transportation services shall not allow any person to provide service as a driver or provider-supplied attendant unless that person is directly employed as such by the provider.

(h)Passenger destinations for modified livery transportation services shall include, but shall not be limited to, behavioral and outpatient rehabilitation therapy programs, and/or medical appointments.

History

HISTORY:

New Rule, R.2006 d.213, effective June 19, 2006.

See: 37 N.J.R. 4850(a), 38 N.J.R. 2713(a).

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N.J.A.C. 10:50-1.12

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 50 No. 11, June 4, 2018

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§ 10:50-1.12 Vehicle standards and requirements

(a) All livery and modified livery transportation service providers shall comply with the following vehicle standards and requirements:

1. Each vehicle shall not be more than nine model years old;
2. Each vehicle shall have seating capacity of not less than five persons, including the driver, and shall be used to carry not more than 10 persons, including the driver;
3. Each vehicle shall be registered by the New Jersey Motor Vehicle Commission as "commercial" or "livery," shall be licensed and insured under that classification, and shall display the following:
 - i. A current, valid motor vehicle inspection decal issued by the New Jersey Motor Vehicle Commission; and
 - ii. External markings to indicate the company name and vehicle fleet number;
4. Each vehicle shall successfully pass all motor vehicle tests conducted by the New Jersey Motor Vehicle Commission, or by an authorized reinspection station. No vehicle shall provide services while it bears an expired inspection sticker or a "failed sticker" issued by the New Jersey Motor Vehicle Commission;
5. Each vehicle used shall be properly equipped and maintained in accordance with all applicable Federal and State laws;
6. Each vehicle shall be in a safe operating condition;
7. At the option of the Division, each vehicle in the company's fleet may be subject to a physical review and approval by the Division. Vehicles that are added to the provider's fleet may be subject to a physical review and approval by the Division before services are provided in those vehicles; and
8. Each passenger car used shall be a four-door vehicle.

(b) A provider of MAV services shall not use a vehicle unless that vehicle is licensed as an MAV vehicle by the New Jersey Department of Health and Senior Services and is licensed, registered and insured in accordance with the rules of the Motor Vehicle Commission.

History

HISTORY:

New Rule, R.2006 d.213, effective June 19, 2006.

See: 37 N.J.R. 4850(a), 38 N.J.R. 2713(a).

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§ 10:50-1.13 Dispatch and scheduling requirements

(a)A transportation provider shall supply transportation services for Medicaid and NJ FamilyCare beneficiaries, at a minimum, Monday through Friday from 6:00 A.M. to 8:00 P.M., and Saturday from 6:00 A.M. to 12:00 P.M. (noon). The provider shall supply dispatching by telephone, at a minimum, Monday through Friday from 7:00 A.M. to 7:00 P.M. and Saturday from 7:00 A.M. to 12:00 P.M. (noon).

(b)A transportation provider shall ensure that dispatching and scheduling arrangements are made for Medicaid or NJ FamilyCare beneficiaries only at designated business locations by telephone and in person.

(c)When a Medicaid or NJ FamilyCare beneficiary requests a transportation service, the transportation service provider shall determine the destination of the trip and the type of medical service to be obtained for the purpose of ensuring that it is a service that is covered for that beneficiary by Medicaid or NJ FamilyCare.

(d)When a beneficiary requests transportation service, the provider shall implement, and inform the beneficiary of, the following rules:

1. Transportation shall only be provided for the beneficiary to obtain a service covered by Medicaid or NJ FamilyCare;
2. The beneficiary shall be required to sign a form certifying that he or she is using transportation services funded by Medicaid or NJ FamilyCare for the purpose of obtaining a service covered by Medicaid or NJ FamilyCare; however, this signature shall not be required for beneficiaries under 18 years of age;
3. The modified livery transportation service provider-supplied attendant shall enter the office/facility of the treating provider at the place of destination and obtain a signature from a representative at that location; and
4. The use of transportation services funded by Medicaid or NJ FamilyCare for any other purpose is fraudulent activity subject to criminal prosecution and civil administrative sanctions.

History

HISTORY:

New Rule, R.2006 d.213, effective June 19, 2006.

See: 37 N.J.R. 4850(a), 38 N.J.R. 2713(a).

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§ 10:50-1.14 Recordkeeping

(a)Each transportation provider shall prepare daily log sheets which shall be maintained for a period of at least five years from the date the service was rendered to the Medicaid/NJ FamilyCare beneficiary.

(b)The daily log sheets shall be made available for immediate review if requested by the Division.

(c)If a daily log sheet is not on file for each service, or does not contain all the required elements as indicated in this section, Medicaid and NJ FamilyCare payment for the service may be denied or subject to recoupment in accordance with N.J.A.C. 10:49 or this chapter.

(d)The daily log sheet shall contain, at a minimum, the following information:

- 1.The date;
- 2.The name of each Medicaid or NJ FamilyCare beneficiary;
- 3.The beneficiary's 12-digit Medicaid or NJ FamilyCare identification number;
- 4.The place of origin (address);
- 5.The destination (name of facility and address);
- 6.The type of medical service to be received;
- 7.The scheduled and actual time of pickup;
- 8.The name of the driver and the fleet number of the vehicle assigned;
- 9.The name of the dispatcher/reservationist who recorded the request; and
- 10.The name of the modified livery transportation service provider-supplied attendant on board, if applicable.

History

HISTORY:

New Rule, R.2006 d.213, effective June 19, 2006.

See: 37 N.J.R. 4850(a), 38 N.J.R. 2713(a).

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N.J.A.C. 10:50-1.15

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 50 No. 11, June 4, 2018

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§ 10:50-1.15 Complaint log

(a)A transportation provider shall implement a complaint/grievance procedure.

(b)A transportation provider shall prepare and maintain a complaint log, containing all complaints and/or grievances from beneficiaries or their representatives.

(c)A transportation provider shall make all complaint logs available for immediate review upon the request of any representative(s) of the Division, for a period of at least five years from the date of service involved.

(d)A transportation provider shall enter the following information into the complaint log:

- 1.The name and address of the Medicaid/NJ FamilyCare beneficiary involved;
- 2.The beneficiary's 12-digit Medicaid/NJ FamilyCare identification number;
- 3.The telephone number of the beneficiary;
- 4.Complete details about the nature of the complaint; and
- 5.Complete details of the resolution of the complaint and any corrective action taken by the provider.

History

HISTORY:

New Rule, R.2006 d.213, effective June 19, 2006.

See: 37 N.J.R. 4850(a), 38 N.J.R. 2713(a).

N.J.A.C. 10:50-1.16

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 50 No. 11, June 4, 2018

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§ 10:50-1.16 Program integrity

(a)A transportation provider shall comply with the following requirements:

- 1.**Each claim, certification form, and daily log sheet entry shall correspond to an actual trip provided to a Medicaid or NJ FamilyCare beneficiary;
- 2.**No remuneration, compensation, or other consideration shall be solicited or accepted from any Medicaid or NJ FamilyCare-eligible beneficiary for services delivered;
- 3.**A transportation provider shall not use any marketing material that includes any reference to Medicaid or NJ FamilyCare coverage unless that material has been approved by the Division prior to its use;
- 4.**A transportation provider shall report immediately to the Division's Office of Program Integrity Administration any evidence of fraud or abuse. The Medicaid/NJ FamilyCare Fraud and Abuse Hotline, 1-888-937-2835, is available to report allegations of fraud and abuse. The provider shall cooperate with any investigation that may result;
- 5.**A transportation provider shall abide by the provisions of N.J.A.C. 10:49-7.4 and 7.5, concerning the use of factors, service bureaus and management agencies;
- 6.**A transportation provider shall abide by the provisions of N.J.A.C. 10:49-11 and 12, concerning exclusion from participation in the New Jersey Medicaid/NJ FamilyCare program and provider reinstatement; and
- 7.**A transportation provider shall not release any data pertaining to transportation services without the prior written approval of authorized personnel of the Division or other authorized agency of the State of New Jersey. Data shall be released only in accordance with the explicit written instructions from the Division or other authorized agency. No results of the program shall be released without the prior written approval of the Division or other authorized agency of the State of New Jersey, and such results shall be released only to persons designated in that written approval.

History

HISTORY:

New Rule, R.2006 d.213, effective June 19, 2006.

See: 37 N.J.R. 4850(a), 38 N.J.R. 2713(a).

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§ 10:50-1.17 Auditing

- (a)**The Division may review and evaluate the care and services provided to Medicaid and NJ FamilyCare beneficiaries to ensure that transportation providers comply with the provisions of their contracts with the Division and with applicable Federal and State laws, rules and regulations. Post-service reviews may be on a pre-payment or post-payment basis.
- (b)**A provider shall comply with a request by the Division for any documentation within three business days. Such documentation shall include, but shall not be limited to: photocopies of licenses, registrations, insurance documents, prior authorization forms, claims, transportation certification forms, complaint logs, and daily log sheets.
- (c)**At the Division's request, vehicle service and maintenance records shall be made available for immediate on-site inspection by any representative(s) of the Division.
- (d)**A transportation provider shall permit spot checks and on-site inspections for the purpose of monitoring and evaluating the work performed.
- (e)**A transportation provider and its drivers and attendants shall cooperate fully during any spot checks and on-site inspections conducted by representatives of the State of New Jersey for the purpose of inspecting, investigating, monitoring or otherwise evaluating the work performed under the terms of the Provider Agreement.
- (f)**The Division, the U.S. Department of Health and Human Services, the General Accounting Office (GAO), the New Jersey Department of Law and Public Safety, and any other Federal, State, county, or local agency with appropriate jurisdiction, or their authorized representative(s), shall, at reasonable times, have the right to enter a transportation provider's premises, or such other places where duties under the contract are being performed, to inspect, investigate, monitor, or otherwise evaluate the work being performed and all related financial records.
- (g)**A transportation provider shall provide reasonable access to all facilities and shall cooperate with any Federal, State, county, and local representative(s) conducting spot checks, on-site inspection visits, audits and investigations.

(h)Transportation providers that provide modified livery transport services shall provide monthly reports to the Division which shall include the following information regarding each modified livery transport service provided:

- 1.The recipient's 12-digit Medicaid or NJ FamilyCare identification number;
- 2.The recipient's name;
- 3.The recipient's destination (name of facility and address);
- 4.The fleet number of the vehicle used;
- 5.The date and hours of service;
- 6.The provider-supplied attendant's name; and
- 7.The driver's name.

History

HISTORY:

New Rule, R.2006 d.213, effective June 19, 2006.

See: 37 N.J.R. 4850(a), 38 N.J.R. 2713(a).

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N.J.A.C. 10:50-1.18

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 50 No. 11, June 4, 2018

New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 50. TRANSPORTATION SERVICES MANUAL > SUBCHAPTER 1. GENERAL PROVISIONS

§ 10:50-1.18 Performance standards; termination of services, privileges and/or provider agreement

(a)A transportation provider shall ensure that each Medicaid/NJ FamilyCare beneficiary is picked up on time at both the point of departure and the point of destination and is transported by a safe driver in a safe manner and in accordance with the requirements of all State and Federal laws, rules and regulations.

(b)The Division will closely monitor performance standards including, but not limited to, dispatching and scheduling availability during the times indicated in N.J.A.C. 10:50-1.13(a), and pick-up/arrival times.

(c)The following shall result in the Division's immediate termination of the Provider Agreement and immediate termination of service from the provider, and may also result in denial, or recoupment, of payment to the provider:

1. Failure to maintain a business location and a telephone dispatch service, as required under this chapter;
2. Failure to provide to the Division, within five working days, notice of any change of address, telephone number, or cessation of service;
3. Failure to provide door-through-door escort services, if required by a beneficiary; and
4. Any violation of any provision of any State or Federal law, rule or regulation that affects, or threatens to affect, the life, health or safety of any Medicaid or NJ FamilyCare beneficiary or any representative of the State.

(d)Other violations of N.J.A.C. 10:49 or this chapter, or of any other State or Federal law, rule or regulation, concerning a provider's performance including, but not limited to, unavailability for dispatching/scheduling, late pick-up or arrival delays, or missed appointments shall result in sanctions including, but not limited to, termination of the Provider Agreement, denial or recoupment of payment, and/or termination of billing and service delivery privileges such as electronic billing and dialysis transports.

(e)Confirmed complaints concerning a provider's failure to provide an authorized, scheduled service without at least 24 hours advance notice to the beneficiary may, depending upon the circumstances, result in termination of the Provider Agreement.

(f)In addition to the remedies provided above, the Division may apply any remedy contained in any other law, rule or regulation including, but not limited to, N.J.A.C. 10:49-11, 13 and 14.

History

HISTORY:

New Rule, R.2006 d.213, effective June 19, 2006.

See: 37 N.J.R. 4850(a), 38 N.J.R. 2713(a).

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N.J.A.C. 10:50-2.1

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 50 No. 11, June 4, 2018

New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 50. TRANSPORTATION SERVICES MANUAL > SUBCHAPTER 2. HEALTHCARE COMMON PROCEDURE CODING SYSTEM (HCPCS)

§ 10:50-2.1 Introduction

(a) The New Jersey Medicaid and NJ FamilyCare programs adopted the Federal Centers for Medicare & Medicaid Services' (CMS) Healthcare Common Procedure Coding System (HCPCS) codes for 2006, established and maintained by CMS in accordance with 42 CFR 424, incorporated herein by reference, as amended and supplemented and published by PMIC, 4727 Wilshire Blvd., Suite 300, Los Angeles, CA 90010. Revisions to the Healthcare Common Procedure Coding System (code additions and deletions, and replacement codes) will be reflected in this subchapter through publication of a notice of administrative change in the New Jersey Register. Revisions to existing reimbursement amounts specified by the Division and specification of new reimbursement amounts for new codes will be made in accordance with the Administrative Procedure Act, N.J.S.A. 52:14B-1 et seq. The HCPCS codes as listed in this subchapter are relevant to Medicaid and NJ FamilyCare fee-for-services transportation services and must be used when filing a claim. An updated copy of the HCPCS codes may be obtained by accessing www.njmmis.com.

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 mobility assistance vehicle service, in excess of 15 miles one way (see 10:50-1.6(d)).
2. "GY" Non-Medicare-covered service--to indicate that a ground ambulance service provided to a Medicare/Medicaid or Medicaid/NJ FamilyCare

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 "GY" following all applicable HCPCS procedure codes when billing Medicaid or NJ FamilyCare for the non-Medicare reimbursable service; an Explanation of Medicare Benefits statement is not required.

3. "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.

History

HISTORY:

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

See: 23 New Jersey Register 3619(a), 24 New Jersey Register 610(a).

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

See: 24 New Jersey Register 2517(a), 24 New Jersey Register 4264(a).

Added new subsection (b).

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

See: 30 New Jersey Register 3625(a), 31 New Jersey Register 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.

Administrative change.

See: 32 New Jersey Register 708(a).

Amended by R.2006 d.213, effective June 19, 2006.

See: 37 N.J.R. 4850(a), 38 N.J.R. 2713(a).

Substituted "FamilyCare" for "KidCare" throughout; rewrote the introductory paragraph of (a); and deleted former (b)2, recodified (b)3 and (b)4 as present (b)2 and (b)3, and in (b)2, added "GY" at the beginning, and substituted "GY" for "XE" in the second sentence.

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End of Document



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

HCP CS			Maximum Fee
<u>Code</u>	<u>Mod</u>	<u>Description</u>	<u>Allowance</u>
	.		
		(a) AMBULANCE SERVICE	
A042 8		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
A042 9		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

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HCP CS			Maximum Fee
<u>Code</u>	<u>Mod</u>	<u>Description</u>	<u>Allowance</u>
A042 5	:	BLS Mileage (Per Mile)	1.50
		NOTE: Ambulance Service, Per Mile, One Way and Round Trip. Applicable when one-way mileage is 15 miles or less.	
A042 5	22	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 both to the one way and to the return trip.	
A043 0		Air Ambulance Service, Fixed Wing	B.R.
A043 1		Air Ambulance, Rotary Wing	B.R.
A043 4		Specialty Care Transport	B.R.
A042 2		Ambulance Service, Oxygen, Administration and supplies, Life sustaining situation	12.00 per occurrence
A042 0		Waiting Time--Ambulance Service--One Way Trip Only	
		1/4 hour	2.50
		1/2 hour	5.00
		3/4 hour	7.50
		1 hour	10.00

HCP CS			Maximum Fee
<u>Code</u>	<u>Mod</u>	<u>Description</u>	<u>Allowance</u>
	:	NOTE: Reimbursable only on one way trips and only after 30 minutes have elapsed. It is reimbursable in 1/4 hour increments. Maximum reimbursement for waiting time is \$ 10.00 (1 hour).	
(b) MOBILITY ASSISTANCE VEHICLE SERVICE			
A013 0		Non-Emergency Transportation: Wheelchair Van	25.00
		NOTE: Mobility Assistance Vehicle Service, One Way, Per Patient	
A042 TP		Mobility Assistance Vehicle Oxygen per occurrence	12.00
T200 1		Extra crew differential, one way	10.00
Y000 2		Mobility Assistance Vehicle Service, Per Mile, One Way and Round Trip.	1.50
		NOTE: This rate is for MAV service less than 16 miles one way.	
Y000 2	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.	
Y001		Waiting Time--Mobility Assistance Vehicle	

HCP CS			Maximum Fee
<u>Code</u>	<u>Mod</u>	<u>Description</u>	<u>Allowance</u>
0	:		
		Service--One Way Trip Only	
		1/4 hour	1.25
		1/2 hour	2.50
		3/4 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 1/4 hour increments. Maximum reimbursement for waiting time is \$ 5.00 (1 hour).	
(c) LIVERY SERVICE			
A0425- TP		Lower Mode, Per Mile, One way, Mileage per person	3.00
T200 2 HA		Specialized Pediatric Transport,16 Round trips per day	55.00/hr
T200 2 HA	22	Specialized Pediatric Transport,22 Round trips per day	85.00/hr
Y836 3		Clinic One way, Flat rate, per person	4.50
Y836 5		Mileage, Per mile, Per person, one-way	3.00
Y836 6		Mileage, Per mile, Per person, return,	3.00
Y836 8		Dialysis, One way, Flat rate, per person	5.00

HCP CS			Maximum Fee
<u>Code</u>	<u>Mod</u>	<u>Description</u>	<u>Allowance</u>
Y837 0	:	Load One way, Flat rate, per person	3.00

History

HISTORY:

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 New Jersey Register 2101(a).

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

See: 22 New Jersey Register 1513(a), 22 New Jersey Register 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 1/2 hour."

Recodified from N.J.A.C. 10:50-3.2 by R.1992 d.83, effective February 18, 1992.

See: 23 New Jersey Register 3619(a), 24 New Jersey Register 610(a).

Repeal and New Rule, R.1992 d.447, effective November 16, 1992.

See: 24 New Jersey Register 2517(a), 24 New Jersey Register 4264(a).

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

See: 26 New Jersey Register 1425(a), 26 New Jersey Register 3211(b).

Amended by R.1994 d.622, effective December 19, 1994.

See: 26 New Jersey Register 3929(a), 26 New Jersey Register 5020(b).

Amended by R.1995 d.650, effective December 18, 1995.

See: 27 New Jersey Register 3312(b), 27 New Jersey Register 5045(a).

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

See: 30 New Jersey Register 3625(a), 31 New Jersey Register 58(a).

In (b), substituted "Mobility Assistance Vehicle" for "Invalid Coach" throughout.

Amended by R.2002 d.170, effective June 3, 2002.

See: 34 New Jersey Register 635(a), 34 New Jersey Register 1925(a).

Rewrote (a).

Amended by R.2006 d.213, effective June 19, 2006.

See: 37 N.J.R. 4850(a), 38 N.J.R. 2713(a).

In (a), substituted "A0425 22" for "Y0004" in the first column of the table, substituted "both to" for "to both" in entry "AO425 22"; in entry "A0430", inserted a comma following "Vehicle"; inserted table entries "A0431" and "A0434"; in (b), inserted table entries for "A0422 TP" and "T2001", added last sentence for entry "Y0002" and deleted entries for "Y0060", "Y0065", "Y0070" and "Y0075"; and added (c).

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N.J.A.C. 10:50, Appx.

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APPENDIX

FISCAL AGENT BILLING SUPPLEMENT

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, access www.njmmis.com or write to:

Unisys Corporation

PO Box 4801

Trenton, New Jersey 08650-4801

or contact

Office of Administrative Law

Quakerbridge Plaza, Bldg. 9

PO Box 049

Trenton, New Jersey 08625-0049

History

HISTORY:

Amended by R.2006 d.213, effective June 19, 2006.

See: 37 N.J.R. 4850(a), 38 N.J.R. 2713(a).

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