

N.J.A.C. 10:50

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 57 No. 12, June 16, 2025

NJ - 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:

R.2022 d.045, effective March 3, 2022.

See: [53 N.J.R. 1451\(a\)](#), [54 N.J.R. 620\(b\)](#).

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Subchapter 2, Billing Procedures, was repealed and Subchapter 2, Billing Procedures, was adopted as new rules by R.1977 d.375, effective October 3, 1977.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Subchapter 2, Billing Procedures, was repealed, Subchapter 3, HCFA Common Procedure Codify System (HCPCS), was recodified as Subchapter 2, HCFA Common Procedure Coding System (HCPCS), and Appendices I and II were repealed and Appendix, Fiscal Agent Billing Supplement, was adopted as a new rule by R.1992 d.83, effective February 18, 1992.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

Title 10, Chapter 50 -- Chapter Notes

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: [45 N.J.R. 1139\(a\)](#).

In accordance with [N.J.S.A. 52:14B-5.1](#).d(2), the expiration date of Chapter 50, Transportation Services Manual, was extended by gubernatorial directive from April 4, 2020 to April 4, 2021. See: [52 N.J.R. 1020\(b\)](#).

In accordance with [N.J.S.A. 52:14B-5.1](#), Chapter 50, Transportation Services Manual, was scheduled to expire on April 4, 2021. Pursuant to Executive Order Nos. 127 (2020) and 244 (2021) and P.L. 2021, c. 104, any chapter of the New Jersey Administrative Code that would otherwise have expired during the Public Health Emergency originally declared in Executive Order No. 103 (2020) is extended through January 1, 2022. Therefore, this chapter has not yet expired and is extended 180 days from the later of the existing expiration date or the date of publication of this notice of proposed readoption, whichever is later, which date is March 6, 2022, pursuant to [N.J.S.A. 52:14B-5.1](#).c, Executive Order No. 244 (2021), and P.L. 2021, c. 104. See: [53 N.J.R. 1451\(a\)](#).

Chapter 50, Transportation Services Manual, was readopted as R.2022 d.045, effective March 3, 2022. See: Source and Effective Date. See, also, section annotations.

Annotations

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Research References & Practice Aids

CHAPTER EXPIRATION DATE:

Chapter 50, Transportation Services Manual, expires on March 3, 2029.

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

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CHAPTER 50. TRANSPORTATION SERVICES MANUAL > **SUBCHAPTER 1. GENERAL PROVISIONS**

§ 10:50-1.1 Scope

This chapter describes the policies and procedures of the New Jersey Medicaid/NJ FamilyCare program regarding transportation services. Questions about this chapter may be directed to the Transportation Coordinator, 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 N.J.R. 12(a), 6 N.J.R. 150(a).

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

See: 6 N.J.R. 142(a), 6 N.J.R. 245(d).

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

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

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

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

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

Revised citation to MDO list to Appendix A in N.J.A.C. 10:49-1.

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

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

Corrected address information.

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

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

Revised text to "chapter" from "manual".

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

See: [30 N.J.R. 3625\(a\)](#), [31 N.J.R. 58\(a\)](#).

Inserted a reference to the NJ KidCare program.

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

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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)".

Amended by R.2022 d.045, effective April 4, 2022.

See: [53 N.J.R. 1451\(a\)](#), [54 N.J.R. 620\(b\)](#).

Rewrote the section.

Annotations

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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.

"Advanced life support-Level 1" means transportation by a ground ambulance vehicle licensed by the Department of Health (DOH) with the provision of medically necessary supplies and services, including the provision of an ALS assessment or at least one ALS intervention.

"Advanced life support-Level 2" means transportation by a ground ambulance vehicle licensed by the Department of Health with the provision of medically necessary supplies and services, including at least three separate administrations of one or more medications by intravenous push/bolus or by continuous infusion, excluding crystalloid fluids; or ground ambulance transportation with the provision of medically necessary supplies and services, as well as the provision of at least one of the following procedures: manual defibrillation/cardioversion, endotracheal intubation, central venous line, cardiac pacing, chest decompression, surgical airway, or intraosseous line.

"Advanced life support assessment" means an assessment performed by an ALS crew as part of an emergency response that was determined necessary because the client's reported medical condition at the time of dispatch was such that only an ALS crew was qualified to perform the assessment.

"Advanced life support intervention" means a procedure provided in accordance with New Jersey practice guidelines (see [N.J.A.C. 8:41](#)) by an EMT-Paramedic, which includes, but is not limited to, basic life support functions, cardiac monitoring, cardiac defibrillation, telemetered electrocardiography, administration of anti-arrhythmic agents, intravenous therapy, administration of specific medications, drugs and solutions, utilization of adjunctive ventilation devices, or trauma care.

"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.

"ALS" means advanced life support.

"Basic life support (BLS)-emergency" means transportation by a ground ambulance vehicle licensed by DOH and the provision of medically necessary supplies and services, including patient stabilization, airway clearance and maintenance, cardiopulmonary resuscitation (CPR), hemorrhage control, initial wound care, fracture stabilization, victim extrication, and other techniques and procedures as defined in the United States Department of Transportation (USDOT) EMT-Basic National Standards Curriculum (obtainable from National Highway Traffic Safety Administration, Office of Emergency Medical Services (NTI-140), 1200 New Jersey Avenue S.E., Washington DC 20590, by accessing their website at www.ems.gov or by calling (202) 366-5440).

"Basic life support (BLS)-non-emergency" means transportation by a ground ambulance licensed by DOH with the provision of medically necessary supplies and services for a medically stable individual to and from a medical appointment or discharge home from an inpatient medical facility.

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

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"Broker" means an entity under contract or agreement with the Department of Human Services, pursuant to [N.J.A.C. 10:50-1.3\(e\)](#), for the delivery of non-emergency transportation services.

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

"DOH" means the New Jersey Department of Health.

"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](#).

"Independent transportation provider" or "provider" means an air ambulance (rotary wing) service or ground ambulance service provider that is enrolled and authorized in accordance with N.J.A.C. 10:49-3 and this chapter. An independent transportation provider is enrolled independently from any transportation broker and is reimbursed directly from the Medicaid/NJ FamilyCare program on a fee-for-service basis.

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

"Mobile intensive care unit (MICU)" means a specialized emergency services vehicle that is licensed, equipped, and staffed in accordance with DOH rules, as specified at [N.J.A.C. 8:41](#).

"Mobility assistance vehicle (MAV)" means a specialized transport vehicle that is validly licensed, equipped, staffed, and operated in accordance with DOH 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 provided by a transportation broker under contract with the Department of Human Services, in a vehicle that is licensed, equipped, staffed, and operated in accordance with New Jersey State Department of Health rules, as specified at [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 or functional ability, including, but not limited to, any relevant mental/behavioral health issues or intellectual or cognitive limitations, 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 transportation broker under contract with the Department of Human Services to beneficiaries under 21 years of age who require supervision provided by a qualified broker-supplied attendant.

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

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

"National Plan and Provider Enumerations System (NPPES)" means the system that assigns NPIs, maintains, and updates information about health care providers with NPIs, and disseminates the NPI Registry and NPPES downloadable file. The NPI Registry is an online query system that allows users to search for a health care provider's information.

"National Provider Identifier (NPI)" means a unique 10-digit identification number issued to health care providers by the Centers for Medicare and Medicaid Services (CMS).

"Specialty care transport (SCT)" means ground transportation of a critically injured or critically ill beneficiary between medical facilities, in a ground ambulance that is licensed, equipped, staffed, and

§ 10:50-1.2 Definitions

operated in accordance with DOH rules, as specified at [N.J.A.C. 8:41](#), including the provision of medically necessary supplies and services, at a level of service beyond the scope of the EMT-Paramedic, when such services require ongoing care that must be furnished by one or more health professionals in an appropriate specialty area, such as emergency or critical care nursing, emergency medicine, respiratory care, cardiovascular care, or a paramedic with additional training.

"Taxonomy code" means a code that describes the provider or organization's type, classification, and the area of specialization.

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

"Type 1 NPI" means a code that describes an individual provider in the NPPES system.

"Type 2 NPI" means a code that describes an organizational provider in the NPPES system.

"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 N.J.R. 12(a), 6 N.J.R. 150(a).

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

See: 10 N.J.R. 282(a), 10 N.J.R. 443(b).

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

See: 12 N.J.R. 21(a), 12 N.J.R. 193(e).

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

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

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

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

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

Substantially amended.

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

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

Added definition for "patient."

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

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

Added new definitions for air and ground ambulance service. Deleted general ambulance service definitions, and those definitions for "passenger", "patient" and "physician". Added text to "provider" definition. Other stylistic revisions.

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

§ 10:50-1.2 Definitions

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

Added definitions for: "Loaded mile," "Transportation reimbursement allowance" and "Waiting time."

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

See: 26 N.J.R. 1425(a), 26 N.J.R. 3211(b).

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

See: [30 N.J.R. 3625\(a\)](#), [31 N.J.R. 58\(a\)](#).

Substituted references to beneficiaries for references to recipients throughout; changed "Invalid coach service" definition to "Mobility assistance vehicle service", and added a second sentence; in "Loaded mile", "Multiple loading" and "Transportation", inserted references to NJ KidCare fee-for-service; in "Transportation", inserted a reference to NJ KidCare-covered service; and in "Waiting time", substituted a reference to mobility assistance vehicle service for a reference to invalid coach service.

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

See: [31 N.J.R. 847\(a\)](#), [31 N.J.R. 3325\(a\)](#).

Rewrote "Mobility assistance vehicle service".

Administrative change.

See: [32 N.J.R. 708\(a\)](#).

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".

Amended by R.2022 d.045, effective April 4, 2022.

See: [53 N.J.R. 1451\(a\)](#), [54 N.J.R. 620\(b\)](#).

Rewrote the section.

Annotations

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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 an independent transportation service provider is as follows:

1. Each independent 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/NJ FamilyCare program, must approve each provider before reimbursement can be made to that provider for a transportation service.
 - i. A transportation broker under contract with the Department of Human Services to provide non-emergency transportation shall require that all transportation professionals contracted with the broker be approved by the Division of Medical Assistance and Health Services.
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/NJ FamilyCare program.
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.
 - 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/NJ FamilyCare program.
4. The completed provider agreement, disclosure statement, and/or provider application shall be submitted to the Fiscal Agent.
5. Once approved, the applicant will receive the following from the Fiscal Agent: a provider number; a Transportation Services Manual; an initial supply of claim forms; and, if applicable, an initial supply of prior authorization forms.
6. In order to be approved as a Medicaid/NJ FamilyCare-participating independent transportation provider, the applicant shall have a valid National Provider Identifier (NPI) obtained from the National Plan and Provider Enumeration System (NPPES) and a valid taxonomy code obtained from the NPPES.
7. Once approved as a Medicaid/NJ FamilyCare provider, the provider shall remain a provider in good standing by successfully completing provider revalidation when requested by DMAHS.

(b) As a condition of participation, the independent transportation provider shall agree to bill the New Jersey Medicaid/NJ FamilyCare program for services provided by the transportation provider submitting the bill 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.

§ 10:50-1.3 General policies for participation

(c) An independently enrolled transportation company's Medicaid/NJ FamilyCare provider ID number shall be cancelled, and Provider Agreement terminated due to inactivity based on a review of the New Jersey Medicaid Management Information System (NJMMIS). Inactivity means no services provided for a period of six months. The effective date of cancellation shall correspond to the company's last service date as reflected in the NJMMIS.

(d) Each independent 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.

(e) 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 a limited number of transportation brokers 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, the Division may also take actions including, but not limited to, terminating existing enrollments of providers, declining to utilize services from enrolled providers, MCOs, or any other entities, 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 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).

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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).

Amended by R.2022 d.045, effective April 4, 2022.

See: [53 N.J.R. 1451\(a\)](#), [54 N.J.R. 620\(b\)](#).

Rewrote the section.

Annotations

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§ 10:50-1.3 General policies for participation

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

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§ 10:50-1.4 Services covered by the New Jersey Medicaid/NJ FamilyCare program

(a) All non-emergency medical transportation services shall be provided by an independent transportation broker under contract with the Department of Human Services. These services may include, but are not limited to:

1. Ground ambulance service (non-emergency);
2. Mobility assistance vehicle service;
3. Livery services, including modified livery services;
4. All lower-mode transportation services, including arranging for transportation by taxi, train, bus, plane, other public conveyance, or mileage reimbursement for the use of an individual's vehicle; and
5. Fixed wing air transportation services.

(b) All emergency ground transportation services and all rotary wing air ambulance services are provided by independent transportation providers enrolled in accordance with [N.J.A.C. 10:49-3.2](#) and this chapter.

1. For beneficiaries enrolled in managed care, all emergency transports, including ground and rotary wing air transports, as well as their associated loaded mileage costs, shall be the responsibility of the managed care organization.

(c) 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 DOH at [N.J.A.C. 8:40](#) or 8:41, as applicable;
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. Hospital-based Mobile Intensive Care Unit/Advanced Life Support (MICU/ALS) service and associated Ambulance/Basic Life Support (Ambulance/BLS) service are reimbursable by the Medicaid/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/NJ FamilyCare program directly for this service.

- i. A non-hospital-based MICU/ALS services provider acting on behalf of a hospital or consortium to provide MICU/ALS services to Medicaid/NJ FamilyCare beneficiaries may bill the Medicaid/NJ

§ 10:50-1.4 Services covered by the New Jersey Medicaid/NJ FamilyCare program

FamilyCare program directly for this service if the entity has received a Certificate of Need approval and has been licensed by DOH as an MICU/ALS service provider in accordance with N.J.A.C. 8:41-2. Existing prohibitions on additional reimbursement to nursing homes for such services and on reimbursement for services provided by volunteer ambulance organizations and existing provisions regarding Ambulance/BLS services remain intact. See [N.J.A.C. 10:50-1.6\(k\)](#) and [10:52-2.16\(b\)](#)3.

7. The Division will pay, on behalf of eligible Medicaid/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\(a\)](#).

(d) 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/NJ FamilyCare fee-for-service beneficiary.

1. 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.

i. For fee-for-service beneficiaries needing rotary wing air ambulance services, these services shall be provided by independent air ambulance providers.

ii. For fee-for-service beneficiaries needing fixed wing air ambulance services, the air ambulance service shall be arranged through the transportation broker but reimbursed fee-for-service.

2. The service shall be provided as specified in the rules of DOH at [N.J.A.C. 8:41](#), Advanced Life Support Services, Mobile Intensive Care Programs, Specialty Care Transport Services, and Air Medical Services.

History

HISTORY:

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

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

Section was "Livery Service."

Prior rulemakings are as follows:

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

See: 6 N.J.R. 12(a), 6 N.J.R. 150(a).

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

See: 12 N.J.R. 21(a), 12 N.J.R. 193(e).

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

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

Prior authorization was repealed.

Administrative Correction to (a)5.

See: 23 N.J.R. 63(a).

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

§ 10:50-1.4 Services covered by the New Jersey Medicaid/NJ FamilyCare program

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

In (a)3: added reference to Department of Health rules; deleted (a)3i-xix conditions because of inclusion of DOH rules. Also deleted (a)3xix (1)-(3) and (a)4, recodifying (a)5-7 as (a)4-6, with no change in text. In (c)2: deleted language regarding livery service from non-medical facilities.

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

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

Stylistic revisions throughout. In (a)5, deleted "or helicopter" and added "fixed wings." In (a)5i, added "ground" describing ambulance.

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

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

Revised N.J.A.C. references in section. Added new (b)3v. In (c)3iii: revised vehicle age to eight model years from six model years.

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

See: 26 N.J.R. 1425(a), 26 N.J.R. 3211(b).

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

See: [30 N.J.R. 3625\(a\)](#), [31 N.J.R. 58\(a\)](#).

Substituted references to beneficiaries for references to recipients throughout; substituted "mobility assistance vehicle" for "invalid coach" throughout; inserted references to NJ KidCare fee-for-service throughout; in (a), substituted a reference to the Division for a reference to the New Jersey Medicaid Program in the 5i, and inserted a reference to the NJ KidCare program in 6; and in (b)2, changed N.J.A.C. reference in the introductory paragraph.

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

See: [31 N.J.R. 847\(a\)](#), [31 N.J.R. 3325\(a\)](#).

Rewrote the section.

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

See: [32 N.J.R. 2397\(a\)](#), [33 N.J.R. 322\(a\)](#).

Added (d) and (e).

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

See: [34 N.J.R. 635\(a\)](#), [34 N.J.R. 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.

Amended by R.2022 d.045, effective April 4, 2022.

See: [53 N.J.R. 1451\(a\)](#), [54 N.J.R. 620\(b\)](#).

§ 10:50-1.4 Services covered by the New Jersey Medicaid/NJ FamilyCare program

Section was "Services covered by the New Jersey Medicaid and NJ FamilyCare programs". Rewrote the section.

Annotations

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

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

§ 10:50-1.5 Authorization for air ambulance services

- (a) Authorization from the Division of Medical Assistance and Health Services' contracted transportation broker is required for all fixed wing air ambulance services.
1. The use of a rotary wing air ambulance is retroactively authorized and includes the approval for fee-for-service reimbursement of a set rate plus mileage costs per loaded mile.
 2. For Medicaid/NJ FamilyCare beneficiaries enrolled in a managed care organization (MCO), the reimbursement of the rotary wing air ambulance, as well as its associated loaded mileage, shall be the responsibility of the MCO.
- (b) Procedures for obtaining authorization for the use of a rotary wing air ambulance shall be as follows:
1. The provider shall submit a Transportation Prior Authorization Form (MC-12(A)) to the Transportation Coordinator, DMAHS, PO Box 712, Trenton, NJ 08625-0712. 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) Retroactive authorization for rotary wing air ambulance services rendered to a Medicaid/NJ FamilyCare fee-for-service beneficiary includes approval of both the service and the rate of reimbursement for the service as indicated at [N.J.A.C. 10:50-1.6\(h\)](#).
1. The following documentation shall be submitted to the Transportation Coordinator at the address at (b)1 above 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 at [N.J.A.C. 10:50-1.6\(d\)](#);
 - 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) 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

§ 10:50-1.5 Authorization for air ambulance services

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.

(e) 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/NJ FamilyCare reimbursement for the service is subject to recoupment as indicated at [N.J.A.C. 10:49-9.9](#).

History

HISTORY:

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

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

Section 1.5 was recodified to 1.6.

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

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

Added new subsection (f).

In (a): added reference to subsection (f); added "ground" to define ambulance service.

In (b): replaced "professional staff person" for "MDO consultant" and/or "medical consultant."

In (d): stylistic revisions and updates, deleting reference to "Prudential" fiscal agent.

Administrative Correction to (d).

See: 23 N.J.R. 63(a).

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

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

In (a)-(d): text revised to clarify prior authorization and reimbursement procedures for providers under new Fiscal Agent.

In (e)-(f): stylistic revisions.

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

See: [30 N.J.R. 3625\(a\)](#), [31 N.J.R. 58\(a\)](#).

Substituted references to beneficiaries for references to recipients throughout; substituted "mobility assistance vehicle" for "invalid coach" throughout; in (a), inserted a reference to NJ KidCare fee-for-service; and in (d) and (f), inserted references to NJ KidCare.

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

See: [31 N.J.R. 847\(a\)](#), [31 N.J.R. 3325\(a\)](#).

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

§ 10:50-1.5 Authorization for air ambulance services

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

See: [32 N.J.R. 2397\(a\)](#), [33 N.J.R. 322\(a\)](#).

Rewrote the section.

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

See: [34 N.J.R. 635\(a\)](#), [34 N.J.R. 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".

Amended by R.2022 d.045, effective April 4, 2022.

See: [53 N.J.R. 1451\(a\)](#), [54 N.J.R. 620\(b\)](#).

Section was "Prior authorization for transportation services". Deleted former (d), (e), and (g) through (i); recodified former (f) and (j) as (d) and (e); rewrote (a), (b), and (c); and in (e), substituted "Medicaid/NJ FamilyCare" for "Medicaid or NJ FamilyCare" and "at" for "in".

Annotations

Notes

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

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CHAPTER 50. TRANSPORTATION SERVICES MANUAL > **SUBCHAPTER 1. GENERAL PROVISIONS**

§ 10:50-1.6 Reimbursement policy for emergency transportation services

- (a) The least expensive mode of emergency transportation suitable to the Medicaid/NJ FamilyCare fee-for-service beneficiary's needs shall be used.
- (b) Mileage for ground ambulance service shall be measured by odometer from the point at which the Medicaid/NJ FamilyCare fee-for-service beneficiary enters the vehicle to the point at which he or she exits the vehicle.
1. Medicaid/NJ FamilyCare fee-for-service beneficiaries shall be transported 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) For emergency trips by ground ambulance in excess of 15 miles one way, loaded mileage is reimbursable beginning with the first mile, at a higher rate as indicated at 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.
- (d) 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.
- (e) Emergency transportation service provided to a Medicaid/NJ FamilyCare fee-for-service beneficiary is reimbursable by the New Jersey Medicaid/NJ FamilyCare program 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/NJ FamilyCare program or meets the requirements for participation as a provider in the Medicaid/NJ FamilyCare program; and
 2. The medical service rendered to the beneficiary by the provider/facility is a covered Medicaid/NJ FamilyCare service (as listed at [N.J.A.C. 10:49](#)) at the time the transportation is provided.
- (f) Reimbursement shall not be permitted when a Medicaid/NJ FamilyCare fee-for-service beneficiary is transported under the following conditions:
1. For the purpose of obtaining a non Medicaid/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.

§ 10:50-1.6 Reimbursement policy for emergency transportation services

(g) For ambulatory individuals, if other modes of transportation are appropriate or available, Medicaid/NJ FamilyCare fee-for-service beneficiaries do not qualify for ambulance service. The appropriate Medicaid/NJ FamilyCare-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/NJ FamilyCare fee-for-service beneficiary's need for ambulance 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 provided to ambulatory Medicaid/NJ FamilyCare fee-for-service beneficiaries to or from a clinic that provides Medicaid/NJ FamilyCare reimbursed van service for the clinic's ambulatory clients are not appropriate and shall not be Medicaid/NJ FamilyCare reimbursable.

(h) Air ambulance (rotary wing) reimbursement shall be based on a rate authorized by the Division of Medical Assistance and Health Services, not to exceed the charge made to non-Medicaid/NJ FamilyCare beneficiaries for the same service.

1. Reimbursement for rotary wing air ambulance services provided to a beneficiary enrolled in managed care shall be the responsibility of the MCO in which the beneficiary is enrolled.

(i) Hospital-based transportation service provided to a Medicaid/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](#).

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

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

(l) No additional payment is made for the use of medical supplies and/or equipment. Exception: Oxygen is reimbursable on a per occurrence basis when provided to a Medicaid/NJ FamilyCare fee-for-service beneficiary during an ambulance trip.

(m) If a transportation service is operated by an organization which has established a policy of providing service without cost for a specific class of individuals, or individuals living within a given area, then it shall be understood that such service is also available without cost to individuals falling within such category who are covered under the New Jersey Medicaid/NJ FamilyCare program.

(n) A transportation company shall not charge the New Jersey Medicaid/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/NJ FamilyCare-covered individuals.

(o) Mileage shall be reimbursed in full miles only. Distances of .4 miles or less shall be rounded down to the last full mile and distances of .5 miles or greater shall be rounded up to the next full mile for reimbursement purposes.

History

HISTORY:

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

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

Substantially amended.

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

§ 10:50-1.6 Reimbursement policy for emergency transportation services

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

Substantially amended.

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

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

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

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

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

Recodified from 1.5 and substantially amended.

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

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

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

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

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

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

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

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

Stylistic revisions throughout. In (a)2: added text regarding the "least expensive mode of transportation."

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

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

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

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

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

See: 26 N.J.R. 1425(a), 26 N.J.R. 3211(b).

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

See: [30 N.J.R. 3625\(a\)](#), [31 N.J.R. 58\(a\)](#).

Substituted references to beneficiaries for references to recipients throughout; substituted "mobility assistance vehicle" for "invalid coach" throughout; inserted references NJ KidCare fee-for-service throughout; in (f), (m) and (n), inserted references to the NJ KidCare program; in (g)1, inserted a reference to non-NJ KidCare-covered service; and in (n), inserted a reference to the NJ KidCare-Plan A program.

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

See: [32 N.J.R. 2397\(a\)](#), [33 N.J.R. 322\(a\)](#).

Rewrote the section.

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

§ 10:50-1.6 Reimbursement policy for emergency transportation services

See: [34 N.J.R. 635\(a\)](#), [34 N.J.R. 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).

Amended by R.2022 d.045, effective April 4, 2022.

See: [53 N.J.R. 1451\(a\)](#), [54 N.J.R. 620\(b\)](#).

Section was "Reimbursement policy". Rewrote the section.

Annotations

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

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§ 10:50-1.7 Transportation certification for emergency services

(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 independent 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 emergency ground ambulance 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; and
2. 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) 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 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.

§ 10:50-1.7 Transportation certification for emergency services

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: 33 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.

Amended by R.2022 d.045, effective April 4, 2022.

See: [53 N.J.R. 1451\(a\)](#), [54 N.J.R. 620\(b\)](#).

Section was "Transportation certification". In the introductory paragraph of (a), inserted "independent" and "emergency", and deleted "and mobility assistance vehicle" following "ambulance"; in (a)1, inserted the third occurrence of "and"; deleted former (a)2; recodified former (a)3 as (a)2; and in (c), deleted "and mobility assistance vehicle" following "ambulance" twice.

Annotations

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

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§ 10:50-1.8 (Reserved)

History

HISTORY:

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

See: [37 N.J.R. 4850\(a\)](#), [38 N.J.R. 2713\(a\)](#).

Repealed by R.2022 d.045, effective April 4, 2022.

See: [53 N.J.R. 1451\(a\)](#), [54 N.J.R. 620\(b\)](#).

Section was "Documentation and notification requirements".

Annotations

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[N.J.A.C. 10:50-1.9](#)

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§ 10:50-1.9 Insurance requirements

(a) An independent 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/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 for ambulance providers shall comply with the professional liability requirements for such providers contained at [N.J.A.C. 8:40-3.3](#);
3. Automobile liability coverage, for each vehicle, which for ambulance service, shall comply with the automobile liability requirements for such providers contained at [N.J.A.C. 8:40-3.3](#); 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) An independent 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\(a\)](#).

Amended by R.2022 d.045, effective April 4, 2022.

See: [53 N.J.R. 1451\(a\)](#), [54 N.J.R. 620\(b\)](#).

Rewrote (a); deleted former (b); recodified former (c) as (b); and in (b), substituted "An independent" for "A".

Annotations

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§ 10:50-1.9 Insurance requirements

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

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§ 10:50-1.10 (Reserved)

History

HISTORY:

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

See: [37 N.J.R. 4850\(a\)](#), [38 N.J.R. 2713\(a\)](#).

Repealed by R.2022 d.045, effective April 4, 2022.

See: [53 N.J.R. 1451\(a\)](#), [54 N.J.R. 620\(b\)](#).

Section was "Modified livery transportation service driver and provider-supplied attendant requirements".

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

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§ 10:50-1.11 (Reserved)

History

HISTORY:

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

See: [37 N.J.R. 4850\(a\)](#), [38 N.J.R. 2713\(a\)](#).

Repealed by R.2022 d.045, effective April 4, 2022.

See: [53 N.J.R. 1451\(a\)](#), [54 N.J.R. 620\(b\)](#).

Section was "Additional requirements and passenger limitations for transportation providers that provide modified livery transportation services".

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

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§ 10:50-1.12 (Reserved)

History

HISTORY:

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

See: [37 N.J.R. 4850\(a\)](#), [38 N.J.R. 2713\(a\)](#).

Repealed by R.2022 d.045, effective April 4, 2022.

See: [53 N.J.R. 1451\(a\)](#), [54 N.J.R. 620\(b\)](#).

Section was "Vehicle standards and requirements".

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N.J.A.C. 10:50-1.13

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§ 10:50-1.13 (Reserved)

History

HISTORY:

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

See: [37 N.J.R. 4850\(a\)](#), [38 N.J.R. 2713\(a\)](#).

Repealed by R.2022 d.045, effective April 4, 2022.

See: [53 N.J.R. 1451\(a\)](#), [54 N.J.R. 620\(b\)](#).

Section was "Dispatch and scheduling requirements".

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N.J.A.C. 10:50-1.14

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§ 10:50-1.14 Recordkeeping

- (a) Each independent 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/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/NJ FamilyCare beneficiary;
 3. The beneficiary's Health Benefits Identification (HBID) number;
 4. The place of origin (address);
 5. The destination (name of facility and address); and
 6. A description of the emergency condition of the beneficiary.

History

HISTORY:

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

See: [37 N.J.R. 4850\(a\)](#), [38 N.J.R. 2713\(a\)](#).

Amended by R.2022 d.045, effective April 4, 2022.

See: [53 N.J.R. 1451\(a\)](#), [54 N.J.R. 620\(b\)](#).

Rewrote the section.

Annotations

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§ 10:50-1.14 Recordkeeping

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

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§ 10:50-1.15 Complaint log

- (a) An independent transportation provider shall implement a complaint/grievance procedure.
- (b) An independent transportation provider shall prepare and maintain a complaint log, containing all complaints and/or grievances from beneficiaries or their representatives.
- (c) An independent 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) An independent 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 Health Benefits Identification (HBID) 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\(a\)](#).

Amended by R.2022 d.045, effective April 4, 2022.

See: [53 N.J.R. 1451\(a\)](#), [54 N.J.R. 620\(b\)](#).

In (a), (b), (c), and the introductory paragraph of (d), substituted "An independent" for "A"; and in (d)2, substituted "Health Benefits Identification (HBID)" for "12-digit Medicaid/NJ FamilyCare identification".

Annotations

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§ 10:50-1.15 Complaint log

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§ 10:50-1.16 Program integrity

(a) An independent 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/NJ FamilyCare beneficiary;
2. No remuneration, compensation, or other consideration shall be solicited or accepted from any Medicaid/NJ FamilyCare-eligible beneficiary for services delivered;
3. An independent transportation provider shall not use any marketing material that includes any reference to Medicaid/NJ FamilyCare coverage unless that material has been approved by the Division prior to its use;
4. An independent transportation provider shall report immediately to the Office of the State Comptroller, Medicaid Fraud Division, any evidence of fraud or abuse related to Medicaid/NJ FamilyCare services or beneficiaries. The Medicaid Fraud Division Hotline, 1-888-937-2835, is available to report allegations of fraud and abuse. Suspected fraud and abuse can also be reported on the New Jersey State Comptroller's website: www.state.nj.us/comptroller/divisions/medicaid. The provider shall cooperate with any investigation that may result;
5. An independent 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. An independent 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. An independent 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\(a\)](#).

Amended by R.2022 d.045, effective April 4, 2022.

§ 10:50-1.16 Program integrity

See: [53 N.J.R. 1451\(a\)](#), [54 N.J.R. 620\(b\)](#).

Rewrote the section.

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N.J.A.C. 10:50-1.17

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§ 10:50-1.17 Auditing

- (a) The Division may review and evaluate the care and services provided to Medicaid/NJ FamilyCare beneficiaries to ensure that independent 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) An independent transportation provider shall permit spot checks and on-site inspections for the purpose of monitoring and evaluating the work performed.
- (e) An independent 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 an independent 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) Independent 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 beneficiary's HBID number;
 2. The beneficiary's name;
 3. The beneficiary'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\(a\)](#).

Amended by R.2022 d.045, effective April 4, 2022.

See: [53 N.J.R. 1451\(a\)](#), [54 N.J.R. 620\(b\)](#).

In (a), substituted "Medicaid/NJ FamilyCare" for "Medicaid and NJ FamilyCare", and inserted "independent" and a comma following "rules"; in (d) and (e), substituted "An independent" for "A"; in (f), substituted "an independent" for "a"; in (g), inserted a comma following "audits"; in the introductory paragraph of (h), substituted for "Independent transportation" for "Transportation"; rewrote (h)1; and in (h)2 and (h)3, substituted "beneficiary's" for "recipient's".

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

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

(a) An independent transportation provider shall ensure that each Medicaid/NJ FamilyCare beneficiary is picked up without delay 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 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/NJ FamilyCare beneficiary or any representative of the State.

(c) Other violations of [N.J.A.C. 10:49](#) or this chapter, or of any other State or Federal law, rule, or regulation, concerning an independent transportation provider's performance including, but not limited to, unavailability for dispatching or intentional arrival delays 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.

(d) Confirmed complaints concerning an independent transportation provider's failure to provide service to an eligible Medicaid/NJ FamilyCare beneficiary may, depending upon the circumstances, result in termination of the Provider Agreement.

(e) 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\(a\)](#).

Amended by R.2022 d.045, effective April 4, 2022.

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

See: [53 N.J.R. 1451\(a\)](#), [54 N.J.R. 620\(b\)](#).

Rewrote the section.

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

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CHAPTER 50. TRANSPORTATION SERVICES MANUAL > **SUBCHAPTER 2.**
HEALTHCARE COMMON PROCEDURE CODING SYSTEM (HCPCS)

§ 10:50-2.1 Introduction

(a) The New Jersey Medicaid/NJ FamilyCare program 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/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/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

§ 10:50-2.1 Introduction

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 N.J.R. 3619(a), 24 N.J.R. 610(a).

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

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

Added new subsection (b).

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

See: [30 N.J.R. 3625\(a\)](#), [31 N.J.R. 58\(a\)](#).

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

Administrative change.

See: [32 N.J.R. 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.

Amended by R.2022 d.045, effective April 4, 2022.

See: [53 N.J.R. 1451\(a\)](#), [54 N.J.R. 620\(b\)](#).

In (a), substituted "Medicaid/NJ FamilyCare" for "Medicaid and NJ FamilyCare" twice, and "program" for "programs"; in (b)2, substituted second occurrence of "Medicaid/NJ FamilyCare" for "Medicaid or NJ FamilyCare".

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N.J.A.C. 10:50-2.2

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HEALTHCARE COMMON PROCEDURE CODING SYSTEM (HCPCS)

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

HCPCS Code	Mod.	Description	Maximum Fee Allowance
(a) AMBULANCE SERVICE			
A0420		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
		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).	
A0422		Ambulance Service, Oxygen, Administration and supplies, Life sustaining situation	12.00 per occurrence
A0425		BLS Mileage (Per Mile)	6.04
		NOTE: Ambulance Service, Per Mile, One Way and Round Trip. Applicable when one-way mileage is 15 miles or less.	
A0427		Air Ambulance Service, Advanced Life Support (ALS) Level 1 (per unit)	387.14
A0429		Ambulance Services Basic Life Support Emergency Transportation, No ALS (per unit)	326.02
A0433		Air Ambulance Service, Advance Life Support Level 2 (per unit)	560.34
A0434		Specialty Care Transport (per unit)	647.33

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

HCPCS Code	Mod.	Description	Maximum Fee Allowance
A0436		Air Ambulance, Rotary Wing	18.90

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 N.J.R. 2101(a).

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

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

In (b): added "XA--Invalid Coach Service" references. In (d): corrected HCPCS code and added "Note" regarding higher rate. In (e): corrected HCPCS code. In (g): increased rate to "\$ 12.00 per occurrence" from "\$ 6.00 per 1/2 hour."

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

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

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

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

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

See: 26 N.J.R. 1425(a), 26 N.J.R. 3211(b).

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

See: 26 N.J.R. 3929(a), 26 N.J.R. 5020(b).

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

See: [27 N.J.R. 3312\(b\)](#), [27 N.J.R. 5045\(a\)](#).

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

See: [30 N.J.R. 3625\(a\)](#), [31 N.J.R. 58\(a\)](#).

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

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

See: [34 N.J.R. 635\(a\)](#), [34 N.J.R. 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

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

(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).

Amended by R.2022 d.045, effective April 4, 2022.

See: [53 N.J.R. 1451\(a\)](#), [54 N.J.R. 620\(b\)](#).

Rewrote (a); and deleted (b) and (c).

Annotations

Notes

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

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 57 No. 12, June 16, 2025

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

APPENDIX--FISCAL AGENT BILLING SUPPLEMENT

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\(a\)](#).

Amended by R.2022 d.045, effective April 4, 2022.

See: [53 N.J.R. 1451\(a\)](#), [54 N.J.R. 620\(b\)](#).

In the first paragraph, substituted "a revised version will be place on the fiscal agent's website: www.njmmis.com and" for "replacement pages shall be distributed to providers and copies"; rewrote the second paragraph; in the address, substituted "Gainwell Technologies" for "Unisys Corporation", and inserted a colon following "contact".

Annotations

Notes

[Chapter Notes](#)

APPENDIX--FISCAL AGENT BILLING SUPPLEMENT

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