



Newsletter

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May 2001

- TO:** Providers of Transportation Services - For Action
Health Maintenance Organizations - For Information Only
- SUBJECT:** Revisions - Procedure Codes for Ambulance Service
- EFFECTIVE:** January 1, 2001
- PURPOSE:** To notify providers of transportation services about Medicaid's revised procedure codes for the provision of ambulance service.
- BACKGROUND:** Medicaid's procedure codes for ambulance services are revised to reflect Medicare's revised procedure codes.

There are no changes in Medicaid's rules or reimbursement rates.

- ACTION:** For claims with dates of service beginning January 1, 2001, revised procedure codes for ambulance services are in effect as follows:

| <u>DESCRIPTION</u> | <u>NEW</u> | <u>OLD</u> |
|---------------------------|--------------|--------------|
| Air Ambulance, Fixed Wing | A0430 | A0030, A0040 |
| BLS - Non-emergency | A0428 | A0320, A0360 |
| BLS - Emergency | A0429 | A0322, A0362 |
| Waiting Time | A0420 | Y0005 |

Note: The old procedure codes above will be terminated as of May 31, 2001.

If you have questions concerning this Newsletter, please contact Peter K. Rosswaag at (609) 631-4636.

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