



State of New Jersey
Department of Human Services
Division of Medical Assistance and Health Services

NEWSLETTER

Volume 3 No. 65

December 1993

TO: Providers of Transportation Services

APPLICABLE TO: Providers of Livery Service

SUBJECT: Mandatory Hard-Copy Claims Submission

EFFECTIVE: December 15, 1993

ACTION: Claims for livery service submitted on and after December 15, 1993, must be completed on a hard-copy Transportation Claim (Form MC-12). **EMC claim submissions for livery service will not be accepted on and after December 15, 1993, regardless of the date(s) of service.**

Per N.J.A.C. 10:50-1.7(c), the vehicle fleet number corresponding to the vehicle used to provide the respective transportation service must be entered on the Transportation Claim (Form MC-12) in Item 18 (REMARKS).

Instructions for the proper completion of the Transportation Claim (Form MC-12) are located in Section 6 of your Fiscal Agent Billing Supplement.

For each ride billed on the claim document, a transportation certification form must be attached for review by the Division of Medical Assistance and Health Service's (DMAHS) Fiscal Agent, as required at N.J.A.C. 10:50-1.7(b). It is required that the transportation certification form be completed in its entirety.

The following signatures, corresponding to each date of service for which reimbursement is claimed, must be present on the certification form:

- (a) the recipient who received the ride;
- (b) the driver who provided the ride; and
- (c) a representative of the medical facility at the point of destination.

NOTE: The name/address of the medical facility may not be used in lieu of a signature.

Instructions for the proper completion of the transportation certification form are located in Section 5 of your Fiscal Agent Billing Supplement.

NOTE: Per N.J.A.C. 10:50-1.6(g), transportation services are only reimbursable when the trip's purpose is for a recipient to be transported to or from a Medicaid-covered service.

NOTE: The DMAHS will continue to request certification forms for dates of service prior to December 15, 1993, in writing or by visiting your place of business. Medicaid reimbursement for the service is subject to recoupment, as indicated at N.J.A.C. 10:49-9.6(b)1, if certification forms are not on file or if the required signatures are missing.

Failure to attach a transportation certification form to the hard-copy Transportation Claim (Form MC-12) corresponding to each usage of HCPCS procedure code Y0251 and Y0252 will result in the denial of the claim for edit code "245".

Questions concerning this Newsletter may be directed to Unisys, Provider Services Unit, 1-800-776-6334.

**RETAIN THIS NEWSLETTER NUMERICALLY BEHIND THE NEWSLETTER TAB
(BLUE TAB MARKED "5")**

