



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

NEWSLETTER

Volume 4 No. 62

December 1994

- TO:** Providers of Transportation Services
- SUBJECT:** Fee Increase - Ambulance and Invalid Coach Services
- EFFECTIVE:** December 19, 1994
- PURPOSE:** This Newsletter informs transportation providers of an increase in Medicaid's reimbursement rates for the provision of certain ground ambulance and invalid coach services.
- BACKGROUND:** The Division of Medical Assistance and Health Services published revisions to the transportation program as a proposal in the New Jersey Register on October 3, 1994. The revisions, as highlighted in this Newsletter, take effect upon publication of the New Jersey Register on December 19, 1994. A new transportation policy chapter (Chapter 50) will be distributed in the near future.
- ACTION:** Current and revised reimbursement amounts appear below:

AMBULANCE SERVICE

		<u>CURRENT</u>	<u>REVISED</u>
A0010	Ambulance Service, Basic Life Support (BLS) Base Rate, Emergency Transport, One Way	\$30.00	\$58.00
A0020	Ambulance Service, (BLS) Per Mile, Transport, One Way	1.00	1.50
Y0004	Ambulance Service, (BLS) Per Mile, Transport, in Excess of 15 Miles One Way	1.50	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 the return trip.		
A0222	Ambulance Service, Return Trip, Transport	30.00	58.00

INVALID COACH SERVICE

		<u>CURRENT</u>	<u>REVISED</u>
A0130	Non-Emergency Transportation: Wheelchair Van	\$20.00	\$25.00
	NOTE: Invalid Coach Service, One Way, Per Patient		
Y0002	Invalid Coach Service, Per Mile, One Way and Round Trip.	1.00	1.50
Y0002 22	Invalid Coach Service, Per Mile, One Way and Round Trip, in Excess of 15 Miles One Way.	1.50	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 the round trip.		
Y0060	Invalid Coach Service, Round Trip, Per Patient	40.00	50.00

Questions concerning this Newsletter may be directed to Unisys' Provider Services Unit at 1-800-776-6334 or Peter K. Rosswaag at (609) 588-2629.

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