



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

# NEWSLETTER

Volume 6 No. 65

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**TO:** Providers of Transportation Services  
HMOs - For Information

**SUBJECT:** Invalid Coach Service - Prior Authorization

**EFFECTIVE:** Immediately

**PURPOSE:** This Newsletter serves to reinforce the Medicaid program's rules for the proper completion of the Prior Authorization Form, MC-12(A), when requesting approval to provide invalid coach services.

**BACKGROUND:** The Division of Medical Assistance and Health Services recently completed a review and analysis of MC-12(A) forms as submitted to Medicaid District Offices by invalid coach providers. Several significant problems were identified as a result of this review.

**ACTION:** Effective immediately, requests for authorization of invalid coach services must follow the instructions for the proper completion of Items 10.B, 12, and 13 as indicated in the Transportation Services Fiscal Agent Billing Supplement and as described in this Newsletter. Immediate steps must be taken by providers of invalid coach service to ensure that they are in full compliance with the rules for the provision of invalid coach service as indicated at N.J.A.C. 8:40 and N.J.A.C. 10:50.

The Medicaid District Office will return or deny MC-12(A) forms that inadequately describe the individual's current medical condition (Item 10.B.) or reason for transportation, i.e. impairment that justifies the use of an invalid coach (Item 12). MC-12(A) forms will also be returned or denied if the prescribing individual's name, title, and telephone number are incomplete or inaccurate (Item 13).

**ITEM 10.B. Recipient's Medical Condition (Describe in Detail):**

Many requests for authorization do not adequately describe the individual's current medical condition. As indicated in the Transportation Services Fiscal Agent Billing Supplement, Page 5-6, the instructions for the completion of Item 10.B. indicate: "Provide a narrative description of the recipient's medical condition."

In most cases, it is unacceptable to simply enter a diagnosis as a substitute for a narrative description of the individual's current medical condition. A narrative must fully describe both the individual's current medical condition (impairment) and the individual's ability to function. A complete, detailed narrative is especially important when requesting approval to provide invalid coach service to an ambulatory individual.

**ITEM 12. Reason for Transportation:**

Many requests for authorization do not adequately describe the reason for the requested mode (invalid coach) of transportation service. As indicated in the Transportation Services Fiscal Agent Billing Supplement, Page 5-7, the instructions for the completion of Item 12 indicate: "Enter the specific reason for the transportation service."

It is unacceptable to enter "examination and treatment", "doctor's appointment", or "medical condition" as a reason for transportation. Entries in Item 12 must include a rationale for the use of an invalid coach vehicle as opposed to an alternative, lower mode of transportation service. The reason for transportation must explain why the individual's condition or impairment requires the use of invalid coach service. In other words, this is a transportation provider's opportunity to offer a justification for the use of an invalid coach vehicle.

The "Reason for Transportation" is also especially important when requesting approval to provide invalid coach service to an ambulatory individual. In accordance with N.J.A.C. 10:50-1.4(b)1.ii., invalid coach service is a covered service under the following condition: "If the recipient is ambulatory but unable to take an alternative mode of transportation (such as taxi, bus, livery, or private vehicle) without assistance or supervision."

**ITEM 13. Prescribing Individual:**

As indicated in the Transportation Services Fiscal Agent Billing Supplement, Page 5-7, the instructions for the completion of Item 13 indicate: "Enter the name, title, and telephone number of the individual who requested the transportation service."

The "REMARKS" section (Item 18) should be used to describe the type of office/facility to which the individual is being transported and the intended Medicaid-covered service to be provided. This information may be provided on an attachment to the MC-12(A) if additional space is needed.

This documentation, in its entirety, is necessary to enable MDO personnel or other individuals conducting pre-service or post-service reviews to confirm the information presented on the MC-12(A). This documentation will also assist the MDO in deciding if an extended period of authorization is justified.

**NOTE:** If deemed necessary by the MDO, additional medical or other documentation may be required, including a certificate of medical necessity form.

For example, additional documentation may be required if the information presented on the MC-12(A) form is incomplete or insufficient to determine an individual's need for invalid coach service. Additional documentation may also be required if a description of the type of office/facility to which the individual is being transported or the intended Medicaid-covered service to be provided are incomplete.

**REMINDER:** An individual's need for assistance is NOT established solely by the fact that the driver will simply escort or accompany an individual who has no mobility related problem, is not of full legal age (minor), or is unable to communicate in the English language.

Questions concerning this Newsletter may be directed to the Medicaid District Office that serves your area or to Peter K. Rosswaag at (609) 588-2629.

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