



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

MEDICAID ALERT

JUNE 1993

TO: Providers of Transportation Services
SUBJECT: Transportation Claim Form - "Units" Field (Item 17 F)
EFFECTIVE: Immediately

BACKGROUND: Improper completion of the "Units" field, Item 17 F of the MC-12 claim form, may have resulted in incorrect payments of transportation claims. In many instances, providers have been reimbursed the total amount charged rather than the correct Medicaid fee allowance because the number of units was overstated.

ACTION: To assist you in the proper completion of the "Units" field, Item 17 F of the MC-12 claim form, this Alert reemphasizes the billing instructions located in your Fiscal Agent Billing Supplement. Examples of properly completed claim forms are also attached for your information and review.

The correct entry in the "Units" field, Item 17 F, is "1" when you are requesting payment for any of the following HCPCS procedure codes:

<u>AMBULANCE SERVICE</u>		
A0010	One Way	\$30.00
A0040	Air Ambulance	(By Report)
A0070	Oxygen	12.00 per occurrence
A0222	Return Trip	30.00
<u>INVALID COACH SERVICE</u>		
A0130	One Way	\$20.00
Y0060	Round Trip	40.00
Y0070	Extra crew, one way	10.00
Y0065	Extra crew, round trip	20.00
Y0075	Oxygen	12.00 per occurrence
<u>LIVERY SERVICE</u>		
Y0252	Additional recipient	\$ 3.00
*Y0250	One Way	5.00
*Y0255	Round Trip	10.00

*Date(s) of service prior to 1/1/93

NOTE: Use modifier "76" as described in your Transportation Services Manual (Section 2, Chapter 50) to request payment for a repeat service (same recipient, same day, same origin and destination codes).

For example, to request payment for a round trip invalid coach service, enter HCPCS procedure code Y0060 in Item 17 B. Enter "1" in Item 17 F on the same claim line to signify that you are requesting payment for the provision of a single round trip invalid coach service.

