



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

# MEDICAID ALERT

December 1993

**TO:** Providers of Transportation Services

**SUBJECT:** Livery Service - Billing

**EFFECTIVE:** Immediately

**BACKGROUND:** Improper completion of the MC-12 claim form may have resulted in incorrect payments of livery service claims. Situations have been found where livery providers inappropriately billed both Y0251 and Y0252 for the same recipient on the same date of service (same trip). Instead, providers should have submitted a separate claim for each additional recipient transported in a multiple-load situation using Y0252.

**ACTION:** To assist you in properly billing for livery service, this Medicaid Alert reiterates the policy and billing instructions located in your Transportation Services Manual. Examples of properly completed claim forms are attached for your information and review.

## Y0251

### \$1.00 Per Loaded Mile. First Recipient Only Per Trip

This HCPCS procedure code must be used when billing for livery services provided to:

- (a) A recipient riding alone;
- (b) Recipients in a multiple-load situation who are picked up or delivered from/to different points (using a separate claim for each recipient); or
- (c) The "first" recipient in a multiple-load situation when all recipients are transported from a common point of departure to a common point of destination.

Reimbursement is on a per-loaded-mile basis; each "Unit" entered in Item 17F represents one loaded mile. See Samples #1 and #2

**NOTE:** Y0251 is the only livery service HCPCS procedure code that is applicable to the situations described in (a), (b) and (c) above. It is inappropriate to bill both Y0251 and Y0252 for the same recipient on the same date of service.

Y0252

\$3.00 Flat Rate, Each Additional Recipient

This HCPCS procedure code must be used only when billing for livery services provided to each additional recipient (after the "first" recipient) in a multiple-load situation when all recipients are transported from a common point of departure to a common point of destination.

Reimbursement is limited to a flat (\$3.00) rate for each additional recipient. Enter a "Unit" of one (1) in Item 17F to represent one flat (\$3.00) rate. Use two separate claim lines if you are billing the \$3.00 rate for both a one-way trip and a return trip for the same recipient. See Sample #3

**NOTE:** The use of Y0252 means that the service was provided to an additional recipient(s). A separate claim, therefore, must be submitted for each additional recipient transported, reflecting each additional recipient's HSP (Medicaid) Case Number (Item 3 on the MC-12 claim form).

If you received reimbursement for Y0252 that reflects the wrong recipient's HSP (Medicaid) Case Number, you must request a void of the incorrectly paid claim by using an Adjustment Request Form, FD-999 and submit a new claim that reflects the correct HSP number. Circle reason code "06 - Void - Wrong Recipient" on the FD-999.

Instructions for the proper completion of the FD-999 are located in Section 10 of your Fiscal Agent Billing Supplement and Newsletter Volume 3 No. 19 dated July 1993. Additional copies of this material may be obtained by contacting Unisys, Provider Services Unit, at 1-800-776-6334.

All providers are strongly encouraged to reconcile each Remittance Advice Statement immediately upon receipt to assure appropriate reimbursement and preclude future cash flow problems. **NOTE: Should investigations reveal that overpayments were made as a result of fraudulent activity, civil penalties and/or criminal prosecution may result.**

Providers billing electronically (EMC) have the capability of submitting adjustments and voids to paid claims electronically. (A denied claim cannot be adjusted.) Please contact your software vendor to make the necessary software updates.

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

RETAIN THIS MEDICAID ALERT CHRONOLOGICALLY BEHIND THE ALERTS TAB  
(GREEN TAB MARKED "4")