

Citation	Rule Summary	Type of Violation	First Offense	Second Offense	Third Offense	Fourth and Each Subsequent Offense
N.J.A.C. 7:27-22.36(a)1	Submit Pre-fumigation Notification	NM	\$500	\$1,000	\$2,500	\$7,500
N.J.A.C. 7:27-22.36(a)3	Posting of Fumigation Signs	NM	\$500	\$1,000	\$2,500	\$7,500
N.J.A.C. 7:27-22.36(a)4	Stack Requirements	NM	\$1,000	\$2,000	\$5,000	\$15,000
N.J.A.C. 7:27-22.36(a)5	Concentration Exceedance	NM	\$1,000	\$2,000	\$5,000	\$15,000
N.J.A.C. 7:27-22.36(a)6	Submit Emergency Fumigation Report	NM	\$500	\$1,000	\$2,500	\$7,500

23.-33. (No change.)

(n) The Department will determine the amount of civil administrative penalty for violations of N.J.A.C. 7:27-8 and 22 as follows: for violations detected by continuous monitoring systems in accordance with (n)1 below; for continuous monitoring systems not installed, out of service or out of control in accordance with (n)2 below; and for violations of continuous monitoring systems recordkeeping and reporting requirements in accordance with (n)3 below. The rule summaries for the requirements set forth in the Civil Administrative Penalty Schedule in this subsection are provided for informational purposes only and have no legal effect.

1. The Department will determine the amount of civil administrative penalty for violations of N.J.A.C. 7:27-8.3(e) and 22.3(e) as indicated by continuous monitoring systems on the basis of the severity level, duration of the offense and the size or nature of the source operation associated with the violation as follows:

i.-iii. (No change.)

CONTINUOUS MONITORING SYSTEMS⁷

TABLE 1 (No change.)

CONTINUOUS MONITORING SYSTEMS⁷

TABLE 2A
MAJOR SOURCE OPERATION³
(No change to table.)

TABLE 2B
MINOR SOURCE OPERATION⁴
(No change to table.)

TABLE 3
(No change to table.)

2.-3. (No change.)

¹⁻² (No change.)

³ Any source operation with estimated potential emissions without controls of greater than 22.8 pounds per hour, or greater than 5.7 pounds per hour for VOC and NO_x, or air contaminants regulated pursuant to NSPS, NESHAP, PSD, EOR, TXS, NJHAP, and HAP based on Preconstruction Permit or Certificate issued pursuant to N.J.A.C. 7:27-8 or Operating Permit issued pursuant to N.J.A.C. 7:27-22.

⁴⁻⁸ (No change.)

(o)-(u) (No change.)

(a)

**WATER RESOURCE MANAGEMENT
WATER MONITORING AND STANDARDS**

**Notice of Readoption
Shellfish Growing Water Classification
Readoption: N.J.A.C. 7:12**

Authority: N.J.S.A. 2C:64-1 et seq., 4:27-1 et seq., 13:1D-9, 23:2B-1 et seq., 50:1-5 et seq., and 58:24-1 et seq.

Authorized By: Shawn M. LaTourette, Commissioner, Department of Environmental Protection.

Effective Date: March 11, 2022.

New Expiration Date: March 11, 2029.

Take notice that pursuant to N.J.S.A. 52:14B-5.1, the Department of Environmental Protection's (Department) Shellfish Growing Water Classification rules at N.J.A.C. 7:12 are readopted and shall continue in effect for a seven-year period. The rules were scheduled to expire on April 10, 2022. The Department has reviewed these rules and has determined that the rules should be readopted because they are necessary, reasonable, and proper for the purpose for which they were originally promulgated. In accordance with N.J.S.A. 52:14B-5.1.c(1), timely filing of this notice extended the expiration date of the chapter seven years from the date of filing.

The Shellfish Growing Water Classification rules at N.J.A.C. 7:12 protect the public from the risks associated with the consumption of shellfish by establishing the requirements concerning the harvest or use of

shellfish from waters other than those classified as Approved pursuant to N.J.S.A. 58:24-1 et seq., and the aquaculture of shellfish in all waters of the State pursuant to N.J.S.A. 50:1-5 et seq. The Shellfish Growing Water Classification rules contain the procedures for the classification of shellfish waters and the delineations for those waters classified as Prohibited, Restricted, Conditionally Restricted, and Conditionally Approved. The rules include the procedures for the Department to impose immediate shellfish harvest suspensions and restrictions in order to protect the public from the risks associated with the consumption of shellfish. The rules also set forth various aspects of the Department's enforcement powers under the governing statutes and establish permits for shellfish harvesting activities in waters other than Approved and shellfish aquaculture. The rules also contain the requirements for shellfish license holders for the harvest, handling, and transport of shellfish in order to ensure harvested shellfish are safe for human consumption.

HUMAN SERVICES

(b)

DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

Transportation Services

Readoption with Amendments: N.J.A.C. 10:50

Adopted Repeals: N.J.A.C. 10:50-1.8, 1.10, 1.11, 1.12, and 1.13

Proposed: September 7, 2021, at 53 N.J.R. 1451(a).

Adopted: March 1, 2022, by Sarah Adelman, Commissioner, Department of Human Services.

Filed: March 3, 2022, as R.2022 d.045, **without change**.

Authority: N.J.S.A. 30:4D-1 et seq., and 30:4J-8 et seq.

Agency Control Number: 21-A-02.

Effective Dates: March 3, 2022, Readoption;

April 4, 2022, Amendments and Repeals.

Expiration Date: March 3, 2029.

Summary of Public Comments and Agency Responses:

Comments were received from: Doug Mehan, Senior Public Policy Manager, Lyft.

COMMENT: The commenter suggested adding “transportation network company” to the list of examples of lower mode transportation services provided by the contracted transportation broker as non-emergency medical transportation services.

RESPONSE: As stated at N.J.A.C. 10:50-1.4, all non-emergency medical transportation services are provided by the transportation broker under contract with the Department of Human Services (Department). The list of lower-mode transportation provider types provided at N.J.A.C. 10:50-1.4(a) is not intended to be exhaustive, but to provide examples of acceptable forms of transportation. The Department maintains the language is adequate to provide the broker the flexibility to utilize all forms of appropriate transportation providers and therefore will be making no change upon adoption.

Federal Standards Statement

Section 1905 of the Social Security Act, 42 U.S.C. §1396d, allows a state to cover transportation services for eligible beneficiaries.

42 CFR 440.170 describes what can be included as a transportation expense for the Title XIX program. Federal regulations at 42 CFR 431.53 and 441.62 require a state’s Title XIX program to specify in its State Plan the method the state will use to ensure necessary transportation for recipients to and from providers, and to describe the methods the state will use to meet this requirement. 42 U.S.C. § 1396a(a)(70) and 42 CFR 440.170 authorize the use of a broker for non-emergency services in a state’s program.

Title XXI of the Social Security Act allows a state, at its option, to provide a State Child Health Insurance Plan (SCHIP). New Jersey has elected this option with the development of the NJ FamilyCare Children’s Program. Sections 2103 and 2110 of the Social Security Act, 42 U.S.C. §§ 1397cc and 1397jj respectively, describe services that a state may provide to targeted, low-income children. These services include medical transportation.

The Department has reviewed the Federal statutory and regulatory requirements and has determined that the adopted amendments do not exceed Federal standards. Therefore, a Federal standards analysis is not required.

Full text of the readopted rules can be found in the New Jersey Administrative Code at N.J.A.C. 10:50.

Full text of the adopted amendments follows:

SUBCHAPTER 1. GENERAL PROVISIONS

10:50-1.1 Scope

This chapter describes the policies and procedures of the New Jersey Medicaid/NJ FamilyCare program regarding transportation services. Questions about this chapter may be directed to the Transportation Coordinator, Division of Medical Assistance and Health Services, PO Box 712, Trenton, New Jersey 08625-0712.

10:50-1.2 Definitions

The following words and terms, when used in this chapter, shall have the following meanings unless the context clearly indicates otherwise.

“Advanced life support-Level 1” means transportation by a ground ambulance vehicle licensed by the Department of Health (DOH) with the provision of medically necessary supplies and services, including the provision of an ALS assessment or at least one ALS intervention.

“Advanced life support-Level 2” means transportation by a ground ambulance vehicle licensed by the Department of Health with the provision of medically necessary supplies and services, including at least three separate administrations of one or more medications by intravenous push/bolus or by continuous infusion, excluding crystalloid fluids; or ground ambulance transportation with the provision of medically necessary supplies and services, as well as the provision of at least one of the following procedures: manual defibrillation/cardioversion, endotracheal intubation, central venous line, cardiac pacing, chest decompression, surgical airway, or intraosseous line.

“Advanced life support assessment” means an assessment performed by an ALS crew as part of an emergency response that was determined necessary because the client’s reported medical condition at the time of dispatch was such that only an ALS crew was qualified to perform the assessment.

“Advanced life support intervention” means a procedure provided in accordance with New Jersey practice guidelines (see N.J.A.C. 8:41) by an EMT-Paramedic, which includes, but is not limited to, basic life support functions, cardiac monitoring, cardiac defibrillation, telemetered electrocardiography, administration of anti-arrhythmic agents, intravenous therapy, administration of specific medications, drugs and solutions, utilization of adjunctive ventilation devices, or trauma care.

...

“ALS” means advanced life support.

“Basic life support (BLS)-emergency” means transportation by a ground ambulance vehicle licensed by DOH and the provision of medically necessary supplies and services, including patient stabilization, airway clearance and maintenance, cardiopulmonary resuscitation (CPR), hemorrhage control, initial wound care, fracture stabilization, victim extrication, and other techniques and procedures as defined in the United States Department of Transportation (USDOT) EMT-Basic National Standards Curriculum (obtainable from National Highway Traffic Safety Administration, Office of Emergency Medical Services (NTI-140), 1200 New Jersey Avenue S.E., Washington DC 20590, by accessing their website at www.ems.gov or by calling (202) 366-5440).

“Basic life support (BLS)-non-emergency” means transportation by a ground ambulance licensed by DOH with the provision of medically necessary supplies and services for a medically stable individual to and from a medical appointment or discharge home from an inpatient medical facility.

...

“Broker” means an entity under contract or agreement with the Department of Human Services, pursuant to N.J.A.C. 10:50-1.3(e), for the delivery of non-emergency transportation services.

...

“DOH” means the New Jersey Department of Health.

...

“Independent transportation provider” or “provider” means an air ambulance (rotary wing) service or ground ambulance service provider that is enrolled and authorized in accordance with N.J.A.C. 10:49-3 and this chapter. An independent transportation provider is enrolled independently from any transportation broker and is reimbursed directly from the Medicaid/NJ FamilyCare program on a fee-for-service basis.

...

“Loaded mile” means mileage accrued when a vehicle is actually carrying a Medicaid/NJ FamilyCare fee-for-service beneficiary.

...

“Mobile intensive care unit (MICU)” means a specialized emergency services vehicle that is licensed, equipped, and staffed in accordance with DOH rules, as specified at N.J.A.C. 8:41.

“Mobility assistance vehicle (MAV)” means a specialized transport vehicle that is validly licensed, equipped, staffed, and operated in accordance with DOH rules regarding such vehicles at N.J.A.C. 8:40 and 8:41.

“Mobility assistance vehicle service” means the provision of non-emergency health care transportation provided by a transportation broker under contract with the Department of Human Services, in a vehicle that is licensed, equipped, staffed, and operated in accordance with New Jersey State Department of Health rules, as specified at N.J.A.C. 8:40, by certified trained personnel, for sick, infirm or otherwise disabled individuals who are under the care and supervision of a physician and whose medical condition is not of sufficient magnitude or gravity to require transportation by ambulance, but whose medical condition or functional ability, including, but not limited to, any relevant mental/behavioral health issues or intellectual or cognitive limitations, requires transportation from place to place for medical care, and whose use of an alternate form of transportation, such as taxicab, bus, or other public conveyance or private vehicle might create a serious risk to life and health.

“Modified livery transportation service” means livery service or MAV service provided by a transportation broker under contract with the Department of Human Services to beneficiaries under 21 years of age who require supervision provided by a qualified broker-supplied attendant.

“Multiple loading” means that more than one Medicaid/NJ FamilyCare fee-for-service beneficiary is being transported in the same vehicle at the same time.

“National Plan and Provider Enumerations System (NPPES)” means the system that assigns NPIs, maintains, and updates information about health care providers with NPIs, and disseminates the NPI Registry and NPPES downloadable file. The NPI Registry is an online query system that allows users to search for a health care provider’s information.

“National Provider Identifier (NPI)” means a unique 10-digit identification number issued to health care providers by the Centers for Medicare and Medicaid Services (CMS).

“Specialty care transport (SCT)” means ground transportation of a critically injured or critically ill beneficiary between medical facilities, in a ground ambulance that is licensed, equipped, staffed, and operated in accordance with DOH rules, as specified at N.J.A.C. 8:41, including the provision of medically necessary supplies and services, at a level of service beyond the scope of the EMT-Paramedic, when such services require ongoing care that must be furnished by one or more health professionals in an appropriate specialty area, such as emergency or critical care nursing, emergency medicine, respiratory care, cardiovascular care, or a paramedic with additional training.

“Taxonomy code” means a code that describes the provider or organization’s type, classification, and the area of specialization.

“Transportation” means the use of an approved vehicle to move a Medicaid/NJ FamilyCare fee-for-service beneficiary from place to place for the purpose of obtaining a Medicaid/NJ FamilyCare-covered service.

“Type 1 NPI” means a code that describes an individual provider in the NPPES system.

“Type 2 NPI” means a code that describes an organizational provider in the NPPES system.

10:50-1.3 General policies for participation

(a) The approval process for becoming an independent transportation service provider is as follows:

1. Each independent transportation provider must be individually approved for each type of service provided. The Division of Medical Assistance and Health Services, Department of Human Services, in conjunction with the Fiscal Agent for the New Jersey Medicaid/NJ FamilyCare program, must approve each provider before reimbursement can be made to that provider for a transportation service.

i. A transportation broker under contract with the Department of Human Services to provide non-emergency transportation shall require that all transportation professionals contracted with the broker be approved by the Division of Medical Assistance and Health Services.

2. The Provider Application (Form FD-20), Provider Agreement (Form FD-62), and Ownership and Control Interest Disclosure Statement (CMS-1513) may be obtained from the Fiscal Agent for the New Jersey Medicaid/NJ FamilyCare program.

3. A ground ambulance company providing service in New Jersey shall possess a provider license and vehicle license(s) issued by the New Jersey State Department of Health.

i. A potential provider seeking approval to provide ground ambulance service shall forward photocopies of the provider license and vehicle license(s) to the Fiscal Agent for the New Jersey Medicaid/NJ FamilyCare program.

Recodify existing 5.-6. as 4.-5. (No change in text.)

6. In order to be approved as a Medicaid/NJ FamilyCare-participating independent transportation provider, the applicant shall have a valid National Provider Identifier (NPI) obtained from the National Plan and Provider Enumeration System (NPPES) and a valid taxonomy code obtained from the NPPES.

7. Once approved as a Medicaid/NJ FamilyCare provider, the provider shall remain a provider in good standing by successfully completing provider revalidation when requested by DMAHS.

(b) As a condition of participation, the independent transportation provider shall agree to bill the New Jersey Medicaid/NJ FamilyCare program for services provided by the transportation provider submitting the bill only. If the provider seeks reimbursement for services performed by any other organization or entity, whether a franchise, independent contractor, etc., full disclosure in writing of the financial and organizational arrangement between said entities shall be made to, and approved in advance by, the Division of Medical Assistance and Health Services.

(c) An independently enrolled transportation company’s Medicaid/NJ FamilyCare provider ID number shall be cancelled, and Provider Agreement terminated due to inactivity based on a review of the New Jersey Medicaid Management Information System (NJMMIS). Inactivity means no services provided for a period of six months. The effective date of cancellation shall correspond to the company’s last service date as reflected in the NJMMIS.

(d) Each independent transportation provider shall maintain a New Jersey business location and a telephone dispatch service. The provider shall notify the Division within five working days of any change of address or telephone number or of any cessation or interruption of service.

(e) Notwithstanding the provisions of any other rule or regulation, the Division of Medical Assistance and Health Services may, at its discretion, provide and reimburse any or all non-emergency medical transportation services by means of a contract or agreement with a single transportation broker or a limited number of transportation brokers on either a Statewide, county-by-county, or other basis. For example, the Division may provide all or some non-emergency medical transportation services Statewide, or in any specific county, through a contract with a single transportation broker. In order to utilize a broker, the Division may also take actions including, but not limited to, terminating existing enrollments of providers, declining to utilize services from enrolled providers, MCOs, or any other entities, and/or declining to enroll new providers, for particular transportation provider types, in particular geographic areas, and/or on any other basis on which a broker is used.

10:50-1.4 Services covered by the New Jersey Medicaid/NJ FamilyCare program

(a) All non-emergency medical transportation services shall be provided by an independent transportation broker under contract with the Department of Human Services. These services may include, but are not limited to:

1. Ground ambulance service (non-emergency);
2. Mobility assistance vehicle service;
3. Livery services, including modified livery services;
4. All lower-mode transportation services, including arranging for transportation by taxi, train, bus, plane, other public conveyance, or mileage reimbursement for the use of an individual’s vehicle; and
5. Fixed wing air transportation services.

(b) All emergency ground transportation services and all rotary wing air ambulance services are provided by independent transportation providers enrolled in accordance with N.J.A.C. 10:49-3.2 and this chapter.

1. For beneficiaries enrolled in managed care, all emergency transports, including ground and rotary wing air transports, as well as their associated loaded mileage costs, shall be the responsibility of the managed care organization.

(c) Ground ambulance service is a covered service under the following conditions:

- 1.-2. (No change.)
3. When the service is provided as specified in the rules of DOH at N.J.A.C. 8:40 or 8:41, as applicable;
- 4.-5. (No change.)

6. Hospital-based Mobile Intensive Care Unit/Advanced Life Support (MICU/ALS) service and associated Ambulance/Basic Life Support (Ambulance/BLS) service are reimbursable by the Medicaid/NJ FamilyCare fee-for-service program only when billed on a single claim by the hospital providing the MICU/ALS service. Transportation companies providing the Ambulance/BLS service associated with a

MICU/ALS run shall bill the hospital providing the MICU/ALS service and shall not bill the Medicaid/NJ FamilyCare program directly for this service.

i. A non-hospital-based MICU/ALS services provider acting on behalf of a hospital or consortium to provide MICU/ALS services to Medicaid/NJ FamilyCare beneficiaries may bill the Medicaid/NJ FamilyCare program directly for this service if the entity has received a Certificate of Need approval and has been licensed by DOH as an MICU/ALS service provider in accordance with N.J.A.C. 8:41-2. Existing prohibitions on additional reimbursement to nursing homes for such services and on reimbursement for services provided by volunteer ambulance organizations and existing provisions regarding Ambulance/BLS services remain intact. See N.J.A.C. 10:50-1.6(k) and 10:52-2.16(b)3.

7. The Division will pay, on behalf of eligible Medicaid/NJ FamilyCare beneficiaries who are also eligible for Medicare, the full amount of any Medicare deductible and coinsurance costs for covered MICU/ALS and Ambulance/BLS services provided to such beneficiaries. Code A0434 shall be used when submitting claims for such ambulance specialty care transport services. See N.J.A.C. 10:50-2.2(a).

(d) An air ambulance (fixed wing or rotary wing), under extenuating circumstances, may be used as a carrier to transport the sick, injured, or disabled Medicaid/NJ FamilyCare fee-for-service beneficiary.

1. The service is restricted to the emergency condition where transportation by air is medically considered the only acceptable form of travel and the conditions are such that its utilization is feasible. The Division retains the option to utilize this form of transportation in such situations where, at the program's discretion, it could represent a significant cost savings when compared to ground ambulance or mobility assistance vehicle service involving trips covering similarly long distances.

i. For fee-for-service beneficiaries needing rotary wing air ambulance services, these services shall be provided by independent air ambulance providers.

ii. For fee-for-service beneficiaries needing fixed wing air ambulance services, the air ambulance service shall be arranged through the transportation broker but reimbursed fee-for-service.

2. The service shall be provided as specified in the rules of DOH at N.J.A.C. 8:41, Advanced Life Support Services, Mobile Intensive Care Programs, Specialty Care Transport Services, and Air Medical Services.

10:50-1.5 Authorization for air ambulance services

(a) Authorization from the Division of Medical Assistance and Health Services' contracted transportation broker is required for all fixed wing air ambulance services.

1. The use of a rotary wing air ambulance is retroactively authorized and includes the approval for fee-for-service reimbursement of a set rate plus mileage costs per loaded mile.

2. For Medicaid/NJ FamilyCare beneficiaries enrolled in a managed care organization (MCO), the reimbursement of the rotary wing air ambulance, as well as its associated loaded mileage, shall be the responsibility of the MCO.

(b) Procedures for obtaining authorization for the use of a rotary wing air ambulance shall be as follows:

1. The provider shall submit a Transportation Prior Authorization Form (MC-12(A)) to the Transportation Coordinator, DMAHS, PO Box 712, Trenton, NJ 08625-0712. Upon receipt of this document, a staff person reviews the information to verify the medical necessity for the use of the respective mode of transportation and approves or denies the request. The data is then sent electronically to the Fiscal Agent. If the request is approved, the provider is notified in writing by the Fiscal Agent of the decision and the authorized date or time frame. If the request is denied or if additional information is required, the provider is notified in writing by the Fiscal Agent.

(c) Retroactive authorization for rotary wing air ambulance services rendered to a Medicaid/NJ FamilyCare fee-for-service beneficiary includes approval of both the service and the rate of reimbursement for the service as indicated at N.J.A.C. 10:50-1.6(h).

1. The following documentation shall be submitted to the Transportation Coordinator at the address at (b)1 above in support of both written and oral requests for air ambulance authorization:

i. A detailed explanation of the reason(s) why air ambulance service, as opposed to ground ambulance service or mobility assistance vehicle service, is medically considered the only acceptable form of travel, as indicated at N.J.A.C. 10:50-1.6(d);

ii.-iv. (No change.)

2. (No change.)

(d) (No change in text.)

(e) A photocopy of the MC-12(A) form shall be retained on file at the provider's place of business for a minimum period of five years from the date the corresponding service was rendered. The MC-12(A) form shall be made available for review upon request by staff of the Division of Medical Assistance and Health Services or the Division's Fiscal Agent during this period of time. If a MC-12(A) form is not on file for each service, or does not contain all the required documentation as indicated in this section, Medicaid/NJ FamilyCare reimbursement for the service is subject to recoupment as indicated at N.J.A.C. 10:49-9.9.

10:50-1.6 Reimbursement policy for emergency transportation services

(a) The least expensive mode of emergency transportation suitable to the Medicaid/NJ FamilyCare fee-for-service beneficiary's needs shall be used.

(b) Mileage for ground ambulance service shall be measured by odometer from the point at which the Medicaid/NJ FamilyCare fee-for-service beneficiary enters the vehicle to the point at which he or she exits the vehicle.

1. Medicaid/NJ FamilyCare fee-for-service beneficiaries shall be transported in a manner that results in the accrual of the least number of miles.

2. (No change.)

(c) For emergency trips by ground ambulance in excess of 15 miles one way, loaded mileage is reimbursable beginning with the first mile, at a higher rate as indicated at N.J.A.C. 10:50-2, Healthcare Common Procedure Coding System (HCPCS). The higher rate of reimbursement is applicable both to the one-way trip and to the return/round trip.

(d) There is no reimbursement for waiting time on round trips, and it is limited to a maximum of one hour on one-way trips at the point of destination, not at the point of departure.

(e) Emergency transportation service provided to a Medicaid/NJ FamilyCare fee-for-service beneficiary is reimbursable by the New Jersey Medicaid/NJ FamilyCare program under the following conditions only:

1. The medical care provider/facility to which and/or from which the beneficiary is being transported either participates as a provider in the Medicaid/NJ FamilyCare program or meets the requirements for participation as a provider in the Medicaid/NJ FamilyCare program; and

2. The medical service rendered to the beneficiary by the provider/facility is a covered Medicaid/NJ FamilyCare service (as listed at N.J.A.C. 10:49) at the time the transportation is provided.

(f) Reimbursement shall not be permitted when a Medicaid/NJ FamilyCare fee-for-service beneficiary is transported under the following conditions:

1. For the purpose of obtaining a non Medicaid/NJ FamilyCare-covered service, such as a service that is primarily educational, vocational, or social in nature;

2.-4. (No change.)

(g) For ambulatory individuals, if other modes of transportation are appropriate or available, Medicaid/NJ FamilyCare fee-for-service beneficiaries do not qualify for ambulance service. The appropriate Medicaid/NJ FamilyCare-reimbursed modes of transportation service for ambulatory individuals, in most cases, are public transportation, livery, clinic van, taxicab, bus, or county-administered, lower modes of service.

1. An ambulatory Medicaid/NJ FamilyCare fee-for-service beneficiary's need for ambulance service is not established solely by the fact that a driver escorts or accompanies an individual who has no mobility related problem, is not of full legal age (a minor child), or is unable to communicate in the English language.

2. Trips by ambulance provided to ambulatory Medicaid/NJ FamilyCare fee-for-service beneficiaries to or from a clinic that provides Medicaid/NJ FamilyCare reimbursed van service for the clinic's ambulatory clients are not appropriate and shall not be Medicaid/NJ FamilyCare reimbursable.

(h) Air ambulance (rotary wing) reimbursement shall be based on a rate authorized by the Division of Medical Assistance and Health Services, not to exceed the charge made to non-Medicaid/NJ FamilyCare beneficiaries for the same service.

1. Reimbursement for rotary wing air ambulance services provided to a beneficiary enrolled in managed care shall be the responsibility of the MCO in which the beneficiary is enrolled.

(i) Hospital-based transportation service provided to a Medicaid/NJ FamilyCare fee-for-service beneficiary shall be recognized by the Division as a covered outpatient hospital service under the conditions set forth in the hospital services rules, specifically N.J.A.C. 10:52-2.16.

(j) When an independent transportation provider renders a round trip service to a Medicaid/NJ FamilyCare fee-for-service beneficiary in a general hospital whose status remains "inpatient," the independent transportation provider bills the hospital for the service.

(k) If a nursing facility transports a Medicaid/NJ FamilyCare fee-for-service beneficiary, reimbursement is considered as part of the per diem rate. No further reimbursement is allowed.

(l) No additional payment is made for the use of medical supplies and/or equipment. Exception: Oxygen is reimbursable on a per occurrence basis when provided to a Medicaid/NJ FamilyCare fee-for-service beneficiary during an ambulance trip.

(m) If a transportation service is operated by an organization which has established a policy of providing service without cost for a specific class of individuals, or individuals living within a given area, then it shall be understood that such service is also available without cost to individuals falling within such category who are covered under the New Jersey Medicaid/NJ FamilyCare program.

(n) A transportation company shall not charge the New Jersey Medicaid/NJ FamilyCare fee-for-service program a higher rate than the rate charged by the transportation company to provide similar service to private-pay, non-New Jersey Medicaid/NJ FamilyCare-covered individuals.

(o) Mileage shall be reimbursed in full miles only. Distances of .4 miles or less shall be rounded down to the last full mile and distances of .5 miles or greater shall be rounded up to the next full mile for reimbursement purposes.

10:50-1.7 Transportation certification for emergency services

(a) The Fiscal Agent Billing Supplement contains a sample transportation certification form and instructions for the form's proper completion. The elements appearing on the sample transportation certification form shall appear on all certification forms furnished and prepared by the independent transportation provider. In addition to the elements appearing on the sample transportation certification form in the Fiscal Agent Billing Supplement, a provider's transportation certification form for emergency ground ambulance service shall contain the following documentation:

1. Beginning and ending mileage amounts for each trip as measured by the vehicle's odometer. Mileage amounts shall accurately reflect the point at which the Medicaid or NJ FamilyCare fee-for-service beneficiary enters the vehicle and the point at which he or she exits the vehicle; and

2. (No change in text.)

(b) (No change.)

(c) The vehicle recognition number (ground ambulance) that corresponds to the vehicle used to provide the respective transportation service shall be entered on the "Transportation Claim" (Form MC-12) in Item 18 (REMARKS) when submitting hard copy claims to the Division's Fiscal Agent for ground ambulance service.

10:50-1.8 (Reserved)

10:50-1.9 Insurance requirements

(a) An independent transportation provider shall have the following insurance, upon initial application to enroll, and shall fully maintain that insurance, in order to participate in the Medicaid/NJ FamilyCare program:

1. (No change.)

2. General liability coverage for ambulance providers shall comply with the professional liability requirements for such providers contained at N.J.A.C. 8:40-3.3;

3. Automobile liability coverage, for each vehicle, which for ambulance service, shall comply with the automobile liability requirements for such providers contained at N.J.A.C. 8:40-3.3; and

4. (No change.)

(b) An independent transportation provider shall immediately notify the Division and shall immediately discontinue all transportation services for beneficiaries if any portion of any required insurance is cancelled or becomes null or void.

10:50-1.10 through 1.13 (Reserved)

10:50-1.14 Recordkeeping

(a) Each independent transportation provider shall prepare daily log sheets which shall be maintained for a period of at least five years from the date the service was rendered to the Medicaid/NJ FamilyCare beneficiary.

(b) (No change.)

(c) If a daily log sheet is not on file for each service, or does not contain all the required elements as indicated in this section, Medicaid/NJ FamilyCare payment for the service may be denied or subject to recoupment in accordance with N.J.A.C. 10:49 or this chapter.

(d) The daily log sheet shall contain, at a minimum, the following information:

1. (No change.)

2. The name of each Medicaid/NJ FamilyCare beneficiary;

3. The beneficiary's Health Benefits Identification (HBID) number;

4. (No change.)

5. The destination (name of facility and address); and

6. A description of the emergency condition of the beneficiary.

10:50-1.15 Complaint log

(a) An independent transportation provider shall implement a complaint/grievance procedure.

(b) An independent transportation provider shall prepare and maintain a complaint log, containing all complaints and/or grievances from beneficiaries or their representatives.

(c) An independent transportation provider shall make all complaint logs available for immediate review upon the request of any representative(s) of the Division, for a period of at least five years from the date of service involved.

(d) An independent transportation provider shall enter the following information into the complaint log:

1. (No change.)

2. The beneficiary's Health Benefits Identification (HBID) number;

3.-5. (No change.)

10:50-1.16 Program integrity

(a) An independent transportation provider shall comply with the following requirements:

1. Each claim, certification form, and daily log sheet entry shall correspond to an actual trip provided to a Medicaid/NJ FamilyCare beneficiary;

2. No remuneration, compensation, or other consideration shall be solicited or accepted from any Medicaid/NJ FamilyCare-eligible beneficiary for services delivered;

3. An independent transportation provider shall not use any marketing material that includes any reference to Medicaid/NJ FamilyCare coverage unless that material has been approved by the Division prior to its use;

4. An independent transportation provider shall report immediately to the Office of the State Comptroller, Medicaid Fraud Division, any evidence of fraud or abuse related to Medicaid/NJ FamilyCare services or beneficiaries. The Medicaid Fraud Division Hotline, 1-888-937-2835, is available to report allegations of fraud and abuse. Suspected fraud and abuse can also be reported on the New Jersey State Comptroller's website: www.state.nj.us/comptroller/divisions/medicaid. The provider shall cooperate with any investigation that may result;

5. An independent transportation provider shall abide by the provisions of N.J.A.C. 10:49-7.4 and 7.5, concerning the use of factors, service bureaus, and management agencies;

6. An independent transportation provider shall abide by the provisions of N.J.A.C. 10:49-11 and 12, concerning exclusion from participation in the New Jersey Medicaid/NJ FamilyCare program and provider reinstatement; and

7. An independent transportation provider shall not release any data pertaining to transportation services without the prior written approval of authorized personnel of the Division or other authorized agency of the State of New Jersey. Data shall be released only in accordance with the explicit written instructions from the Division or other authorized agency. No results of the program shall be released without the prior written approval of the Division or other authorized agency of the State of New Jersey, and such results shall be released only to persons designated in that written approval.

10:50-1.17 Auditing

(a) The Division may review and evaluate the care and services provided to Medicaid/NJ FamilyCare beneficiaries to ensure that independent transportation providers comply with the provisions of their contracts with the Division and with applicable Federal and State laws, rules, and regulations. Post-service reviews may be on a pre-payment or post-payment basis.

(b)-(c) (No change.)

(d) An independent transportation provider shall permit spot checks and on-site inspections for the purpose of monitoring and evaluating the work performed.

(e) An independent transportation provider and its drivers and attendants shall cooperate fully during any spot checks and on-site inspections conducted by representatives of the State of New Jersey for the purpose of inspecting, investigating, monitoring, or otherwise evaluating the work performed under the terms of the Provider Agreement.

(f) The Division, the U.S. Department of Health and Human Services, the General Accounting Office (GAO), the New Jersey Department of Law and Public Safety, and any other Federal, State, county, or local agency with appropriate jurisdiction, or their authorized representative(s), shall, at reasonable times, have the right to enter an independent transportation provider's premises, or such other places where duties under the contract are being performed, to inspect, investigate, monitor, or otherwise evaluate the work being performed and all related financial records.

(g) A transportation provider shall provide reasonable access to all facilities and shall cooperate with any Federal, State, county, and local representative(s) conducting spot checks, on-site inspection visits, audits, and investigations.

(h) Independent transportation providers that provide modified livery transport services shall provide monthly reports to the Division which shall include the following information regarding each modified livery transport service provided:

1. The beneficiary's HBID number;
2. The beneficiary's name;
3. The beneficiary's destination (name of facility and address);
- 4.-7. (No change.)

10:50-1.18 Performance standards; termination of services, privileges and/or provider agreement

(a) An independent transportation provider shall ensure that each Medicaid/NJ FamilyCare beneficiary is picked up without delay and is transported by a safe driver, in a safe manner, and in accordance with the requirements of all State and Federal laws, rules, and regulations.

(b) The following shall result in the Division's immediate termination of the Provider Agreement and immediate termination of service from the provider, and may also result in denial, or recoupment, of payment to the provider:

1.-3. (No change.)

4. Any violation of any provision of any State or Federal law, rule, or regulation that affects, or threatens to affect, the life, health, or safety of any Medicaid/NJ FamilyCare beneficiary or any representative of the State.

(c) Other violations of N.J.A.C. 10:49 or this chapter, or of any other State or Federal law, rule, or regulation, concerning an independent transportation provider's performance including, but not limited to, unavailability for dispatching or intentional arrival delays shall result in sanctions including, but not limited to, termination of the Provider Agreement, denial or recoupment of payment and/or termination of billing, and service delivery privileges, such as electronic billing.

(d) Confirmed complaints concerning an independent transportation provider's failure to provide service to an eligible Medicaid/NJ FamilyCare beneficiary may, depending upon the circumstances, result in termination of the Provider Agreement.

(e) (No change in text.)

SUBCHAPTER 2. HEALTHCARE COMMON PROCEDURE CODING SYSTEM (HCPCS)

10:50-2.1 Introduction

(a) The New Jersey Medicaid/NJ FamilyCare program adopted the Federal Centers for Medicare & Medicaid Services' (CMS) Healthcare Common Procedure Coding System (HCPCS) codes for 2006, established and maintained by CMS in accordance with 42 CFR 424, incorporated herein by reference, as amended and supplemented and published by PMIC, 4727 Wilshire Blvd., Suite 300, Los Angeles, CA 90010. Revisions to the Healthcare Common Procedure Coding System (code additions and deletions, and replacement codes) will be reflected in this subchapter through publication of a notice of administrative change in the New Jersey Register. Revisions to existing reimbursement amounts specified by the Division and specification of new reimbursement amounts for new codes will be made in accordance with the Administrative Procedure Act, N.J.S.A. 52:14B-1 et seq. The HCPCS codes as listed in this subchapter are relevant to Medicaid/NJ FamilyCare fee-for-services transportation services and must be used when filing a claim. An updated copy of the HCPCS codes may be obtained by accessing www.njmmis.com.

1.-2. (No change.)

(b) The following modifiers shall accompany the appropriate HCPCS procedure codes when applicable:

1. (No change.)
2. "GY" Non-Medicare-covered service—to indicate that a ground ambulance service provided to a Medicare/Medicaid or Medicaid/NJ FamilyCare beneficiary is NOT reimbursable by Medicare because the place of destination is a physician's office, a clinic, or a dialysis facility, etc. Use modifier "GY" following all applicable HCPCS procedure codes when billing Medicaid/NJ FamilyCare for the non-Medicare reimbursable service; an Explanation of Medicare Benefits statement is not required.
3. (No change.)

10:50-2.2 HCPCS procedures codes and maximum fee schedule

HCPCS Code	Mod.	Description	Maximum Fee Allowance
(a) AMBULANCE SERVICE			
A0420		Waiting Time—Ambulance Service—One Way Trip Only	
		¼ hour	2.50
		½ hour	5.00
		¾ hour	7.50
		1 hour	10.00
		NOTE: Reimbursable only on one way trips and only after 30 minutes have elapsed. It is reimbursable in ¼ hour increments. Maximum reimbursement for waiting time is \$10.00 (1 hour).	

HCPCS Code	Mod.	Description	Maximum Fee Allowance
A0422		Ambulance Service, Oxygen, Administration and supplies, Life sustaining situation	12.00 per occurrence
A0425		BLS Mileage (Per Mile) NOTE: Ambulance Service, Per Mile, One Way and Round Trip. Applicable when one-way mileage is 15 miles or less.	6.04
A0427		Air Ambulance Service, Advanced Life Support (ALS) Level 1 (per unit)	387.14
A0429		Ambulance Services Basic Life Support Emergency Transportation, No ALS (per unit)	326.02
A0433		Air Ambulance Service, Advance Life Support Level 2 (per unit)	560.34
A0434		Specialty Care Transport (per unit)	647.33
A0436		Air Ambulance, Rotary Wing	18.90

APPENDIX

FISCAL AGENT BILLING SUPPLEMENT

AGENCY NOTE: The Fiscal Agent Billing Supplement is appended as a part of this chapter/manual but is not reproduced in the New Jersey Administrative Code. When revisions are made to the Fiscal Agent Billing Supplement, a revised version will be placed on the fiscal agent’s website: www.njmms.com and will be filed with the Office of Administrative Law.

If you do not have internet access and would like to request a copy of the Fiscal Agent Billing Supplement, write to:

Gainwell Technologies
PO Box 4801
Trenton, New Jersey 08650-4801
or contact:
Office of Administrative Law
Quakerbridge Plaza, Bldg. 9
PO Box 049
Trenton, New Jersey 08625-0049

CORRECTIONS

(a)

THE COMMISSIONER

Municipal Detention Facilities

Readoption with Amendments: N.J.A.C. 10A:34

Proposed: December 20, 2021, at 53 N.J.R. 2129(a).
Adopted: March 1, 2022, by Victoria L. Kuhn, Acting Commissioner, Department of Corrections.
Filed: March 1, 2022, as R.2022 d.043, **without change**.
Authority: N.J.S.A. 30:1B-6 and 30:1B-10.
Effective Dates: March 1, 2022, Readoption;
April 4, 2022, Amendments.
Expiration Date: March 1, 2029.

Summary of Public Comment and Agency Response:

No comments were received.

Federal Standards Statement

The rules readopted with amendments are promulgated under the authority of the rulemaking requirements of the Department of Corrections as established at N.J.S.A. 30:1B-6 and 30:1B-10. The rules readopted with amendments are not subject to any Federal statutes,

requirements, or standards; therefore, a Federal standards analysis is not required.

Full text of the readopted rules can be found in the New Jersey Administrative Code at N.J.A.C. 10A:34.

Full text of the adopted amendments follows:

SUBCHAPTER 1. GENERAL PROVISIONS

10A:34-1.1 Purpose

(a) The purpose of this chapter is to set forth the minimum standards for the:

1.-2. (No change.)

10A:34-1.2 Scope

This chapter shall be applicable to the New Jersey Department of Corrections, Office of County Services, and all adult municipal detention facilities.

10A:34-1.3 Definitions

The following words and terms, when used in this chapter, shall have the following meanings unless the context clearly indicates otherwise:

...
“Municipal detention facility” means a holding area or lockup facility, usually located in, and operated by, a municipal police department, which receives and temporarily detains for approximately 24 hours, excluding holidays or weekends, persons who have been arrested who are awaiting release or transfer to other authorities.
...

SUBCHAPTER 2. INSPECTION AND MINIMUM STANDARDS FOR NEW JERSEY MUNICIPAL DETENTION FACILITIES

10A:34-2.1 Inspection of municipal detention facilities

(a) As provided at N.J.S.A. 30:1-15, the Commissioner of the Department of Corrections has the authority to designate Departmental staff to visit and inspect all municipal detention facilities on a biennial basis. The Department of Corrections reserves the right to conduct annual unannounced inspections.

(b) Each municipal detention facility shall be subject to unannounced visits by staff designated by the Commissioner of the Department of Corrections for the purpose of inspecting and observing the:

1.-3. (No change.)

(c) (No change.)

(d) Municipal detention facilities shall be responsible for the retention of all inspection and rule exemptions records and documents.

10A:34-2.2 Minimum standard compliance or non-compliance procedure

(a) (No change.)

(b) The municipal detention facility shall be notified that corrective action must be effected, or initiated, within 60 days for any standard(s) that was rated in non-compliance.

(c)-(d) (No change.)

(e) The municipal detention facility shall submit current forms obtained on the Department of Corrections’ website for inspections, rule exemptions, incident reporting, and any required statistical information.

10A:34-2.4 Notification of intent to construct or renovate a municipal detention facility

(a) A letter of intent to construct or renovate a municipal detention facility shall be submitted to the Office of County Services, Department of Corrections, through email to municipal.inspections@doc.nj.gov, by the authority responsible for the municipal detention facility.

(b) Upon receipt of the letter of intent, the Office of County Services, Department of Corrections, shall furnish technical assistance throughout the planning process to assure that the detention facility complies with this subchapter.

(c) All plans and specifications shall be submitted to the Office of County Services, Department of Corrections, through email to municipal.