



Arkansas Department of Human Services

Division of Medical Services

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TO: Arkansas Medicaid Health Care Providers - Transportation

DATE: March 1, 2005

SUBJECT: Provider Manual Update Transmittal No. 64

REMOVE

Section	Date
201.000 - 201.200	10-13-03
213.100	10-13-03

INSERT

Section	Date
201.000 - 201.200	3-1-05
213.100	3-1-05

Explanation of Updates

Sections 201.100 and 201.200 are updated to explain that certain persons or entities are not eligible to enroll, or to remain enrolled, as Medicaid providers and to make a clarification on subsequent license renewal.

Section 213.100 has been updated to make a correction to a procedure code. Procedure code T2003 has been corrected to **T2002** as T2003 is no longer payable.

Paper versions of this update transmittal have updated pages attached to file in your provider manual. See Section I for instructions on updating the paper version of the manual. For electronic versions, these changes will be automatically incorporated.

Thank you for your participation in the Arkansas Medicaid Program.

Roy Jeffus, Director

If you need this material in an alternative format, such as large print, please contact our Americans with Disabilities Act Coordinator at (501) 682-6789 or 1-877-708-8191. Both telephone numbers are voice and TDD.

If you have questions regarding this transmittal, please contact the EDS Provider Assistance Center at 1-800-457-4454 (Toll-Free) within Arkansas or locally and Out-of-State at (501) 376-2211.

Arkansas Medicaid provider manuals (including update transmittals), official notices and remittance advice (RA) messages are available for downloading from the Arkansas Medicaid website: www.medicaid.state.ar.us.

201.000	Arkansas Medicaid Participation Requirements for Ambulance Transportation Providers	3-1-05
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201.100	Ground Ambulance Providers	3-1-05
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Providers of ground ambulance transportation must meet the following criteria in order to be eligible for participation in the Arkansas Medicaid Program:

- A. Provider must complete a provider application (DMS-652), a Medicaid contract (DMS-653) and a Request for Taxpayer Identification Number and Certification (W-9) with the Arkansas Medicaid Program. [View or print a provider application \(Form DMS-652\), Medicaid contract \(Form DMS-653\) and Request for Taxpayer Identification Number and Certification \(Form W-9\).](#)
- B. The Arkansas Medicaid Program must approve the provider application and the Medicaid contract as a condition of participation in the Medicaid Program. Persons and entities that are excluded or debarred under any state or federal law, regulation, or rule are not eligible to enroll, or to remain enrolled, as Medicaid providers.
- C. A current copy of the ambulance license issued by the applicable State Ambulance Board must accompany the provider application and Medicaid contract. Subsequent license renewal must be provided when issued.
 - 1. Subsequent license renewal must be forwarded to Provider Enrollment within 30 days of issuance.
 - 2. Failure to ensure that current licensure and/or certification is on file with Provider Enrollment will result in termination from the Arkansas Medicaid Program.
- D. Ambulance transportation providers who wish to be reimbursed for Advanced Life Support services must submit a written request and a current copy of the ambulance license that reflects paramedic, intermediate or EBLS (Enhanced Basic Life Support). Please refer to Section 252.410 for special billing instructions regarding Advanced Life Support.
- E. The ambulance company must be enrolled in the Title XVIII (Medicare) Program.

201.200	Air Ambulance Providers	3-1-05
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Providers of air ambulance transportation must meet the following criteria in order to be eligible for participation in the Arkansas Medicaid Program:

- A. Provider must complete a provider application (Form DMS-652), a Medicaid contract (Form DMS-653) and a Request for Taxpayer Identification Number and Certification (Form W-9) with the Arkansas Medicaid Program. [View or print a provider application \(Form DMS-652\), Medicaid contract \(Form DMS-653\) and Request for Taxpayer Identification Number and Certification \(Form W-9\).](#)
- B. The Arkansas Medicaid Program must approve the provider application and the Medicaid contract as a condition of participation in the Medicaid Program. Persons and entities that are excluded or debarred under any state or federal law, regulation, or rule are not eligible to enroll, or to remain enrolled, as Medicaid providers.
- C. The ambulance company must be in enrolled in the Title XVIII (Medicare) Program.
- D. A current copy of the ambulance license issued by the applicable State Ambulance Board must accompany the provider application and Medicaid contract. Subsequent licensed renewal must be provided when issued.
 - 1. Subsequent license renewal must be forwarded to Provider Enrollment within 30 days of issuance.

2. Failure to ensure that current licensure and/or certification is on file with Provider Enrollment will result in termination from the Arkansas Medicaid Program.

PROPOSED

213.100 Non-Emergency Trip From a Hospital to a Nursing Home**3-1-05****A. Special Instruction**

Medicaid **covers** ground ambulance service to return a bedridden nursing home patient to the nursing home. This only applies after an emergency trip to a hospital (based upon the patient's diagnosis and condition) where the patient received outpatient treatment and was released.

Procedure code **T2002** must be submitted on a paper CMS-1500 claim form with the supporting documentation listed below.

B. Documentation Required

The ambulance provider must maintain the following documentation to justify the return trip from the hospital to a nursing home:

1. Ambulance emergency medical technician notes
2. Hospital discharge summary
3. Nursing home notes signed by medical personnel

PROPOSED