

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE ARKANSAS

ATTACHMENT 3.1-A
Page 9aa

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised: January 1, 2006

CATEGORICALLY NEEDY

23. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.

a. Transportation (Continued)

(3) Non-Emergency

(a) Public Transportation

Effective for dates of service on or after December 1, 2001, public transportation services are available when provided by an enrolled Medicaid public transportation provider to an eligible Medicaid **beneficiary** being transported to or from a medical facility to receive medical care services covered by the Arkansas Medicaid Program. Transportation will be covered from the point of pick-up to the medical facility or from the medical facility to the point of delivery. The following benefit limits are established. One unit of service = 1 mile. The benefit limits do not apply to EPSDT **beneficiaries**.

Effective for dates of service on or after January 1, 2006, public transportation services are available when provided by an enrolled Medicaid public transportation provider to a full benefit dual eligible being transported to or from a pharmacy to receive prescriptions covered under the Medicare Prescription Drug Benefit- Part D.

- X Public Transportation, Taxi, Intra-City, One Way - may be billed once per day, per **beneficiary** for a maximum of 15 units. Extensions of the established benefit limits will be considered if medically necessary. The provider must request an extension.
- X Public Transportation, Taxi, Intra-City, Round Trip - may be billed once per day, per **beneficiary** for a maximum of 30 units. Extensions of the established benefit limits will be considered if medically necessary. The provider must request an extension.
- X Public Transportation, City-to-City - may be billed once per day, per **beneficiary** for a maximum of 50 units. Extensions of the established benefit limits will be considered if medically necessary. The provider must request an extension.
- X Public Transportation, ADA Accessible Van, Intra-City, One Way - may be billed once per day, per **beneficiary** for a maximum of 15 units. The provider may request an extension of the benefit limit if medically necessary by submitting documentation including the purpose of the trip and the provider's name and address.

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CATEGORICALLY NEEDY

23. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary. (Continued)

a. Transportation (Continued)

(3) Non-Emergency (Continued)

(a) Public Transportation (Continued)

X Public Transportation, ADA Accessible Van, Intra-City, Round Trip - may be billed once per day, per **beneficiary** for a maximum of 30 units. The provider may request an extension of the benefit limit if medically necessary by submitting documentation including the purpose of the trip and the provider=s name and address.

X Public Transportation, ADA Accessible Van, Intrastate Authority - may be billed once per day, per **beneficiary** for a maximum of 50 units. The provider may request an extension of the benefit limit if medically necessary by submitting documentation including the purpose of the trip and the provider=s name and address.

(b) Non-Public Transportation

Effective for dates of service on or after December 1, 2001, non-public transportation services are available when provided by an enrolled Medicaid transportation provider to an eligible Medicaid **beneficiary** transported to or from a medical provider to receive medical services covered by the Arkansas Medicaid Program. Transportation will be covered from the point of pick-up to the medical service delivery site and from the medical service delivery site to the **beneficiary=s** return destination.

Effective for dates of service on or after January 1, 2006, non-public transportation services are available when provided by an enrolled Medicaid non-public transportation provider to a full benefit dual eligible being transported to or from a pharmacy to receive prescriptions covered under the Medicare Prescription Drug Benefit- Part D.

The following benefit limits are established. The benefit limits do not apply to EPSDT **beneficiaries**.

This service may be billed once per day, per **beneficiary** for a maximum of 300 miles per date of service.

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MEDICALLY NEEDY

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a. Transportation (Continued)

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(a) Public Transportation

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MEDICALLY NEEDY

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a. Transportation (Continued)

(3) Non-Emergency (Continued)

(a) Public Transportation (Continued)

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