

Requirements for Provider Type 26—Transportation

PT 26 Must be enrolled with CMS Medicare at the applying service location address

SpecialtyCode

Please choose from the following for the specialty and code:

- 260 – Ambulance – Basic Life Support
- 261 – Ambulance – Advance Life Support
- 262 – Air Ambulance
- 264 – Mass Transit- Routed to OMHSAS
- 265 – Para-Transit- Routed to OMHSAS
- 266 - Client Reimbursement (Mileage, Toll)
- 267 –* Non-Emergency- Routed to ODP

Provider Eligibility Program (PEP)

The following chart categorizes each PEP by the specialty that can be associated with it. Please choose at least one PEP for each selected specialty.

Fee-for-Service	Consolidated Waiver	ID Base Program	Per/Family Directed Service
260	267	267	267
261			
262			
266			
267			
268			

Required Documents for Provider Type 26

The following documents and supporting information are required by the Bureau of Fee-for-Service Programs for enrollment (please ensure all documents are legible):

- Completion of application for enrollment of a Facility/Agency—application must include:
 - Signed Provider Agreement with original signature of an authorized representative; and
 - Completed Ownership or Control Interest Disclosure form
- Documentation generated by the IRS showing both the Provider’s legal name and FEIN—documentation must come from the IRS; this Department **does not** accept W-9s
- Copy of license issued by Department of Health or applicable state agency if Out-of-State Provider
- If application is for an Out-of-State Provider, submit proof of current home state Medicaid participation
- If Provider operates under a fictitious name, submit copy of D/B/A filing with Department of State Corporation Bureau
- Copy of Corporation papers issued by Department of State Corporation Bureau or copy of business partnership agreement

Transportation Providers (26) should submit applications online via our Electronic Provider Portal at <https://provider.enrollment.dpw.state.pa.us>. If circumstances do not allow online submission, send application and documents to:

DHS Provider Enrollment
PO Box 8045
Harrisburg, PA 17105-8045
Fax: (717) 265-8284
E-mail: RA-ProvApp@pa.gov