



# Arkansas Department Of Health and Human Services

## Division of Medical Services



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**TO:** Arkansas Medicaid Health Care Providers - Transportation

**DATE:** December 1, 2006

**SUBJECT:** Provider Manual Update Transmittal #86

**REMOVE**

<b>Section</b>	<b>Date</b>
252.100	12-5-05

**INSERT**

<b>Section</b>	<b>Date</b>
252.100	12-1-06

**Explanation of Updates**

Section 252.100 is included to remove procedure code **J0152**. This code is no longer payable for transportation providers.

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.

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.

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](http://www.medicaid.state.ar.us).

Thank you for your participation in the Arkansas Medicaid Program.

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Roy Jeffus, Director



## 252.100

## Ambulance Procedure Codes

12-1-06

93041*	A0380	A0382	A0390	A0398	A0422	A0426	A0427
A0429	J0150*	J0170*	J0280*	J0460*	J1094*	J1100*	J1160*
J1200*	J1940*	J2060*	J2175*	J2270*	J2310*	J2550*	J2560*
J3360*	J3410*	J3475*	J3480*	J3490*	Q4076*		

\*Procedure code can be billed only in conjunction with procedure code **A0427**.

Procedure Code	Required Modifier	Description
A0436		Emergency, per mile, loaded, helicopter air ambulance
A0422	U1	Emergency, oxygen, helicopter air ambulance
A0431		Ambulance service, emergency, basic pick-up, helicopter, one unit per day
A0428		Ambulance service, ILS intermediate transport, mileage and disposable supplies billed separately
A0380	TF	ILS mileage (per mile)
T2002**		Non-emergency ground ambulance transportation, hospital to nursing facility
A0435	U1, UB U2, UB U3, UB U4, UB  U5, UB  U6, UB	Piston propelled fixed <b>wing</b> air ambulance per mile Turboprop fixed wing air ambulance per mile Jet (fixed wing) one unit equals one mile Piston propelled fixed wing air ambulance per hour (Round to the nearest hour.) Turboprop fixed wing air ambulance per hour (Round to the nearest hour.) Jet (fixed wing) one unit equals one hour (Round to the nearest hour.)
A0434		Air Ventilator/Respiratory Therapist, one unit equals one hour (Round to the nearest hour.)

\*\*Procedure code must be billed on a paper CMS-1500 claim form with the supporting documentation listed in section 213.100.