

## Requirements for Provider Type 26—Transportation

### Specialty Code

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
- 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 Services
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](mailto:RA-ProvApp@pa.gov)**