

Arkansas Medicaid Provider Portal Application Required Documents

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Required Information and Documentation

During the process of completing your application to become an Arkansas Medicaid Provider, you will be asked to supply quite a bit of information about yourself or your provider group. You will also need to submit documentation specific to you or your group. To streamline your application process it is best if you gather all the required information and documentation prior to beginning the application process.

Applications are divided into groups called Enrollment Types. Enrollment types are based on if the applicant will be practicing as an individual or as part of a group, or if the provider is atypical. Providers are grouped by “Provider Type”. This refers to the type of services provided. Examples of provider types are Physicians, Long Term Care, Nurse Practitioner, or Oral Surgeon. Providers are further grouped by “Provider Specialties”. Some provider types have only one provider specialty, others have many. The “Physician” provider type has by far the most provider specialties.

Each provider type has an assigned two-digit code. In this document, this is referred to as the Provider Type Code. Provider specialties also have an assigned two-digit code called the Provider Category.

Once you have identified your provider type and provider specialty, you can use the [Required Documents tables](#) to identify your Enrollment Type options, Provider Type Code, Provider Category and all of the documents you are required to submit with your application.

In the Required Documents tables, if the field says “Yes”, the document is required. If the field says “No”, the document is not needed. If the field says “Opt”, it is optional for you to submit the document. Some provider types/provider specialties may list specific agencies under License and/or Certification. If a specific agency is listed, the license/certification must be supplied by that agency.

Some documents have special requirements such as specific signatures, dates or formats. Be sure to verify that your documents meet all the requirements listed in the [Document Specifications](#) table below. Once you have completed all of your documents, you will need to scan each document individually to your computer to create a separate digital copy. You will upload each of these digital copies in the Attachments Section of the online application process.

Prior to starting your application on the Provider Portal, be sure to:

- Have electronic copies of all Required Documents
- Know the following information
 - Enrollment Type
 - Provider Type Code (based on the type of services you provide)
 - Provider Category Code (based on your specialty)
 - National Provider Identifier
 - Taxonomy Codes
 - Tax ID - either Employer Identification Number or Social Security Number
 - License Number

Document Specifications

Document	Description
ACA Fee	<p>Payment required for all high risk provider groups. This is a non-refundable application processing fee mandated by the Affordable Care Act. This fee must be paid online when completing the application. If you have already paid the ACA Fee to another agency such as Medicare or another state Medicaid, you can have your fee waived for Arkansas Medicaid. To receive the waiver, you will need to submit a letter, signed by the applicant, attesting that your fee has already been paid and to whom the fee was paid.</p> <p><i>In order to waive the fee, your letter must be scanned and uploaded to the online application.</i></p>
Certification (Cert)	<p>Current certification from the certifying board. May vary based on type/specialty. Some types/specialties list specific certifying agencies.</p> <p><i>Must be scanned and uploaded to the online application.</i></p>
Contract	<p>Agreement to participate in Medicaid is required for all providers. Must include:</p> <ul style="list-style-type: none"> Arkansas Medicaid Contract (DMS 653) Ownership and Conviction Form (DMS 675) Discloser of Significant Business Transactions Form (DMS 689) Electronic Funds Transfer (EFT) (Automatic Deposit) Form <p><i>DMS Forms 653, 675, 689 and the EFT Form are part of the electronic application and can be electronically signed and dated via the online application.</i></p>
EPSDT Agreement	<p>EPSDT Agreement Form (DMS 831) must be signed and dated.</p> <p><i>Must be scanned and uploaded to the online application.</i></p>
Fingerprints	<p>Federal fingerprint-based background checks are required for all high risk providers (and their owners who have a 5% or greater direct or indirect ownership interest). Contact one of the below vendors to process electronic fingerprinting.</p> <p>- Arkansas Live Scan - Hixson Adventure - Fitness & Tactical Academy</p> <p><i>Fingerprints cannot be submitted on the online application. Follow instructions provided by the vendor to process your fingerprints.</i></p>
IRS Letter	<p>Group applicants must provide an IRS letter for each Tax ID number included in the application.</p> <p><i>Must be scanned and uploaded to the online application.</i></p>
License	<p>Current license from the professional licensing board. May vary by type/specialty. Some types/specialties list specific license types. <i>Name on license must perfectly match all other documentation.</i></p> <p><i>Must be scanned and uploaded to the online application.</i></p>
Medicare	<p>Some providers must also be enrolled in Medicare to enroll in Medicaid. No document required, but Medicare enrollment must be completed first.</p>
PCP Required	<p>Managed Care Primary Care Physician Agreement Form (DMS 2608). A maximum of 20 counties may be selected. Must be signed and dated.</p> <p><i>Must be scanned and uploaded to the online application.</i></p>
Voided Check or Bank Letter	<p>To complete the Electronic Funds Transfer (EFT) enrollment, provide a voided check for the account listed for EFT. The name on the check <i>must match</i> the name on the application. If a check that matches the applicant is not available, substitute a letter from the bank that lists the account number on the EFT request <i>and</i> the name of the applicant as an authorized user for that account.</p> <p><i>Must be scanned and uploaded to the online application.</i></p>
W9	<p>Request for Taxpayer Identification Number and Certification (W9). Must include:</p> <ul style="list-style-type: none"> Provider Name (middle name must be initial only) which must match the name on the application Address Social Security Number (Individual Provider) or Tax ID Number (Provider Group) <i>Signature with Date</i> <p><i>Must be scanned and uploaded to the online application.</i></p>

Required Documents Tables

Physician Provider Types	Enrollment Type	Provider Type Code	Provider Category	IRS Letter	Voided Check / Bank Letter
Physician (Solo Practitioner)	Individual or Individual within Group	01	Choose from Physician Specialties List	No	Yes
Physician Group	Group	02		Yes	Yes
Physician DO (Solo Practitioner)	Individual or Individual within Group	03		No	Yes
Physician DO Group	Group	04		Yes	Yes
AHEC PCP Group	Group	69		Yes	Yes

Physician Specialties	Provider Type Code	Provider Category	Contract	W9	License	Cert	EPSDT	Medicare	ACA Fee	Fingerprints	PCP Required
Adolescent Medicine	Choose from Physician Provider Types List	AA	Yes	Yes	Yes	No	No	No	No	No	No
Allergy Immunology		03	Yes	Yes	Yes	No	No	Yes	No	No	No
Anesthesiology		05	Yes	Yes	Yes	No	No	Yes	No	No	No
CRNA		C3	Yes	Yes	Yes	Yes	No	Yes	No	No	No
Emergency Medicine		E1	Yes	Yes	Yes	No	No	Yes	No	No	No
General Practice		01	Yes	Yes	Yes	No	Yes	Yes	No	No	*
<p><i>*PCP required for in-state unless a hospitalist. Optional for Memphis.</i></p> <p><i>AREA Health Education Centers (FQHC), Medical Physicians Groups, Hospitals, and Emergency Department Physicians, are not required to enroll as a Medicaid PCP.</i></p> <p><i>If you do not want to be a PCP, then the zero caseload form is required.</i></p>											
Geriatrics	Choose from Physician Provider Types List	38	Yes	Yes	Yes	No	No	Yes	No	No	No
Cardiovascular Disease		06	Yes	Yes	Yes	No	No	Yes	No	No	No
Dermatology		07	Yes	Yes	Yes	No	No	Yes	No	No	No
Endocrinology		E2	Yes	Yes	Yes	No	No	Yes	No	No	No
Family Practice		08	Yes	Yes	Yes	No	Yes	Yes	No	No	*
<p><i>*PCP required for in-state unless a hospitalist. Optional for Memphis.</i></p>											
Fluoride Varnish Certification	Choose from Physician Provider Types List	FC	Yes	Yes	Yes	Yes	No	Yes	Yes	No	Yes
Gastroenterology		10	Yes	Yes	Yes	No	No	Yes	No	No	No
Gynecology/Obstetrics		16	Yes	Yes	Yes	No	Opt	Yes	No	No	Opt
Hematology		H2	Yes	Yes	Yes	No	No	Yes	No	No	No
Infectious Diseases		55	Yes	Yes	Yes	No	No	Yes	No	No	No
Internal Medicine		11	Yes	Yes	Yes	No	Opt	Yes	No	No	*
<p><i>*PCP required for in-state unless a hospitalist. Optional for Memphis. Hospitalist letter must be signed by the provider and the group manager.</i></p> <p><i>AREA Health Education Centers (FQHC), Medical Physicians Groups, Hospitals, and Emergency Department Physicians, are not required to enroll as a Medicaid PCP.</i></p> <p><i>If you do not want to be a PCP, then the zero caseload form is required.</i></p>											
Laryngology	Choose from Physician Provider Types List	L1	Yes	Yes	Yes	No	No	Yes	No	No	No
Neonatology		N1	Yes	Yes	Yes	No	No	Yes	No	No	No

Physician Specialties	Provider Type Code	Provider Category	Contract	W9	License	Cert	EPSDT	Medicare	ACA Fee	Fingerprints	PCP Required
Nephrology		39	Yes	Yes	Yes	No	No	Yes	No	No	No
Neurology		13	Yes	Yes	Yes	No	No	Yes	No	No	No
Oncology		X1	Yes	Yes	Yes	No	No	Yes	No	No	No
Ophthalmology		18	Yes	Yes	Yes	No	No	Yes	No	No	No
Orthopedic	Choose from Physician Provider Types List	X6	Yes	Yes	Yes	No	No	Yes	No	No	No
Osteopathy Manipulative Therapy		12	Yes	Yes	Yes	No	No	Yes	No	No	No
Osteopathy Radiation Therapy		X7	Yes	Yes	Yes	No	No	Yes	No	No	No
Otology		X8	Yes	Yes	Yes	No	No	Yes	No	No	No
Otorhinolaryngology	Choose from Physician Provider Types List	X9	Yes	Yes	Yes	No	No	Yes	No	No	No
Pathology		22	Yes	Yes	Yes	No	No	Yes	No	No	No
Pediatrics		37	Yes	Yes	Yes	No	Yes	No	No	No	*
<i>*Required for in-state and optional for trade cities.</i>											
Physical Medicine		P3	Yes	Yes	Yes	No	No	Yes	No	No	No
Proctology		28	Yes	Yes	Yes	No	No	Yes	No	No	No
Psychiatry	Choose from Physician Provider Types List	26	Yes	Yes	Yes	No	No	Yes	No	No	No
Psychiatry Child		P5	Yes	Yes	Yes	No	No	No	No	No	No
Pulmonary Disease		29	Yes	Yes	Yes	No	No	Yes	No	No	No
Radiology Diagnostic		30	Yes	Yes	Yes	No	No	Yes	No	No	No
Radiology Therapeutic		31	Yes	Yes	Yes	No	No	Yes	No	No	No
Rheumatology	Choose from Physician Provider Types List	R4	Yes	Yes	Yes	No	No	Yes	No	No	No
Surgery Cardio		S1	Yes	Yes	Yes	No	No	Yes	No	No	No
Surgery, Colon & Rectal		S2	Yes	Yes	Yes	No	No	Yes	No	No	No
Surgery, General		02	Yes	Yes	Yes	No	No	Yes	No	No	No
Surgery, Neurological		14	Yes	Yes	Yes	No	No	Yes	No	No	No
Surgery, Orthopedic	Choose from Physician Provider Types List	20	Yes	Yes	Yes	No	No	Yes	No	No	No
Surgery, Pediatric		53	Yes	Yes	Yes	No	No	No	No	No	No
Surgery, Oncology		54	Yes	Yes	Yes	No	No	Yes	No	No	No
Surgery, Plastic & Reconstructive		24	Yes	Yes	Yes	No	No	Yes	No	No	No
Surgery, Thoracic		33	Yes	Yes	Yes	No	No	Yes	No	No	No
Surgery, Vascular	Choose from Physician Provider Types List	S4	Yes	Yes	Yes	No	No	Yes	No	No	No
Urology		34	Yes	Yes	Yes	No	No	Yes	No	No	No
EPSDT		E3	Yes	Yes	Yes	No	No	No	No	No	No

ACS Waiver		Provider Type Code	Provider Category	Contract	W9	License	Cert	EPSDT	Medicare	ACA Fee	Fingerprints	IRS Letter	PCP Required	Voided Check / Bank Letter
Enrollment Type														
Case Management Services	Atypical	74	HC	Yes	Yes	No	DPSQA	No	No	Yes	Yes	Required for Groups only	No	Yes
Consultation	Atypical	71	H9	Yes	Yes	No	DPSQA	No	No	Yes	Yes		No	Yes
Crisis Intervention	Atypical	85	HG	Yes	Yes	No	DPSQA	No	No	Yes	Yes		No	Yes
Environmental Modifications / Physical Adaptations	Atypical	72	HA	Yes	Yes	No	DPSQA	No	No	Yes	Yes		No	Yes
Organized Healthcare Delivery System	Atypical	82	HF	Yes	Yes	No	DPSQA	No	No	Yes	No		No	Yes
Specialized Medical Supplies	Atypical	73	HB	Yes	Yes	No	DPSQA	No	No	Yes	Yes		No	Yes
Supported Employment	Atypical	75	HE	Yes	Yes	No	DPSQA	No	No	Yes	Yes		No	Yes
Supported Living	Atypical	67	H7	Yes	Yes	No	DPSQA	No	No	Yes	Yes		No	Yes
TCM ages 0-20	Group	76	C6	Yes	Yes	No	DPSQA	No	No	Yes	No	No	Yes	

AHEC/MCPG Group		Provider Type Code	Provider Category	Contract	W9	License	Cert	EPSDT	Medicare	ACA Fee	Fingerprints	IRS Letter	PCP Required	Voided Check / Bank Letter
Enrollment Type														
Adolescent Medicine	Group	81	AA	Yes	Yes	No	No	No	No	No	No	Yes	No	Yes
Family Practice	Group	81	08	Yes	Yes	No	No	No	Yes	No	No	Yes	Yes	Yes
Internal Medicine	Group	81	11	Yes	Yes	No	No	No	Yes	No	No	Yes	Yes	Yes

Alternatives for Adults with Physical Disabilities		Provider Type Code	Provider Category	Contract	W9	License	Cert	EPSDT	Medicare	ACA Fee	Fingerprints	IRS Letter	PCP Required	Voided Check / Bank Letter
Enrollment Type														
Environmental Adaptations	Atypical	84	A8	Yes	Yes	No	DAAS	No	No	Yes	Yes	*	No	Yes

* IRS Letter required for Groups only.

Ambulatory Surgical Center		Provider Type Code	Provider Category	Contract	W9	License	Cert	EPSDT	Medicare	ACA Fee	Fingerprints	IRS Letter	PCP Required	Voided Check / Bank Letter
Enrollment Type														
Ambulatory Surgical Center	Group	28	A4	Yes	Yes	Yes	No	No	Yes	Yes	No	Yes	No	Yes

ARChoices		Provider Type Code	Provider Category	Contract	W9	License	Cert	EPSDT	Medicare	ACA Fee	Fingerprints	IRS Letter	PCP Required	Voided Check / Bank Letter
Enrollment Type														
Adult Day Care	Atypical	55	E9	Yes	Yes	No	DAAS	No	No	Yes	Yes	Required for Groups only	No	Yes
Adult Day Health Care	Atypical	56	EA	Yes	Yes	No	DAAS	No	No	Yes	Yes		No	Yes
Adult Foster Care	Atypical, Individual or Group	51	E5	Yes	Yes	No	DAAS	No	No	Yes	Yes		No	Yes
Agency Attendant Care	Atypical	97	AC	Yes	Yes	No	DAAS	No	No	Yes	Yes		No	Yes
Counseling Case Management	Atypical	98	CC	Yes	Yes	No	DAAS	No	No	Yes	Yes		No	Yes
Frozen Home Delivered Meals	Atypical	53	EC	Yes	Yes	No	DAAS	No	No	Yes	Yes		No	Yes
Home Delivered Meals	Atypical	53	E7	Yes	Yes	No	DAAS	No	No	Yes	Yes		No	Yes
Personal Emergency Response Systems	Atypical	54	E8	Yes	Yes	No	DAAS	No	No	Yes	Yes		No	Yes
Respite	Atypical	57	EB	Yes	Yes	No	DAAS	No	No	Yes	Yes		No	Yes
Traditional Attendant Care	Atypical	97	AT	Yes	Yes	No	DAAS	No	No	Yes	Yes	No	Yes	

ARKids		Provider Type Code	Provider Category	Contract	W9	License	Cert	EPSDT	Medicare	ACA Fee	Fingerprints	IRS Letter	PCP Required	Voided Check / Bank Letter
Enrollment Type														
School District Outreach	Group	92	SO	Yes	Yes	LEA #	No	No	No	Yes	No	Yes	No	Yes

Autism		Provider Type Code	Provider Category	Contract	W9	License	Cert	EPSDT	Medicare	ACA Fee	Fingerprints	IRS Letter	PCP Required	Voided Check / Bank Letter
Enrollment Type														
Clinical Services Specialist (group only)	Atypical, Individual within a Group or Group	06	AZ	Yes	Yes	No	UAMS Partners	No	No	Yes	No	Required for Groups only	No	Yes
Consultants	Atypical, Individual within a Group or Group	06	AW	Yes	Yes	No	No	No	No	No	No		No	Yes
Intensive Intervention (group only)	Atypical, Individual within a Group or Group	06	AV	Yes	Yes	No	UAMS Partners	No	No	Yes	No		No	Yes
Lead/Line Therapist	Atypical, Individual within a Group or Group	06	AX	Yes	Yes	No	No	No	No	No	No		No	Yes

Behavioral Health Agency		Provider Type Code	Provider Category	Contract	W9	License	Cert	EPSDT	Medicare	ACA Fee	Fingerprints	IRS Letter	PCP Required	Voided Check / Bank Letter
Agency	Enrollment Type													
Behavioral Health Agency	Group	26	R6	Yes	Yes	No	Yes	No	Opt	Yes	No	Yes	No	Yes
Independently Licensed Clinicians (LPC, LCSW, LMFT)	Individual	19	NC	Yes	Yes	Yes	No	No	Opt	No	No	No	No	Yes
Independently Licensed Clinicians (Licensed Psychologist and Licensed Psychological Examiner Independent (LPE-I))	Individual	19	XX	Yes	Yes	Yes	No	No	Opt	No	No	No	No	Yes
Non-Independently Licensed Clinicians	Atypical	95	NW	No	Yes	Yes	No	No	Opt	No	No	No	No	No
Qualified Behavioral Health Provider (QBHP)	Atypical	95	NT	No	Yes	No	No	No	No	No	No	No	No	No

Chiropractor		Provider Type Code	Provider Category	Contract	W9	License	Cert	EPSDT	Medicare	ACA Fee	Fingerprints	IRS Letter	PCP Required	Voided Check / Bank Letter
Chiropractor	Enrollment Type													
Chiropractor	Individual, Individual within a Group or Group	18	35	Yes	Yes	Yes	No	No	Yes	No	No	Groups only	No	Yes

Dental		Provider Type Code	Provider Category	Contract	W9	License	Cert	EPSDT	Medicare	ACA Fee	Fingerprints	IRS Letter	PCP Required	Voided Check / Bank Letter
Enrollment Type														
Dental	Individual or Individual within a Group	08	V2	Yes	Yes	Yes	No	Opt	No	No	No	Required for Groups only	No	Yes
EPSDT	Individual or Individual within a Group	08	E3	Yes	Yes	No	No	Yes	No	No	No		No	Yes
Fluoride Varnish	Individual or Individual within a Group	08	FC	Yes	Yes	Yes	No	No	No	No	No		No	Yes
Mobile Dental Facility	Individual or Individual within a Group	08	V0	Yes	Yes	Yes	No	Opt	No	No	No		No	Yes
Orthodontia	Individual or Individual within a Group	08	V6	Yes	Yes	Yes	No	Opt	No	No	No		No	Yes
Dental Group	Group	31	V2	Yes	Yes	No	No	Yes	No	No	No	Yes	No	Yes
EPSDT Group	Group	31	E3	Yes	Yes	No	No	Yes	No	No	No	Yes	No	Yes
Mobile Dental Facilities Group (section 4 required)	Group	31	V0	Yes	Yes	No	No	Yes	No	No	No	Yes	No	Yes
Orthodontia Group	Group	31	V6	Yes	Yes	No	No	Yes	No	No	No	Yes	No	Yes

Developmental Rehabilitation Services		Provider Type Code	Provider Category	Contract	W9	License	Cert	EPSDT	Medicare	ACA Fee	Fingerprints	IRS Letter	PCP Required	Voided Check / Bank Letter
Enrollment Type														
Developmental Rehab Services	Individual or Group	78	DR	Yes	Yes	No	Early Intervention	No	Yes	Yes	No	Groups only	No	Yes

Division of Youth Services		Provider Type Code	Provider Category	Contract	W9	License	Cert	EPSDT	Medicare	ACA Fee	Fingerprints	IRS Letter	PCP Required	Voided Check / Bank Letter
Enrollment Type														
DCFS Rehab Services Group	Group	88	RJ	Yes	Yes	No	No	No	No	Yes	No	Yes	No	Yes
DCFS Rehab Services Group	Group	88	RL	Yes	Yes	No	No	No	No	Yes	No	Yes	No	Yes
DCFS Rehab Services Performing	Individual or Individual within a Group	89	RJ	Yes	Yes	No	No	No	No	Yes	No	Groups only	No	Yes
DYS Rehab Services Performing	Individual or Individual within a Group	89	RL	Yes	Yes	No	No	No	No	Yes	No	Groups only	No	Yes
DYS/TCM Group	Group	88	CN	Yes	Yes	No	No	No	No	Yes	No	Yes	No	Yes
DYS/TCM Performing	Individual or Individual within a Group	89	CO	Yes	Yes	No	No	No	No	Yes	No	Groups only	No	Yes

Domiciliary Care		Provider Type Code	Provider Category	Contract	W9	License	Cert	EPSDT	Medicare	ACA Fee	Fingerprints	IRS Letter	PCP Required	Voided Check / Bank Letter
Enrollment Type														
Domiciliary Care <i>(must include cost statement with app)</i>	Atypical	36	V5	Yes	Yes	No	No	No	No	Yes	No	Groups only	No	Yes

Early Intervention / Adult Development		Provider Type Code	Provider Category	Contract	W9	License	Cert	EPSDT	Medicare	ACA Fee	Fingerprints	IRS Letter	PCP Required	Voided Check / Bank Letter
Enrollment Type														
ADDT-Adult Developmental Day Treatment	Group	24	AN	Yes	Yes	No	DPSQA	No	No	Yes	No	Yes	No	Yes
AMC-Early Intervention Day Treatment	Group	24	AM	Yes	Yes	No	DPSQA	No	No	Yes	No	Yes	No	Yes
Developmental Day Treatment Center	Group	24	V3	Yes	Yes	No	DPSQA	No	No	Yes	No	Yes	No	Yes
EIDT-Early Intervention Day Treatment	Group	24	AO	Yes	Yes	No	DPSQA	No	No	Yes	No	Yes	No	Yes

Eligibility Only		Provider Type Code	Provider Category	Contract	W9	License	Cert	EPSDT	Medicare	ACA Fee	Fingerprints	IRS Letter	PCP Required	Voided Check / Bank Letter
Enrollment Type														
Eligibility Only	Atypical	70	H8	Yes	Yes	No	No	No	No	Yes	No	*	No	Yes

* IRS Letter required for Groups only.

Family Planning Clinic		Provider Type Code	Provider Category	Contract	W9	License	Cert	EPSDT	Medicare	ACA Fee	Fingerprints	IRS Letter	PCP Required	Voided Check / Bank Letter
Enrollment Type														
Family Planning	Group	35	FI	Yes	Yes	Yes	Yes	No	Yes	Yes	No	Yes	Yes	Yes

Federally Qualified Health Center		Provider Type Code	Provider Category	Contract	W9	License	Cert	EPSDT	Medicare	ACA Fee	Fingerprints	IRS Letter	PCP Required	Voided Check / Bank Letter
Enrollment Type														
FQHC	Group	49	F2	Yes	Yes	Yes	HRSA Grant	Yes	No	Yes	No	Yes	No	Yes
EPSDT	Group	49	E3	Yes	Yes	Yes	Yes	Yes	No	Yes	No	Yes	Yes	Yes

Must enroll with both specialties and be located in AR.

Health Department		Provider Type Code	Provider Category	Contract	W9	License	Cert	EPSDT	Medicare	ACA Fee	Fingerprints	IRS Letter	PCP Required	Voided Check / Bank Letter
Enrollment Type														
Cancer Screening	Group	30	C1	Yes	Yes	Yes	No	No	Yes	No	No	Yes	No	Yes
Cancer Treatment	Group	30	C2	Yes	Yes	Yes	No	No	Yes	No	No	Yes	No	Yes
Communicable Diseases	Group	30	C8	Yes	Yes	Yes	No	No	Yes	No	No	Yes	No	Yes
Dental Clinic	Group	30	VI	Yes	Yes	Yes	No	No	Yes	No	No	Yes	No	Yes
EPSDT	Group	30	E3	Yes	Yes	Yes	No	Yes	Yes	No	No	Yes	No	Yes
Immunizations	Group	30	V8	Yes	Yes	Yes	No	No	Yes	No	No	Yes	No	Yes
Maternity Clinic	Group	30	MI	Yes	Yes	Yes	No	No	Yes	No	No	Yes	No	Yes
Tuberculosis	Group	30	TH	Yes	Yes	Yes	No	No	Yes	No	No	Yes	No	Yes

Hearing Services		Provider Type Code	Provider Category	Contract	W9	License	Cert	EPSDT	Medicare	ACA Fee	Fingerprints	IRS Letter	PCP Required	Voided Check / Bank Letter
	Enrollment Type													
Audiology (section 4 required)	Individual, Individual within a Group or Group	20	64	Yes	Yes	Yes	No	No	No	No	No	Groups only	No	Yes
Hearing Aid Dealer	Group	66	H1	Yes	Yes	Yes	No	No	Yes	Yes	No	Yes	No	Yes

Hemodialysis		Provider Type Code	Provider Category	Contract	W9	License	Cert	EPSDT	Medicare	ACA Fee	Fingerprints	IRS Letter	PCP Required	Voided Check / Bank Letter
	Enrollment Type													
Hemodialysis	Group	34	H5	Yes	Yes	Yes	No	No	Yes	Yes	No	Yes	No	Yes

Home Health		Provider Type Code	Provider Category	Contract	W9	License	Cert	EPSDT	Medicare	ACA Fee	Fingerprints	IRS Letter	PCP Required	Voided Check / Bank Letter
	Enrollment Type													
Home Health	Group	14	H3	Yes	Yes	Class A	No	No	Yes	Yes	No	Yes	No	Yes

Hospice		Provider Type Code	Provider Category	Contract	W9	License	Cert	EPSDT	Medicare	ACA Fee	Fingerprints	IRS Letter	PCP Required	Voided Check / Bank Letter
	Enrollment Type													
Hospice	Group	47	H6	Yes	Yes	Yes	No	No	Yes	Yes	No	Yes	No	Yes
Hospice Group	Group	64	H6	Yes	Yes	No	No	No	Yes	No	No	Yes	No	Yes

Hyperalimentation		Provider Type Code	Provider Category	Contract	W9	License	Cert	EPSDT	Medicare	ACA Fee	Fingerprints	IRS Letter	PCP Required	Voided Check / Bank Letter
	Enrollment Type													
Enteral Nutrition	Group	33	HN	Yes	Yes	Yes	No	No	Yes	Yes	No	Yes	No	Yes
Parental Nutrition	Group	33	H4	Yes	Yes	Pharmacy	No	No	Yes	Yes	No	Yes	No	Yes

Independent Choices Waiver		Enrollment Type	Provider Type Code	Provider Category	Contract	W9	License	Cert	EPSDT	Medicare	ACA Fee	Fingerprints	IRS Letter	PCP Required	Voided Check / Bank Letter
Independent Choice	Atypical	87	IC	Yes	Yes	No	No	No	No	No	Yes	Yes	*	No	Yes

* IRS Letter required for Groups only.

Independent Radiology		Enrollment Type	Provider Type Code	Provider Category	Contract	W9	License	Cert	EPSDT	Medicare	ACA Fee	Fingerprints	IRS Letter	PCP Required	Voided Check / Bank Letter
Independent X-Ray	Group	10	RA	Yes	Yes	No	Yes	No	Yes	Yes	Yes	No	Yes	No	Yes
Portable X-Ray	Group	10	63	Yes	Yes	No	Yes	No	Yes	Yes	Yes	No	Yes	No	Yes
Radiation Therapy-Complete	Group	10	R9	Yes	Yes	No	Yes	No	Yes	Yes	Yes	No	Yes	No	Yes

Inpatient Psychiatric		Enrollment Type	Provider Type Code	Provider Category	Contract	W9	License	Cert	EPSDT	Medicare	ACA Fee	Fingerprints	IRS Letter	PCP Required	Voided Check / Bank Letter
Inpatient Psychiatric Under 21 (may stand alone)	Group	25	W3	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	No	Yes	No	Yes
Psychiatric Facility Inpatient	Group	25	WA	Yes	Yes	Yes	JACHO, COA or CARF	No	*	Yes	Yes	No	Yes	No	Yes
Residential Treatment Facility	Group	25	WB	Yes	Yes	Yes	JACHO, COA or CARF	No	Yes	Yes	Yes	No	Yes	No	Yes
Sexual Offender	Group	25	WC	Yes	Yes	Yes	No	No	No	No	No	No	Yes	No	Yes

*If the Residential Treatment Unit is within a Psychiatric Hospital, the W3 specialty and Medicare is required also.

Independently Licensed Practitioners Group		Enrollment Type	Provider Type Code	Provider Category	Contract	W9	License	Cert	EPSDT	Medicare	ACA Fee	Fingerprints	IRS Letter	PCP Required	Voided Check / Bank Letter
Licensed Clinical Social Worker	Group	44	WI	Yes	Yes	No	No	No	No	Opt	No	No	Yes	No	Yes
Licensed Marriage & Family Therapist	Group	44	R5	Yes	Yes	No	No	No	No	Opt	No	No	Yes	No	Yes
Licensed Professional Counselor	Group	44	W2	Yes	Yes	No	No	No	No	Opt	No	No	Yes	No	Yes
Psychology Licensed Psychological Examiner - Independent	Group	44	62	Yes	Yes	No	No	No	No	Opt	No	No	Yes	No	Yes

Independently Licensed Practitioners - Individual		Enrollment Type	Provider Type Code	Provider Category	Contract	W9	License	Cert	EPSDT	Medicare	ACA Fee	Fingerprints	IRS Letter	PCP Required	Voided Check / Bank Letter
Licensed Marriage & Family Therapist	Individual or Individual within a Group	19	R5	Yes	Yes	Yes		DPSQA	No	Opt	No	No	Required for Groups only	No	Yes
Licensed Professional Counselor	Individual or Individual within a Group	19	W2	Yes	Yes	Yes		DPSQA	No	Opt	No	No		No	Yes
Licensed Clinical Social Worker	Individual or Individual within a Group	19	WI	Yes	Yes	Yes		DPSQA	No	Opt	No	No		No	Yes
Licensed Psychological Examiner – Independent (LPE-I)	Individual or Individual within a Group	19	62	Yes	Yes	Yes		DPSQA	No	No	No	No		No	Yes
Psychology	Individual or Individual within a Group	19	62	Yes	Yes	Yes		DPSQA	No	Opt	No	No		No	Yes

Living Choices		Enrollment Type	Provider Type Code	Provider Category	Contract	W9	License	Cert	EPSDT	Medicare	ACA Fee	Fingerprints	IRS Letter	PCP Required	Voided Check / Bank Letter
Assisted Living Agency	Group	94	AH	Yes	Yes	Class A Home Health		No	No	No	Yes	Yes	Yes	No	Yes
Assisted Living Facility	Group	94	AL	Yes	Yes	Level 2 ALF		No	No	No	Yes	Yes	Yes	No	Yes
Assisted Living Pharmacist Consultant	Group	94	AP	Yes	Yes	AR Pharmacy Board		No	No	No	Yes	Yes	Yes	No	Yes

Long Term Care		Enrollment Type	Provider Type Code	Provider Category	Contract	W9	License	Cert	EPSDT	Medicare	ACA Fee	Fingerprints	IRS Letter	PCP Required	Voided Check / Bank Letter
Easter Seals	Group	13	WO	Yes	Yes	Yes		No	No	Yes	Yes	No	Yes	No	Yes
ICF/Infant Infirmaries	Group	13	W9	Yes	Yes	Yes		No	No	Yes	Yes	No	Yes	No	Yes
Intermediate Care Facility Mentally Retarded	Group	13	W5	Yes	Yes	Yes		No	No	Yes	Yes	No	Yes	No	Yes
Skilled Nursing Facility	Group	11	S5	Yes	Yes	OLTC		No	No	Opt	Yes	No	Yes	No	Yes
Special Services	Group	11	W8	Yes	Yes	Yes		No	No	Yes	Yes	No	Yes	No	Yes

Medicare/Medicaid Crossover Only		Provider Type Code	Provider Category	Contract	W9	License	Cert	EPSDT	Medicare	ACA Fee	Fingerprints	IRS Letter	PCP Required	Voided Check / Bank Letter
Crossover Only	Enrollment Type Group	41	M4	Yes	Yes	No	No	No	Yes	Yes	No	Yes	No	Yes

Non Medicaid		Provider Type Code	Provider Category	Contract	W9	License	Cert	EPSDT	Medicare	ACA Fee	Fingerprints	IRS Letter	PCP Required	Voided Check / Bank Letter
DDS Non Medicaid	Enrollment Type Atypical	86	N5	Yes	Yes	No	No	No	No	No	No	*	No	Yes

* IRS Letter required for Groups only.

Nurse Practitioner		Provider Type Code	Provider Category	Contract	W9	License	Cert	EPSDT	Medicare	ACA Fee	Fingerprints	IRS Letter	PCP Required	Voided Check / Bank Letter
Enrollment Type														
Acute Care	Individual or Individual within a Group	58	N9	Yes	Yes	Yes	Yes	Opt	Opt	No	No	Required for Groups only	No	Yes
EPSDT	Individual or Individual within a Group	58	E3	Yes	Yes	Yes	Yes	Yes	Yes	No	No		No	Yes
Family Nurse	Individual or Individual within a Group	58	N6	Yes	Yes	Yes	Yes	Opt	Opt	No	No		No	Yes
Gerontological	Individual or Individual within a Group	58	N7	Yes	Yes	Yes	Yes	Opt	Opt	No	No		No	Yes
OB/GYN	Individual or Individual within a Group	58	N4	Yes	Yes	Yes	Yes	Opt	Opt	No	No		No	Yes
Other	Individual or Individual within a Group	58	N0	Yes	Yes	Yes	No	Opt	Opt	No	No		No	Yes
Pediatric Nurse	Individual or Individual within a Group	58	N3	Yes	Yes	Yes	Yes	Opt	Opt	No	No		No	Yes
Psychiatric/Mental Health	Individual or Individual within a Group	58	N8	Yes	Yes	Yes	Yes	Opt	Opt	No	No		No	Yes
Acute Care Group	Group	62	N9	Yes	Yes	No	No	No	Opt	No	No	Yes	No	Yes
Family Nurse Group	Group	62	N6	Yes	Yes	No	No	No	Opt	No	No	Yes	No	Yes
Gerontological Services Group	Group	62	N7	Yes	Yes	No	No	No	Opt	No	No	Yes	No	Yes
OB/GYN Group	Group	62	N4	Yes	Yes	No	No	No	Opt	No	No	Yes	No	Yes
Pediatric Nurse Group	Group	62	N3	Yes	Yes	No	No	No	Opt	No	No	Yes	No	Yes
Psychiatric/Mental Health Group	Group	62	N8	Yes	Yes	No	No	No	Opt	No	No	Yes	No	Yes
Other Group	Group	62	N0	Yes	Yes	No	No	No	Opt	No	No	Yes	No	Yes

Optical Dispensing Contractor		Provider Type Code	Provider Category	Contract	W9	License	Cert	EPSDT	Medicare	ACA Fee	Fingerprints	IRS Letter	PCP Required	Voided Check / Bank Letter
Enrollment Type														
Optical Dispensing Contractor	Atypical	23	X2	Yes	Yes	Yes	Yes	No	Yes	Yes	No	*	No	Yes

* IRS Letter required for Groups only.

Oral Surgeon		Provider Type Code	Provider Category	Contract	W9	License	Cert	EPSDT	Medicare	ACA Fee	Fingerprints	IRS Letter	PCP Required	Voided Check / Bank Letter
Enrollment Type														
Oral Surgeon Group	Group	80	X5	Yes	Yes	No	No	No	No	No	No	Yes	No	Yes
Oral Surgeon Individual	Individual or Individual within a Group	79	X5	Yes	Yes	lic & DEA	No	No	No	No	No	Groups only	No	Yes

Nurse Widwife		Provider Type Code	Provider Category	Contract	W9	License	Cert	EPSDT	Medicare	ACA Fee	Fingerprints	IRS Letter	PCP Required	Voided Check / Bank Letter
Enrollment Type														
Nurse Midwife	Individual, Individual within a Group or Group	99	N2	Yes	Yes	Yes	No	No	Opt	No	No	Groups only	No	Yes

Personal Care		Provider Type Code	Provider Category	Contract	W9	License	Cert	EPSDT	Medicare	ACA Fee	Fingerprints	IRS Letter	PCP Required	Voided Check / Bank Letter
Enrollment Type														
Area Agency on Aging only	Atypical	32	PA	Yes	Yes	Yes	No	No	No	Yes	Yes	Required for Groups only	No	Yes
DDS	Atypical	32	PD	Yes	Yes	ACS or Center Based	No	No	No	Yes	Yes		No	Yes
Level 1 ALF	Atypical	32	PG	Yes	Yes	OLTC	No	No	No	Yes	Yes		No	Yes
Level 2 ALF	Atypical	32	PH	Yes	Yes	OLTC	No	No	No	Yes	Yes		No	Yes
Private Care Agency* or Health Agency	Atypical	32	P1	Yes	Yes	Yes	No	No	No	Yes	Yes		No	Yes
Residential Care Facility	Atypical	32	R3	Yes	Yes	Yes	No	No	No	Yes	Yes		No	Yes
Weekend	Atypical	32	PE	Yes	Yes	Yes	No	No	No	Yes	Yes		No	Yes

*Private Care Agency license must also have a minimum of \$1 million liability insurance policy, & be enrolled as an AR Choices provider.

Pharmacy	Enrollment Type	Provider Type Code	Provider Category	Contract	W9	License	Cert	EPSDT	Medicare	ACA Fee	Fingerprints	IRS Letter	PCP Required	Voided Check / Bank Letter
Pharmacy	Group	07	P2	Yes	Yes	Yes	No	No	No	Yes	No	Yes	No	Yes
Pharmacy, Administers Vaccines	Group	07	PV	Yes	Yes	Yes	No	No	No	Yes	No	Yes	No	Yes
Pharmacy, Anti-Hemophilic	Group	07	P9	Yes	Yes	Yes	No	No	No	Yes	No	Yes	No	Yes
Pharmacy, Chain	Group	07	PC	Yes	Yes	Yes	No	No	No	Yes	No	Yes	No	Yes
Pharmacy, Compounding	Group	07	PM	Yes	Yes	Yes	No	No	No	Yes	No	Yes	No	Yes
Pharmacy, Home Infusion	Group	07	PN	Yes	Yes	Yes	No	No	No	Yes	No	Yes	No	Yes
Pharmacy, Long Term Care/Closed Door	Group	07	PR	Yes	Yes	Yes	No	No	No	Yes	No	Yes	No	Yes

All Pharmacies require DEA. The physical address on the DEA must match the physical address on the application. AR does not enroll mail order pharmacies unless they are trying to bill for a drug that is not available in AR and they have prior approval from the state Pharmacy unit. Non bordering pharmacies must have claim with their application.

Podiatry	Enrollment Type	Provider Type Code	Provider Category	Contract	W9	License	Cert	EPSDT	Medicare	ACA Fee	Fingerprints	IRS Letter	PCP Required	Voided Check / Bank Letter
Podiatry	Group	48	48	Yes	Yes	Yes	No	No	Yes	Yes	No	Yes	No	Yes
Podiatry Individual	Individual or Individual within a Group	17	48	Yes	Yes	Yes	No	No	Yes	No	No	Groups only	No	Yes

Private Duty Nursing	Enrollment Type	Provider Type Code	Provider Category	Contract	W9	License	Cert	EPSDT	Medicare	ACA Fee	Fingerprints	IRS Letter	PCP Required	Voided Check / Bank Letter
Private Duty Nursing	Group	38	P6	Yes	Yes	Extended Care Services	No	No	No	Yes	No	Yes	No	Yes
Private Duty Nursing for School District	Group	38	PF	Yes	Yes	LEA #	No	No	No	Yes	No	Yes	No	Yes

Programs of All Inclusive Care for the Elderly		Provider Type Code	Provider Category	Contract	W9	License	Cert	EPSDT	Medicare	ACA Fee	Fingerprints	IRS Letter	PCP Required	Voided Check / Bank Letter
PACE	Group	93	PJ	Yes	Yes	DAAS Adult Day Health Care	DAAS	No	Yes	Yes	No	Yes	No	Yes

A three way agreement signed by DAAS, CMS, and the provider also required.

Prosthetics (DME)		Provider Type Code	Provider Category	Contract	W9	License	Cert	EPSDT	Medicare	ACA Fee	Fingerprints	IRS Letter	PCP Required	Voided Check / Bank Letter
Durable Medical Equipment	Group	16	V4	Yes	Yes	No	Accred.	No	Yes	Yes	No	Yes	No	Yes
Orthotic/Appliances	Group	16	Z1	Yes	Yes	No	Accred.	No	Yes	Yes	No	Yes	No	Yes
Prosthetic Devices	Group	16	P4	Yes	Yes	No	Accred.	No	Yes	Yes	No	Yes	No	Yes

Qualified Health Plan / Private Option Plan		Provider Type Code	Provider Category	Contract	W9	License	Cert	EPSDT	Medicare	ACA Fee	Fingerprints	IRS Letter	PCP Required	Voided Check / Bank Letter
Qualified Health Plan Carries	Group	27	A3	No	Yes	No	No	No	No	No	No	Yes	No	Yes
Managed Care Dental	Group	27	AB	No	Yes	No	No	No	No	No	No	Yes	No	Yes

Registered Non Credentialed		Provider Type Code	Provider Category	Contract	W9	License	Cert	EPSDT	Medicare	ACA Fee	Fingerprints	IRS Letter	PCP Required	Voided Check / Bank Letter
Non Credentialed	Atypical	95	NT	No	No	No	No	No	No	No	No	Groups only	No	No
Physician Assistant	Atypical	95	NV	No	Yes	No	No	No	No	No	No		No	No
Residents	Atypical	95	NU	No	No	No	No	No	No	No	No		No	No

Rehabilitation Hospital		Provider Type Code	Provider Category	Contract	W9	License	Cert	EPSDT	Medicare	ACA Fee	Fingerprints	IRS Letter	PCP Required	Voided Check / Bank Letter
Enrollment Type														
EPSDT	Group	26	E3	Yes	Yes	Yes	No	No	Yes	Yes	No	Yes	No	Yes
Rehabilitation Hospital	Group	26	RI	Yes	Yes	Yes	No	Yes	Yes	Yes	No	Yes	No	Yes
Rehabilitative Services for the Developmentally Disabled	Group	26	R5	Yes	Yes	No	No	No	Yes	Yes	No	Yes	No	Yes
RSPD/Residential Rehab Center	Group	26	RC	Yes	Yes	No	CARF or JACHO	No	Yes	Yes	No	Yes	No	Yes

Rural Health		Provider Type Code	Provider Category	Contract	W9	License	Cert	EPSDT	Medicare	ACA Fee	Fingerprints	IRS Letter	PCP Required	Voided Check / Bank Letter
Enrollment Type														
EPSDT	Group	29	E3	Yes	Yes	No	No	Yes	Yes	Yes	No	Yes	No	Yes
Rural Health	Group	29	R2	Yes	Yes	No	No	Yes	Yes	Yes	No	Yes	No	Yes
Rural Health Independent Free Standing	Group	29	R8	Yes	Yes	No	No	Yes	Yes	Yes	No	Yes	No	Yes

School Based		Provider Type Code	Provider Category	Contract	W9	License	Cert	EPSDT	Medicare	ACA Fee	Fingerprints	IRS Letter	PCP Required	Voided Check / Bank Letter
Enrollment Type														
School Based Audiology	Individual, Individual within a Group or Group	20	SB	Yes	Yes	LEA#	No	No	No	No	No	Groups only	No	Yes
School Based Child Health Services	Group	45	S7	Yes	Yes	No	No	Yes	No	Yes	No	Yes	No	Yes
School Based Child Health Services EPSDT	Group	45	E3	Yes	Yes	No	No	Yes	No	Yes	No	Yes	No	Yes
School Based Child Services EPSDT	Group	61	E3	Yes	Yes	Yes	No	Yes	No	Yes	No	Yes	No	Yes
School Based Hearing	Group	59	S8	Yes	Yes	LEA#	No	No	No	Yes	No	Yes	No	Yes
School Based Mental Health	Group	91	VV	Yes	Yes	LEA#	No	No	No	Yes	No	Yes	No	Yes
School Based Vision	Group	60	S9	Yes	Yes	LEA#	No	No	No	Yes	No	Yes	No	Yes
School Based Vision and Hearing	Group	61	SA	Yes	Yes	LEA#	No	No	No	Yes	No	Yes	No	Yes

School District Personal Care		Provider Type Code	Provider Category	Contract	W9	License	Cert	EPSDT	Medicare	ACA Fee	Fingerprints	IRS Letter	PCP Required	Voided Check / Bank Letter
School District only	Atypical	32	PS	Yes	Yes	LEA#	No	No	No	Yes	Yes	*	No	Yes

* IRS Letter required for Groups only.

Target Case Management		Provider Type Code	Provider Category	Contract	W9	License	Cert	EPSDT	Medicare	ACA Fee	Fingerprints	IRS Letter	PCP Required	Voided Check / Bank Letter
Targeted Case Management	Individual, Individual within a Group or Group	46	C6 & CM	Yes	Yes	Yes	No	No	No	Yes	Yes	Groups only	No	Yes
TCM DDS Group	Group	63	CM	Yes	Yes	No	DDS	No	No	Yes	Yes	Yes	No	Yes
TCM Group ages 0-20	Group	63	C6	Yes	Yes	No	No	No	No	Yes	Yes	Yes	No	Yes
TCM Group ages 21-59	Group	65	C7	Yes	Yes	No	DAAS	No	No	Yes	Yes	Yes	No	Yes
TCM Group ages 60 and older	Group	65	C5	Yes	Yes	No	DAAS	No	No	Yes	Yes	Yes	No	Yes

Therapy	Enrollment Type	Provider Type Code	Provider Category	Contract	W9	License	Cert	EPSDT	Medicare	ACA Fee	Fingerprints	IRS Letter	PCP Required	Voided Check / Bank Letter
EPDST (optional)	Individual or Individual within a Group	21	E3	No	No	No	No	Yes	No	No	No	No	No	Yes
Occupational Therapist	Individual or Individual within a Group	21	T6	Yes	Yes	Yes	NBCOT or Letter	Opt	No	No	No	No	No	Yes
Occupational Therapist Assistant	Individual or Individual within a Group	21	TO	Yes	Yes	Yes	No	Opt	No	No	No	No	No	Yes
Occupational Therapy for School Districts	Group	43	T6	Yes	Yes	Yes	No	Yes	No	No	No	Yes	No	Yes
Occupational Therapy Group	Group	42	T6	Yes	Yes	Yes	No	No	No	No	No	Yes	No	Yes
Physical Therapist	Individual or Individual within a Group	21	T1	Yes	Yes	Yes	No	Opt	No	No	No	No	No	Yes
Physical Therapist Assistant	Individual or Individual within a Group	21	TP	Yes	Yes	Yes	No	Opt	No	No	No	No	No	Yes
Physical Therapy for School Districts	Group	43	T1	Yes	Yes	Yes	No	Yes	No	No	No	Yes	No	Yes
Physical Therapy Group	Group	42	T1	Yes	Yes	Yes	No	No	No	No	No	Yes	No	Yes
Speech Pathologist	Individual or Individual within a Group	21	T2*	Yes	Yes	Yes	ASHA or CFY	Opt	No	No	No	No	No	Yes
Speech Pathologist Assistant	Individual or Individual within a Group	21	TS	Yes	Yes	Yes	No	Opt	No	No	No	No	No	Yes
Speech Therapy for School Districts	Group	43	T2	Yes	Yes	Yes	No	Yes	No	No	No	Yes	No	Yes
Speech Therapy Group	Group	42	T2	Yes	Yes	Yes	No	No	No	No	No	Yes	No	Yes

**For specialty T2, submit a letter from the Board that verifies that you can perform services in lieu of a license from the AR Board of Speech Examiners Speech Language Pathology and Audiology. Submit a Clinical Fellowship Year plan in lieu of an ASHA certification.*

Transportation		Provider Type Code	Provider Category	Contract	W9	License	Cert	EPSDT	Medicare	ACA Fee	Fingerprints	IRS Letter	PCP Required	Voided Check / Bank Letter
Enrollment Type														
Ambulance, Advanced Life Support with EKG	Group	15	A6	Yes	Yes	Yes	No	No	Yes	Yes	No	Yes	No	Yes
Ambulance, Advanced Life Support without EKG	Group	15	A7	Yes	Yes	Yes	No	No	Yes	Yes	No	Yes	No	Yes
Ambulance, Air Fixed Wing	Group	15	TB	Yes	Yes	Yes	No	No	Yes	Yes	No	Yes	No	Yes
Ambulance, Air Helicopter	Group	15	TA	Yes	Yes	Yes	No	No	Yes	Yes	No	Yes	No	Yes
Ambulance, Emergency	Group	15	A1	Yes	Yes	Yes	No	No	Yes	Yes	No	Yes	No	Yes
Ambulance, Non-Emergency	Group	15	A2	Yes	Yes	Yes	No	No	Yes	Yes	No	Yes	No	Yes
NET Transportation Broker	Atypical	15	TD	Yes	Yes	No	Yes	No	No	Yes	No	Groups only	No	Yes
Non Public Transportation	Atypical	15	TC	Yes	Yes	No	DPSQA	No	No	Yes	No	Groups only	No	Yes

Vision		Provider Type Code	Provider Category	Contract	W9	License	Cert	EPSDT	Medicare	ACA Fee	Fingerprints	IRS Letter	PCP Required	Voided Check / Bank Letter
Enrollment Type														
EPSDT	Individual, Individual within a Group or Group	22	E3	Yes	Yes	No	No	Yes	Yes	No	No	Required for Groups only	No	Yes
Ocularist (Crossover only)	Individual, Individual within a Group or Group	22	X0	Yes	Yes	Yes	No	Yes	Yes	No	No		No	Yes
Optician & Dispensary (Crossover only)	Individual, Individual within a Group or Group	22	X3	Yes	Yes	Yes	No	Yes	Yes	No	No		No	Yes
Optometrist	Individual, Individual within a Group or Group	22	X4	Yes	Yes	Yes	No	Yes	Yes	No	No		No	Yes

