



PROVIDER TYPE SPECIFIC PACKET/CHECKLIST

(Louisiana Medicaid Program)

**Physician
(Individual)**

(Enrollment packet is subject to change without notice.)

GENERAL INFORMATION FOR THE INDIVIDUAL PHYSICIAN PROVIDER TYPE

Individual Physicians may link to the following groups (as long as the group has a Louisiana Medicaid business/entity type Provider Number):

- Physician Group
- Rural Health Clinics
- Federally Qualified Health Centers
- School Based Health Centers

Linkages of Professional Individuals to Groups – a professional individual’s provider number can be “linked” to a group provider number for purposes of billing as an attending provider for the specified group.

- **Open professional individual providers require only Group Link/Unlink and Working Relationship Form.**
- **New, Inactive, or Closed professional individual providers require an entire enrollment application as well as the Group Link/Unlink and Working Relationship Form.**

The number of groups a professional individual can link to is limited. It is very important that all professional individuals terminating their relationship with a group notify Provider Enrollment. Provider Enrollment can then unlink the professional individual from the specified group, allowing the professional individual to be linked to other groups in the future.

Claims submitted under the group’s NPI, with a professional individual’s NPI included as the attending provider, will be processed and the remittance will be sent directly to the group’s mailing address.

It is not necessary for the individual’s mailing address to be the same as the Group’s mailing address for these Remittance Advice notices to be sent to the group, if billed correctly.

If a professional individual is linking to a group as an attending only (not being paid individually by Medicaid), then the EDI Contract, Direct Deposit Form, and voided check are not required.

If you plan to prescribe Buprenorphine and/or Buprenorphine-Naloxone containing products, it will be necessary for you to also submit a copy of your “X” DEA registration. Otherwise, prescriptions for these products will not be payable in the Pharmacy program.

Physician – Individual

REQUIRED DOCUMENTS FOR ENROLLMENT

The following checklist shows all required documents that **MUST** be submitted to enroll with Fee For Service (FFS) Louisiana Medicaid. Please make certain to complete each required form in its entirety to avoid processing delays.

* Form is included in the **Basic Enrollment Packet Individuals**.

** Form is included in this packet.

Completed	Document Name
*	1. Individual Louisiana Medicaid PE-50 Provider Enrollment Form.
*	2. PE-50 Addendum – Provider Agreement Form (three pages).
*	3. Medicaid Direct Deposit (EFT) Authorization Agreement Form.
*	4. Louisiana Medicaid Ownership Disclosure Information Forms.
*	5. (If submitting claims electronically) Completed Provider's Election to Employ Electronic Data Interchange of Claims for Processing in the Louisiana Medical Assistance Program (EDI Contract) Form And Power of Attorney Form (if applicable).
	6. Copy of voided check or letter from the bank on bank letterhead verifying the account and routing number for the account to which you wish to have your funds electronically deposited (deposit slips are not accepted).
	7. Copy of a pre-printed document received from the IRS showing both the employer identification number (EIN) and the official name as recorded on IRS records (W-9 forms are not accepted).
	8. Copy of current medical license from governing license board of your profession. If requesting retroactive coverage, a license must be submitted that covers that time period. A temporary permit is only good until the expiration date.
	9. To prescribe Buprenorphine and/or Buprenorphine-Naloxone containing products, copy of Controlled Substance Registration Certificate showing the X-DEA number. (Otherwise, prescriptions for these products will not be payable in the Pharmacy program)
**	10. Completed OFS Form 24, if applicable.
	11. Copy of CLIA certificate, if applicable.
**	12. To report "Specialty" for this provider type on Section A of the PE-50, please refer to the attached listing of recognized physician specialties for Louisiana Medicaid. Choose a specialty from the list provided (below) that best matches your area of expertise.

For Group Linkages:

**	1. Completed Link/Unlink and Working Relationship Form. Must complete number of working hours per week on this form.
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Out of State Enrollment:

	1. Submit an original claim with the application for the initial date of service. This claim must meet timely filing guidelines. Subsequent claims must be submitted directly to Gainwell claims processing once the provider has received confirmation via mail of successful enrollment in Louisiana Medicaid.
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Original Signatures Required – Please Do NOT Use Black Ink

Please submit all required documentation to:
Gainwell Provider Enrollment Unit
PO Box 80159
Baton Rouge, LA 70898-0159
225-216-6370

Specialties and Subspecialties For Physicians ONLY

Code	Specialty Description	Code	Specialty Description
01	General Practice	1F	Pediatric Emergency Med.
02	General Surgery	1G	Pediatric Endocrinology
03	Allergy	1H	Pediatric Gastroenterology
04	Otology, Laryngology, Rhinology (ENT)	1I	Pediatric Hematology – Oncology
05	Anesthesiology		
06	Cardiovascular Disease		
07	Dermatology	1J	Pediatric Infectious Disease
08	Family Practice	1K	Pediatric Nephrology
10	Gastroenterology	1L	Pediatric Pulmonology
13	Neurology	1M	Pediatric Rheumatology
14	Neurological Surgery	1N	Pediatric Sports Medicine
16	Obstetrics & Gynecology (see subspecialty below)	1P	Pediatric Surgery
	Subspecialty	1Q	Pediatric Neurology
	3A Critical Care Medicine	1R	Pediatric Genetics
	3B Gynecologic Oncology	1U	Pediatric Developmental Behavioral Health
	3C Maternal & Fetal Medicine	38	Geriatrics
18	Ophthalmology	39	Nephrology
1T	Emergency Medicine / Emergency Room	40	Hand Surgery
20	Orthopedic Surgery	41	Internal Medicine (see subspecialty below)
22	Pathology		Subspecialty
24	Plastic Surgery	2A	Cardiac Electrophysiology
25	Physical Medicine Rehabilitation	2B	Cardiovascular Disease
26	Psychiatry	2C	Critical Care Medicine
28	Proctology	2D	Diagnostic Lab Immunology
29	Pulmonary Diseases	2E	Endocrinology & Metabolism
2Q	Nuclear Medicine	2F	Gastroenterology
30	Radiology	2G	Geriatric Medicine
33	Thoracic Surgery	2H	Hematology
34	Urology	2I	Infectious Disease
37	Pediatrics (see subspecialty below)	2J	Medical Oncology
	Subspecialty	2K	Nephrology
	1A Adolescent Medicine	2L	Pulmonary Disease
	1B Diagnostic Lab Immunology	2M	Rheumatology
	1C Neonatal Perinatal Medicine	2N	Surgery-Critical Care
	1D Pediatric Cardiology	2P	Surgery-General Vascular
1E	Pediatric Critical Care Med.	49	Miscellaneous (Admin Medicine)

STATE OF LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS

Dear Provider:

It is the policy of the Bureau of Health Services Financing that the Medicaid Program will only pay for in-office performance of certain laboratory and diagnostic services which are billed by physicians if the following conditions are met:

1. The physician has completed and has on file with Louisiana State Medicaid Program, Provider Enrollment Unit a completed OFS Form 24.
2. The completed OFS Form 24 fully describes the laboratory or diagnostic equipment required to perform these tests.
3. The OFS Form 24 information is updated as needed.

Our policy towards laboratory or diagnostic services that are performed outside of a physician office remains unchanged. Physicians may not be reimbursed for laboratory or diagnostic services ordered for their patients if these services are performed outside of their office. Only the performer of a test may seek reimbursement for these services. Any interpretive service by the attending physician is reimbursed through the physician visit payment.

The OFS Form 24 requirements only pertain to: 1) those participating physicians who own or lease laboratory or diagnostic testing equipment that is located in their office or place of practice and 2) for which use the physician will be submitting a claim to the Medicaid program.

Example 1: Dr. Jones is an individual practitioner who owns or leases a SMA-12, EKG monitor and X-Ray equipment. Dr. Jones wishes to perform laboratory and diagnostic services on Medicaid patients in his office and bill the Medicaid Program for these laboratory or diagnostic services. Dr. Jones must complete the OFS Form 24.

Example 2: Drs. Smith, Jones, Doe, and Rae are a group practice. As a group they own or lease laboratory and diagnostic equipment. It is their desire to use this equipment in treating Medicaid recipients, and they will bill the Medicaid Program for these services. If each physician is individually enrolled in the Medicaid Program, each physician in the group must complete the OFS Form 24, even though the descriptive information will be identical. If the physicians are enrolling as a group, only one OFS Form 24 is required as long as all members of the group are indicated.

Example 3: An individual or group practitioner utilizes an external source for laboratory or diagnostic tests. The individual or group practitioner would not complete the OFS Form 24, as they would not bill the Medicaid Program directly.

A Louisiana OFS Form 24 is enclosed for completion and submittal where applicable. Return the completed form to:

Gainwell Provider Enrollment Unit,
P.O. Box 80159,
Baton Rouge, LA 70898-0159.

Sincerely,

Provider Enrollment Unit

OFS Form 24 (Diagnostic and/or Laboratory Equipment)

Provider Number (7 digits): _____

NPI (10 digits): _____

Provider Name: _____

Provider Address: _____

Diagnostic and/or Laboratory Equipment			
Make	Model	Serial #	Capabilities

List names of individuals who will be performing the diagnostic and/or laboratory tests in the spaces below:

1.	2.
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I certify the above is accurate and true.

Signature of Authorized Representative: _____

Print Name of Authorized Representative: _____

Date of Signature: _____

Original Signatures Required – Please Do NOT Use Black Ink

Please submit all required documentation to:

Gainwell Provider Enrollment Unit

PO Box 80159

Baton Rouge, LA 70898-0159

225-216-6370

Louisiana Medicaid

Link/Unlink and Working Relationship Form

Copy this form for additional space as needed.

PURPOSE

This form allows one individual to link to and/or unlink from two (2) separate entities/businesses.

This form also serves as documentation that a working relationship exists between an Individual and an Entity.

Individual Provider Name:			
Individual Provider Number	LA Medicaid Provider #	National Provider Identifier (NPI)	
Entity Name:			
Entity Provider Number	LA Medicaid Provider #	National Provider Identifier (NPI)	
LINK	Effective Date:	UNLINK	Termination Date:
Approximate Number of Hours Working at this Entity Per Week (required)			
Entity Name:			
Entity Provider Number	LA Medicaid Provider #	National Provider Identifier (NPI)	
LINK	Effective Date:	UNLINK	Termination Date:
Approximate Number of Hours Working at this Entity Per Week (required)			
Contact Person for questions regarding this form:			
Contact Person Phone Number:			

Working Relationship Agreement

I am a medical professional who has a contractual agreement to see patients for the above-identified entity(s). I recorded the approximate number of hours working per week for the entity(s) identified above.

I understand that upon request I must provide LDH a copy of the written contractual agreement.

Print Individual Provider's Name

Individual Provider's Signature

Date of Signature

Original Signatures Required – Please Do NOT Use Black Ink

Please submit all required documentation to:
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PO Box 80159
Baton Rouge, LA 70898-0159
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