



# **PROVIDER TYPE SPECIFIC PACKET/CHECKLIST**

**(Louisiana Medicaid Program)**

## **Substance Abuse And Alcohol Abuse Clinic**

(Enrollment packet is subject to change without notice.)

# Substance Abuse and Alcohol Abuse Clinic

## 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.

**NOTE: Substances Abuse and Alcohol Abuse Clinics (PT-68) may only enroll in Louisiana Medicaid (Fee-For-Service) for Medicare Cross-Over and QMB claims.**

**The provider MUST be enrolled with Medicare prior to requesting enrollment in Louisiana Medicaid (Fee-For-Service).**

\* Form is included in the **Basic Enrollment Packet for Entities/Businesses**.

Completed	Document Name
*	1. Entity/Business Louisiana Medicaid PE-50 Provider Enrollment Form.
*	2. PE-50 Addendum – Provider Agreement Form.
*	3. Medicaid Direct Deposit (EFT) Authorization Agreement Form.
*	4. Louisiana Medicaid Ownership Disclosure Information Forms.
*	5. <b>(If submitting claims electronically) Completed</b> Provider's Election to Employ Electronic Data Interchange of Claims for Processing in the Louisiana Medical Assistance Program (EDI Contract) Form <b>And</b> 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 <b>(deposit slips are not accepted)</b> .
	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 <b>(W-9 forms are not accepted)</b> .
	8. Copy of the <b>Behavioral Health Service Provider</b> license with one of the following treatment programs issued by the Health Standards section of the Louisiana Department of Health. -Addiction Outpatient Treatment Program -Intensive Outpatient Treatment Program -Ambulatory Withdrawal Management with Extended On-Site Monitoring Program
	9. On <b>Section A</b> of the PE-50 Form, in the <b>Specialty Code</b> space write in <b>'70'</b> (Clinic or Group Practice).
	10. On <b>Section D</b> of the PE-50 Form, in the <b>Provider Type Description</b> space write in <b>'Substance Abuse and Alcohol Abuse Clinic'</b> and in the <b>Provider Type Code</b> space write in <b>'68'</b> .

**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