



# **PROVIDER TYPE SPECIFIC PACKET/CHECKLIST**

**(Louisiana Medicaid Program)**

**Clinical Nurse Specialist  
(Individual)**

**(Enrollment packet is subject to change without notice.)**

# Clinical Nurse Specialist

## 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 for Individuals**.

\*\*Forms are included here.

Completed	Document Name
*	1. Individual Louisiana Medicaid PE-50 Provider Enrollment Form.
*	2. PE-50 Addendum – Provider Agreement Forms. <b>(three pages)</b> .
*	3. Medicaid Direct Deposit (EFT) Authorization Agreement Form.
*	4. Louisiana Medicaid Ownership Disclosure Information Forms.
*	5. <b>(If submitting claims electronically)</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 current medical license from governing license board of your profession (RN and APRN license). 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. Copy of certification as a Clinical Nurse Specialist by the Louisiana State Board of Nursing. The certification must correspond with the specialty identified on the PE-50 (see item 12, below).
	10. Verification of prescriptive authority, if applicable.
	11. Must have Collaborative Practice Agreement available for review, upon request.
	12. To report <b>"Specialty"</b> for this provider type on <b>Section A of the PE-50, please refer to the attached Specialty and Sub-specialty Code List</b> .

**For Group Linkages:**

**	13. Group Link/Unlink and Working Relationship Form.
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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**

## Specialty and Sub-Specialty Code List For Clinical Nurse Specialists

Specialty Code	Sub-specialty Code	LSBN Specialty Description
01		Home Health Nursing
02		Medical Surgical Nursing
08		Maternal Child Nursing
26		Child and Adolescent Psychiatric and Mental Health Nursing or Adult Psychiatric and Mental Health Nursing
37		Pediatric Nursing
37	1C	Acute and Critical Care, Neonatal
37	1E	Acute and Critical Care, Pediatrics
41	2G	Gerontological Nursing
41	2J	Oncology
44		Community Health Nursing

