



# **PROVIDER TYPE SPECIFIC PACKET/CHECKLIST**

**(Louisiana Medicaid Program)**

**Aquatic Therapy (for OCDD)  
(Individual Only)**

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

# Aquatic Therapy

## 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**.

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. Attach copy of a 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> .
	6. 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> .
	7. Attach a printout/certificate of an ATRI certification from the Aquatic Therapy & Rehab Institute.  <b>NOTE: The certification MUST be current (not expired) AND MUST match the provider's name on the PE-50 Provider Enrollment form.</b>
	8. Attach a copy of a license from one of the following: - Physical Therapist from the Louisiana State Board of Physical Therapist Examiners. - Occupational Therapist from the Louisiana State Board of Medical Examiners.  <b>NOTE: The license MUST be current (not expired) AND MUST match the provider's name on the PE-50 Provider Enrollment form.</b>
	9. Enter the 'Provider Type' code "PT-WT" (Aquatic Therapy), for this enrolling provider, on Section A of the PE-50.
	10. Enter the ' <b>Specialty</b> ' code " <b>7R</b> " (Aquatic Therapy), for this enrolling provider, <b>on Section A of the PE- 50 Form.</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**