



**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

**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 number, with a professional individual's number 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.

## Physician – Individual CHECKLIST OF FORMS TO BE SUBMITTED

The following checklist shows all documents that must be submitted to the Molina Medicaid Solutions Provider Enrollment Unit in order to enroll in the Louisiana Medicaid Program as an Individual Physician provider:

Completed	Document Name
<input type="checkbox"/> *	1. Completed Individual Louisiana Medicaid PE-50 Provider Enrollment Form.
<input type="checkbox"/> *	2. Completed PE-50 Addendum – Provider Agreement Form.
<input type="checkbox"/> *	3. Completed Medicaid Direct Deposit (EFT) Authorization Agreement Form.
<input type="checkbox"/> *	<p>4. Louisiana Medicaid Ownership Disclosure Information Forms for Individual. <b>(Only the Disclosure of Ownership portion of this enrollment packet can be done online by choosing Option 1.)</b></p> <p><b>Option 1:</b> Provider Ownership Enrollment Web Application. Go to <a href="http://www.lamedicaid.com">www.lamedicaid.com</a> and click on the Provider Enrollment link on the left sidebar (detailed instructions can be found in the Basic Enrollment Packet). After entering ownership information online, the user is prompted to print the Summary Report; the professional individual must sign and submit page 2 of the Summary Report with any required explanatory documentation and the documents in this checklist.</p> <p style="text-align: center;">-or-</p> <p><b>Option 2:</b> If you choose not to use the Provider Ownership Enrollment web application, then submit the hardcopy Louisiana Medicaid Ownership Disclosure Information Forms for Individual.</p>
<input type="checkbox"/> *	5. <b>(If submitting claims electronically)</b> Completed 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).
<input type="checkbox"/>	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> ).
<input type="checkbox"/>	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> ).
<input type="checkbox"/>	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.
<input type="checkbox"/>	9. To prescribe Suboxone and/or Subutex, copy of Controlled Substance Registration Certificate showing the X-DEA number.
<input type="checkbox"/> **	10. Completed OFS Form 24, if applicable.
<input type="checkbox"/>	11. Copy of CLIA certificate, if applicable.
<input type="checkbox"/> **	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:

<input type="checkbox"/> **	1. Completed Link/Unlink and Working Relationship Form. Must complete number of working hours per week on this form.
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\* These forms are available in the **Basic Enrollment Packet for Individuals**.

\*\* Forms are included here.

### Out of State Enrollment:

<input type="checkbox"/>	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 Molina Medicaid Solutions claims processing once the provider has received confirmation via mail of successful enrollment in Louisiana Medicaid.
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**PLEASE USE THIS CHECKLIST TO ENSURE THAT ALL REQUIRED ITEMS ARE SUBMITTED WITH YOUR APPLICATION FOR ENROLLMENT. ATTACHED FORMS MUST BE SUBMITTED AS ORIGINALS WITH ORIGINAL SIGNATURES (NO STAMPED SIGNATURES OR INITIALS).**

Please submit all required documentation to:  
**Molina Medicaid Solutions Provider Enrollment Unit**  
 PO Box 80159  
 Baton Rouge, LA 70898-0159

## Specialties and Subspecialties For Physicians ONLY

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

Molina Medicaid Solutions Provider Enrollment Unit,  
P.O. Box 80159,  
Baton Rouge, LA 70898-0159.

Sincerely,

Provider Enrollment Unit

### Diagnostic and/or Laboratory Equipment

Provider Number (7 digits)

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NPI (10 digits)

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Provider Name:

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Provider Address:

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### 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:

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I certify that the above is a true and accurate listing of diagnostic and/or laboratory equipment in my office.

Signature\*

Date

\* Acceptable signatures are as follows: individual professionals must sign their own forms. Only an authorized representative may sign for groups, businesses, or entities. Original provider signature is required (no stamps or initials)

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