



**PROVIDER TYPE SPECIFIC  
PACKET/CHECKLIST**

**(Louisiana Medicaid Program)**

**Dentist  
(Individual)**

(Enrollment packet is subject to change without notice)

# GENERAL INFORMATION FOR THE INDIVIDUAL DENTIST PROVIDER TYPE

If an individual dentist is also a medical physician, the individual is to enroll as a dental provider with a specialty of Code 67 (Oral and Maxillofacial Surgery).

At the time of enrollment, if the Dental license is restricted but current, the provider will be enrolled but the provider file will expire on the date specified by the restricted license. To extend the provider file, the enrollee must fax the new restricted license or a permanent license to Provider Enrollment (225-216-6392).

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

- Dental Group
- 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.

# Dentist – Individual

## CHECKLIST OF FORMS TO BE SUBMITTED

The following checklist shows all documents that must be submitted to the Gainwell Provider Enrollment Unit in order to enroll in the Louisiana Medicaid Program as an Individual Dental 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 (two pages).
<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* and 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. Completed Dental Enrollment Program Request Form.
<input type="checkbox"/> *	10. To report "Specialty" for this provider type on Section A of the PE-50, please use Code 19 (Orthodontics), Code 66 (General Dentistry), Code 67 (Oral and Maxillofacial Surgery), Code 68 (Pediatric Dentistry), Code 6N (Endodontics), or Code 6P (Periodontics). <b>Board certificate must be submitted for all specialties except 66 (General Dentistry).</b>

### For Group Linkages:

<input type="checkbox"/> **	1. Completed Group Link/Unlink and Working Relationship Form.
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\* These forms are available in the **Basic Enrollment Packet for Entities/Businesses**.

\*\* These 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 Gainwell 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:  
**Gainwell Provider Enrollment Unit**  
**PO Box 80159**  
**Baton Rouge, LA 70898-0159**

## **GENERAL ENROLLMENT GUIDELINES IN THE LOUISIANA MEDICAID PROGRAM *DENTAL GROUPS AND INDIVIDUAL DENTISTS***

**General Information:** A dentist must enroll as a Louisiana Medicaid dental provider in order to receive reimbursement from the Medicaid Program for dental services performed on eligible Medicaid recipients. Individual dentists not enrolled in the Louisiana Medicaid program may not use the name and/or provider number of an enrolled dentist in order to bill Medicaid for services rendered.

**Dental Groups:** For Louisiana Medicaid purposes, a dental group consists of two or more dentists offering dental services to the Louisiana Medicaid recipient population. Dental groups must be enrolled in the Louisiana Medicaid program prior to rendering services to a Medicaid recipient.

Dental groups must complete an enrollment packet for the group, which includes information for the group as well as the individual dentists comprising the group.

When billing, the group must bill for services rendered by the individual providers using the group name and group provider number. On these claims, the individual dentist's provider number would be entered as the attending dentist on the claim form. The attending dentist must sign and date the claim form. Dentists should use the American Dental Association claim form when billing Medicaid for services rendered.

A dentist, using his individual provider number, cannot bill the Louisiana Medicaid program for services rendered under a group that is enrolled in the Louisiana Medicaid program. If the group chooses not to enroll as a Louisiana Medicaid provider, the individual dentist must enroll and bill the Medicaid program for services performed in the group using the individual provider number.

**Individual Dentists:** The Louisiana Medicaid Program will assign only one provider number per individual provider type. For this reason, an individual dentist may have only one "Pay To" address regardless of the number of locations where individual services are rendered. For example, if an individual dentist practices at multiple locations, Medicaid payments will be sent to only one address for all services provided.

However, if an individual dentist practices with an enrolled group and maintains a private practice, the group must bill for services performed in the group setting and the individual dentists must bill for services rendered in the private practice. This is the only situation in which payment for services provided by one dentist would be made to more than one address. Payment would be made to the group at its address and to the individual dentist at the private address.

**ALL CHANGES OF ADDRESS, GROUP AFFILIATION, CONTRACT STATUS, ETC.  
MUST BE REPORTED IN WRITING TO:**

GAINWELL PROVIDER ENROLLMENT UNIT  
PO Box 80159  
Baton Rouge, LA 70898-0159

## DENTAL ENROLLMENT PROGRAM REQUEST FORM

Please indicate below the choice of program(s) in which you are requesting enrollment:

- EPSDT Dental Program** (Medicaid-eligible recipients up to 21 years of age)
- Adult Denture Program** (Medicaid-eligible recipients 21 years of age and older)
- Expanded Dental Services for Pregnant Women (EDSPW) Program** (Medicaid-eligible pregnant women age 21 years and older who are referred by their attending medical provider for dental treatment)
- All Dental Programs** (EPSDT Dental, Adult Denture and EDSPW)

Please indicate your dental specialty below:

- General Dentistry**
- Oral and Maxillofacial Surgery (board certificate required)**
- Pediatric Dentistry (board certificate required)**
- Orthodontics (board certificate required)**
- Endodontics (board certificate required)**
- Periodontics (board certificate required)**

# Louisiana Medicaid Group Link/Unlink and Working Relationship Form

If additional space is needed, please copy this form before filling it out.

**PURPOSE**

This form is used when an individual provider is requesting to be linked to a Professional Group or Entity. The form permits Linkage/Unlinkage for two separate professional groups. When linking to a group, the estimated number of hours is required. The form also serves as documentation that a working relationship exists between an individual and a professional group. For this form to be valid, an **ORIGINAL SIGNATURE AND DATE ARE REQUIRED.**

Individual Provider Name:																	
Individual Provider Number:		LA Medicaid Provider #								National Provider Identifier (NPI)							
Professional Group Name:																	
Professional Group Provider Number:		LA Medicaid Provider #								National Provider Identifier (NPI)							
<input type="checkbox"/> LINK	Effective Date:							<input type="checkbox"/> UNLINK	Termination Date:								
Approximate Number of Hours Worked at this Group Per Week, if linking. <b>(required)</b>																	
Professional Group Name:																	
Professional Group Provider Number:		LA Medicaid Provider #								National Provider Identifier (NPI)							
<input type="checkbox"/> LINK	Effective Date:							<input type="checkbox"/> UNLINK	Termination Date:								
Approximate Number of Hours Worked at this Group Per Week, if linking. <b>(required)</b>																	
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 named professional group(s). I have recorded the approximate number of hours to be worked at each group per week in the space(s) provided above. (I understand that upon request I must provide DHH a copy of the written contractual agreement.)

\_\_\_\_\_  
Print Individual Provider's Name

\_\_\_\_\_  
Individual Provider's Signature

\_\_\_\_\_  
Date

Original signature only – colored ink (please don't use black ink)

**Mail Completed Forms To: Gainwell Provider Enrollment Unit, PO Box 80159, Baton Rouge, LA 70898-0159**