



# **PROVIDER TYPE SPECIFIC PACKET/CHECKLIST**

**(Louisiana Medicaid Program)**

**Assistive Devices**

**OCDD Waiver**

(Enrollment packet is subject to change without notice.)

# GENERAL INFORMATION

## REGARDING WAIVER ENROLLMENTS

**\*\*NPI numbers are not required for Assistive Device (PT-17) providers.\*\***

If you do not submit an NPI number on your PE-50, you must submit claims using your Louisiana Medicaid provider number only. If you choose to submit an NPI number on your PE-50, please be aware that each Medicaid provider number is required to have a unique NPI number (different than the one for your HHA or DME file), so the Assistive Device provider would need to obtain a new NPI number. Alternatively, the same NPI can be used as another Medicaid provider number only if the NPI has multiple taxonomy codes listed and you list the applicable taxonomy code on your PE-50 in the Basic Enrollment Packet.

- The effective date is the date of enrollment approval.
- Non active billing will result to deactivation of the Medicaid provider number. To be reinstated, a provider must meet all enrollment requirements.
- An updated license must be obtained and submitted to Provider Enrollment for physical address changes.

OCDD Waiver Service Providers must submit additional documentation to be placed on what is called the Freedom of Choice listing. This documentation is to be downloaded from the web after receiving the letter confirming enrollment in Louisiana Medicaid. The additional documentation required is a Medicaid Freedom of Choice Request Form which is found on the LDH website at: <http://new.ldh.louisiana.gov/index.cfm/page/141> (The link to this form is located just above the map of Louisiana).

## GENERAL POLICY INFORMATION

Waiver service providers are required to comply with both policy and program requirements located on the Louisiana Department of Health (LDH) Office for Citizens with Developmental Disabilities (OCDD) website and the Louisiana Medicaid provider manuals linked below.

**Louisiana Medicaid Provider Manuals located at:**

<https://www.lamedicaid.com/Provweb1/Providermanuals/ProviderManuals.htm>

**LDH/OCDD website:**

<https://www.ldh.la.gov/OCDD>

**Please note Louisiana Medicaid will not reimburse you for waiver services provided to participants who are not enrolled in one of the waiver programs.**

Providers enrolled as type 17 (Assistive Devices) are allowed to provide services in accordance with applicable rules, regulations, and policies under waiver programs as specified below:

- Assistive Devices / Medical Supplies to OCDD New Opportunities Waiver participants
- Assistive Technology / Specialized Medical Equipment to OCDD Residential Options Waiver participants
- Assistive Technology / Specialized Medical Equipment to OCDD Supports Waiver participants

# OCDD Waiver

## Assistive Devices

### 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 Entities/Businesses**.

Completed	Document Name
*	1. Entity/Business Louisiana Medicaid PE-50 Provider Enrollment Form.
*	2. PE-50 Addendum – Provider Agreement Forms (three pages).
*	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. To report "Specialty" for this provider type on Section A of the PE-50, use Code 91 (Assistive Devices).

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**