



PROVIDER TYPE SPECIFIC PACKET/CHECKLIST

(Louisiana Medicaid)

Physical Therapist (Individual)

(Enrollment packet is subject to change without notice)

GENERAL INFORMATION

Provider Enrollment works on a three-week turnaround time frame. If enrollment requirements are not met, the entire application will be returned for correction and would need to be re-submitted once the corrections are made. Any re-submission of the enrollment packet is subject to an additional three-week turnaround period.

The enrollment begin effective date for Physical Therapists enrolling for ROW or Children's Choice Waiver Therapy Services only will be the date the enrollment application is actually worked by Provider Enrollment.

No billing for 18 months will result in an automatic closure of this provider number, which will require a new enrollment application in order to be re-activated. No notification will be sent to the provider regarding the automatic closure.

Physical Therapy Assistants are not eligible to enroll in Louisiana Medicaid.

- Individual Physical Therapist Providers may enroll in Louisiana Medicaid for:
 - Early Steps Provider (see PT 29 – Early Steps Provider Type Specific Checklist/Packet)
 - Medicare Crossover Payments
 - Residential Options Waiver (ROW)
 - Children's Choice Waiver Therapy Services
- Individual Physical Therapists may enroll and bill as an Individual Physical Therapist for the ROW program – OR - they may choose to link to and bill through the following Provider Type agencies:
 - PT11 – Shared Living
 - PT84 – Substitute Family Care
- If a professional Individual is linking to an Entity/Business as an 'Attending' only (not being paid individually by Medicaid), then the EDI Contract, Direct Deposit Form, and voided check are not required.
- Individual Physical Therapists may not link to any Medicaid enrolled Groups, Rural Health Clinics, Federally Qualified Health Centers, or any other program within Louisiana Medicaid (except for the specified Waiver provider type mentioned above for ROW or Children's Choice Waiver Services).

ATTENTION!!

Waiver service providers are required to comply with all requirements contained in:

1. The provider manuals located at:

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

And

2. The information located on the LDH/OCDD website at

<http://new.dhh.louisiana.gov/index.cfm/subhome/11/n/8>

Physical Therapist 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 Physical Therapist provider:

Completed	Document Name
*	1. Completed Individual Louisiana Medicaid PE-50 Provider Enrollment Form.
*	2. Completed PE-50 Addendum – Provider Agreement Form (two pages).
*	3. Completed Medicaid Direct Deposit (EFT) Authorization Agreement Form.
*	4. Completed Louisiana Medicaid Ownership Disclosure Information Form for Individual.
<input type="checkbox"/>	5. 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 (deposit slips are not accepted).
<input type="checkbox"/>	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 (W-9 forms are not accepted).
<input type="checkbox"/>	7. Printout of the online license verification from the governing license board of your profession. This verification must contain the license numbers, the effective date of issuance, and the current status of the license. A temporary permit is only good until the expiration date.
	8. To report "Specialty" for this provider type on Section A of the PE-50, please use Code 65 (Physical Therapy).

For ROW Services:

<input type="checkbox"/> **	9. Completed Link/Unlink and Working Relationship Form.
<input type="checkbox"/> **	10. Provider Verification Form for ROW Services.
<input type="checkbox"/> **	11. To report "Sub-specialty" for this provider type on Section A of the PE-50 please use Code 4W (Waiver Services).

For Children's Choice Waiver Services:

<input type="checkbox"/> **	12. Provider Verification Form for Children's Choice Waiver Therapy Services.
<input type="checkbox"/> **	13. To report "Subspecialty" for this provider type on Section A of the PE-50, select all services you will provide of the following Subspecialty codes: Aquatic Therapy (7R), Art Therapy (7T), Music Therapy (7V), Art and Music Therapy (7U), Sensory Integration (7X), Therapeutic Horseback Riding (7Y), and/or Hippotherapy (7Z)
	14. Submit a copy of the appropriate certification that supports the Subspecialty chosen from # 13 above.

* These forms are available in the **Basic Enrollment Packet for Individuals**.

** These forms are included here.

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

Louisiana Medicaid Link/Unlink and Working Relationship Form

PURPOSE

This form is used when an individual provider is requesting to be linked to an Entity/Business. The form allows for the Linkage/ Unlinkage to two (2) separate Entities/Businesses. This form also serves as documentation that a working relationship exists between an individual and an Entity/Business. 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)						
LINK	Effective Date:			UNLINK	Termination Date:									
Approximate Number of Hours Worked at this Group Per Week, if linking. (required)			NOT REQUIRED FOR PHYSICAL THERAPIST											
Professional Group Name:														
Professional Group Provider Number:			LA Medicaid Provider #					National Provider Identifier (NPI)						
LINK	Effective Date:			UNLINK	Termination Date:									
Approximate Number of Hours Worked at this Group Per Week, if linking. (required)			NOT REQUIRED FOR PHYSICAL THERAPIST											
Contact Person for questions regarding this form:														
Contact Person Phone Number:			()			-								

WORKING RELATIONSHIP AGREEMENT

I am an Individual currently enrolled or enrolling in Medicaid, who has a contractual agreement to see Medicaid Recipients for the above named Entity/Business. I understand that upon request I must provide DHH a copy of the written, contractual working agreement between the Individual and the Entity/Business listed above.

Print Individual Provider's Name

Individual Provider's Signature

Date

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

