



# **PROVIDER TYPE SPECIFIC PACKET/CHECKLIST**

**(Louisiana Medicaid Program)**

## **Durable Medical Equipment (DME)**

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

## **NOTICE: DURABLE MEDICAL EQUIPMENT (DME) SUPPLIERS MUST BE CERTIFIED**

All DME suppliers must have one of the following certifications in order to enroll in Louisiana Medicaid:

1. DME suppliers enrolling as a company with Certified Orthotist, Certified Prosthetist, or both must be accredited by one of the following two boards:
  - American Board for Certification in Orthotics, Prosthetics & Pedorthics, Inc.
  - Board for Orthotist/Prosthetist Certification.
2. Effective August 1, 2011, all other DME suppliers not providing prosthetics or orthotics must be accredited by one of the following ten boards:
  - Joint Commission on Accreditation of Healthcare Organizations
  - National Association of Boards of Pharmacy
  - Board for Orthotist/Prosthetist Certification
  - The Compliance Team, Inc.
  - American Board for Certification in Orthotics and Prosthetics, Inc.
  - National Board of Accreditation for Orthotic Suppliers
  - Commission on Accreditation of Rehabilitation Facilities
  - Community Health Accreditation Program
  - Healthcare Quality Association on Accreditation
  - Accreditation Commission for Healthcare, Inc.

**Note:** The name and address on the certification must match the enrolling provider name and physical address exactly.

**Out of State providers are enrolled for Medicare Crossovers ONLY.**

# DME Provider Type

## 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 DME Company on Section A of the PE-50, please use one of the following codes: <ul style="list-style-type: none"> <li>• 51(company with Certified Orthotist),</li> <li>• 52 (company with Certified Prosthetist),</li> <li>• 53 (company with both a Certified Orthotist and a Certified Prosthetist),</li> <li>• 54 (all others excluding 51, 52, and 53), or</li> <li>• 64 (Audiologist only).</li> </ul>
	9. Copy of accreditation certificate from one of the boards listed on the previous page (name and address on the certificate must match exactly the name and address on this enrollment application).

**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**