

Requirements For Provider Type 17 - Therapist

Specialty Code

Please choose from the following for the specialty and code:

- 170 - Physical Therapist
- 171 - Occupational Therapist
- 173 - Speech/Hearing Therapist
- 174 - Art Therapist
- 175 - Music Therapist
- 558 - Behavior Specialist for Children with Autism

Provider Eligibility Program (PEPs)

Please choose from the following PEPs:

- Consolidated Waiver
- Adult Autism Waiver
- Community Care Waiver
- Fee-For-Service
- Independence Waiver
- OBRA Waiver
- OMR Base Program
- Person/Family Directed Support Waiver

Additional Required Documents for Provider Type 17:

The following documents and supporting information are required by the Bureau of Fee-For-Service Programs to enroll as a provider:

- Provider Enrollment Application
- Signed Outpatient Provider Agreement
- Copy of Social Security card **OR** a document generated by the IRS or Social Security Administration, which shows your name and SSN. Note: W-9 is **not** acceptable.
- If the Social Security card states "Valid for work only with INS authorization", please submit the paperwork generated by the INS or Department of Homeland Security that shows proof of authorization to work in the United States.
- For Specialty 558, include the Service Description denoting approval by the Bureau of Children's Behavioral Health Services, Office of Mental Health & Substance Abuse Services (OMHSAS). Contact the Bureau at RA-BHRS@pa.gov or (717) 705-8289 for additional information or requirements.
- Copy of License
- Letter of certification for Nurse Family Partnership providers
- Copy of the NPPES Confirmation letter that shows the NPI number and taxonomy(s) assigned to the individual applying for enrollment
- Proof of home state Medicaid participation (out of state providers)

Submit the application and supporting documents to:

DHS Provider Enrollment
PO Box 8045
Harrisburg, PA 17105-8045

- or -

Fax: (717) 265-8284

- or -

Email: RA-ProvApp@pa.gov