

## Requirements For Provider Type 27 - Dentist

### Specialty Code

Please choose from the following for the specialty and code:

270- Endodontist	277 – Prosthodontist
271- General Dentistry	283 – Cleft Palate
272 – Oral/Maxillofacial Surgeon	284 – Dental Anesthesiologist, APU
273 – Orthodontist/Dentofacial Orthopedist (see page 2 and 3 for additional documentation for Orthodontists)	285 – Dental Anesthesiologist, AP1
274 – Pediatric Dentist	286 – Dental Anesthesiologist, AP2
275 – Periodontist	370 – Tobacco Cessation

### Provider Eligibility Program (PEPs)

Please indicate the following PEP:

- Fee-For-Service

### Additional Required Documents for Provider Type 27:

The following documents and supporting information are required by the Bureau of Fee-For-Service Programs to enroll as a provider: ALL DOCUMENTS MUST BE LEGIBLE TO BE ACCEPTED

- Provider Enrollment Application with signed provider agreement
- Copy of Social Security card **OR** W2 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
- Copy of License
- Copy of Anesthesia Permit (if applicable)
- Copy of DEA (if applicable)
- Copy of the **NPPES Confirmation letter** showing the NPI Number and Taxonomy(s) assigned to the individual applying for enrollment
- Proof of home state Medicaid participation (out of state providers only)

Submit the application and supporting documents to:

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

Applications can also be submitted via fax: 717- 265-8284 or via email [ra-provapp@pa.gov](mailto:ra-provapp@pa.gov)

**Additional Required Document For Orthodontists only:**

**ORTHODONTIC EDUCATION HISTORY FORM INSTRUCTION SHEET**

1. Indicate full name and address as specified.
2. You should answer yes only if the orthodontic curriculum at the institution is accredited by the Commission on Accreditation of Dental and Dental Auxiliary Education Programs of the American Dental Association.
3. Include only those courses completed with a passing grade which directly contributed to your orthodontics specialty. **(Short titles are acceptable.)**
4. **Dates Attended:** If you are not sure of the exact dates, please specify the school year attended. **(Example: 1966-1967)**
5. This is designed to indicate how much time was allocated to formal classroom or laboratory instruction for a specific course. **For example:** A specific course could have been for two hours of classroom instruction and two hours of laboratory work per week for two semesters covering a full school year. This will amount to 4 hours per week x 13 weeks **(semester weeks can vary)** x 2 semesters = 104 semester hours.
6. Indicate the number of course credits granted by the educational institution.
7. Indicate whether an advanced degree or certificate in orthodontics was issued to you by an educational institution. Identify the educational institution, the date issued, and indicate the specific degree or certificate given.
8. Indicate any other information that you believe would be helpful in delineating your orthodontic education qualifications.

