

Requirements for Provider Type 19 - Psychologist

Specialty Code

Please choose from the following for the specialty and code:

- 190 – General Psychologist
- 191 – Clinical Neuropsychologist
- 192 – Clinical Health Psychologist
- 193 – Psychoanalytic Psychologist
- 194 – School Psychologist
- 195 – Clinical Psychologist
- 196 – Clinical Child Psychologist
- 197 – Counseling Psychologist
- 198 – Industrial Organizational Psychologist
- 199 – Behavioral Psychologist
- 201 – Forensic Psychologist
- 202 – Family Psychologist
- 204 – Clinical Geropsychologist
- 206 – Treatment of Alcohol and Other Psychoactive Substance Use Disorders •
- 207 – Cognitive Therapist
- 208 – Behavioral Therapist Consultant
- 370 – Tobacco Cessation
- 425 – Autism Certified Psychologist
- 548 – Therapeutic Staff Support
- 549 – Mobile Therapy
- 559 – Behavioral Specialist Consultant
- 572 – Early Intervention Services

Provider Eligibility Program (PEP)

The following chart categorizes each PEP by the specialties that may be associated with it. Please choose at least one PEP for each selected specialty.

FeeforService	Enrollment Not Paid	Consolidated Wavier	ID Base Program	Per/Fam Directed Services	Adult Autism Waiver	ITF Waiver	Early Intervention MA	Early Intervention Maintenance
All specialties may select Fee-for-Service	All specialties may select Enrollment Not Paid	208	208	208	425	572	572	572

Required Documents for an Individual Provider Type 19:

The following documents and supporting information are required by the Bureau of Fee-For-Service Programs to enroll as a provider (please ensure all documents are legible):

- Completed application for the enrollment of an Individual Provider—application must include:
 - Signed copy of the Outpatient Provider Agreement with the original signature of enrolling Provider;
 - Completed Ownership or Control Interest Disclosure form
- Copy of license issued by Department of State
- If application is for an Out-of-State Provider, submit proof of current home state Medicaid participation
- If applying for specialty 425, Autism Certified Psychologist, include a copy of the provider’s SPeCTRUM training certificate

Required Documents for Provider Type 19 Group:

- Completed application for the enrollment of a Group Provider--applications must include:
 - A signed copy of the Outpatient Provider Agreement, signed by an authorized representative;
 - Completed Ownership or Control Interest Disclosure form; and
 - Group Member form with Provider ID number and original signature of at least one Provider
- Documentation generated by the IRS, showing both the Group's legal name and FEIN – documentation must come from the IRS; this Department **does not** accept W-9s
- If Provider is tax-exempt, submit IRS 501 (c)(3) letter confirming this status
- If the application is for an Out-of-State Provider, submit proof of current home state Medicaid participation
- If the Group operates under a fictitious name, submit a copy of the DBA filing with Department of State Corporation Bureau
- Copy of Corporation paperwork issued by the Department of State Corporation Bureau or copy of business partnership agreement

Psychologists (19) are encouraged to apply online via our Electronic Provider Portal at

<https://provider.enrollment.dpw.state.pa.us> . If circumstances do not allow online submission, send application and documents to:

DHS Provider Enrollment
PO Box 8045
Harrisburg, PA 17105-8045
Fax: (717) 265-8284
E-mail: RA-ProvApp@pa.gov