

Requirements for Provider Type 10 - Midlevel Practitioner

Specialty Code

Specialty	License Source
100 – Physician Assistant	Department of State (DOS)
141 – Acupuncturist	(DOS)
247 - Pharmacist	(DOS)
269 – Public Health Dental Hygiene Practitioner (PHDHP)	(DOS)
370 – Tobacco Cessation	(DOS)
600 – Cost Sharing Only Provider	(DOS)

Provider Eligibility Program (PEP)

Specialty	CHIP Provider (CHPPR)	Cost Share Only (CSO)	Enrollment Not Paid (ENP)	Enrolled Render Only (ERO)	Fee For Service (FFS)	Healthy Beginnings Plus (HBP)
100	Yes		Yes	Yes		Yes
141	Yes		Yes			
247			Yes	Yes	Yes	
269	Yes		Yes			
370					Yes	
600		Yes				

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):

- Copy of license issued by the Department of State
- If application is for an Out-of-State Service Location address, submit proof that the individual / group is enrolled in the State Medicaid Program where the service location address is physically located.
- For Provider Type 10-100 only: Department of State printout verifying licensure and written agreement which identifies and is signed by each physician whom the Physician Assistant will be assisting.
- For Specialty 370 copy of the Tobacco Cessation (TC) Pre-approved Registry Form and a copy of the TC Training Certification.

PLEASE NOTE: in order to enroll for specialty 600 you must be a provider type that is enrolled by Medicare that is not enrolled as any other provider type for Medicaid.

Applications must be completed via our Electronic Provider Portal at <https://provider.enrollment.dpw.state.pa.us>