

TENTATIVE
**REMOVAL OF THE QMB LIMITATION IS
SUBJECT TO CHANGE PENDING CMS APPROVAL
AND ADOPTION OF NEW REGULATIONS**

**Licensed Clinical Social Worker
Provider Type 82
REG 907 KAR 1:102**

Information about the program:

- All LCSW providers must be licensed by the state where they practice.
- Out-of-state providers may enroll.

Additional Information to be submitted by the provider for application processing:

- MAP-811 Non-Credentialed
- MAP-811 Addendum E
- Map-347 (if working in a group setting)
- State license (current and reflecting requested enrollment date)
- Copy of Social Security card (If applicant has a social security card stating “valid for work only with DHS/INS Authorization, please refer to additional requirements at <http://www.chfs.ky.gov/dms/provEnr/>).
- If applicant is sole owner of a tax id, need to submit IRS letter of verification of FEIN or Official IRS documentation stating FEIN. FEIN must be pre-printed by IRS on documentation. W-9 forms will not be accepted.
- NPI and Taxonomy Verification

Important addresses:

- KY Board of Social Work
44 Fountain Place
Frankfort, KY 40601
- KY Medicaid
Provider Enrollment
P.O. Box 2110
Frankfort, KY 40602

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**Licensed Clinical Social Worker GROUP
Provider Type 829**

Information about the program:

- Provider must be an entity.
- Out-of-state providers can enroll.

Additional information to be submitted by the provider for application processing:

- MAP-811 Non-Credentialed
- Map-811 Addendum E
- MAP-347 for all Licensed Clinical Social Workers within the group. (Individual provider number (82) **must** be active in order to join a group.
- CLIA Certificate (if applicable)
- IRS letter of verification of FEIN or Official IRS documentation stating FEIN. FEIN must be pre-printed by IRS on documentation. W-9 forms will not be accepted.
- NPI and Taxonomy Verification

Important addresses:

- KY Medicaid
Provider Enrollment
P.O. Box 2110
Frankfort, KY 40602

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**Physical Therapist
Provider Type 87**

Information about the program:

- All physical therapy providers must be licensed by the state where they practice.
- Out-of-state providers may enroll.

Additional Information to be submitted by the provider for application processing:

- MAP-811 Non-Credentialed
- MAP-811 Addendum E
- Map-347 (if working in a group setting)
- State license (current and reflecting requested enrollment date)
- Medicare letter/certification with effective date. Physical location where provider is practicing must be on the letter.
- Copy of Social Security card (If applicant has as social security card stating “valid for work only with DHS/INS Authorization, please refer to additional requirements at <http://www.chfs.ky.gov/dms/provEnr/>).
- If applicant is sole owner of a tax id, need to submit IRS letter of verification of FEIN or Official IRS documentation stating FEIN. FEIN must be pre-printed by IRS on documentation. W-9 forms will not be accepted.
- NPI and Taxonomy Verification

Important addresses:

Kentucky Board of Physical Therapy
312 Whittington Parkway
Suite 102
Louisville, KY 40222
www.pt.ky.gov

KY Medicaid
Provider Enrollment
P.O. Box 2110
Frankfort, KY 40602

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**Physical Therapist GROUP
Provider Type 879**

Information about the program:

- Provider must be an entity.
- Out-of-state providers can enroll.

Additional information to be submitted by the provider for application processing:

- MAP-811 Non-Credentialed
- Map-811 Addendum E
- MAP-347 for all Physical Therapists within the group. (Individual provider number (87) **must** be active in order to join a group.
- Medicare certification letter with effective date for group. Physical location where provider is practicing must be on the letter.
- CLIA Certificate (if applicable)
- IRS letter of verification of FEIN or Official IRS documentation stating FEIN. FEIN must be pre-printed by IRS on documentation. W-9 forms will not be accepted.
- NPI and Taxonomy Verification

Important addresses:

- KY Medicaid
Provider Enrollment
P.O. Box 2110
Frankfort, KY 40602

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**Occupational Therapist
Provider Type 88**

Information about the program:

- All occupational therapy providers must be licensed by the state where they practice.
- Out-of-state providers may enroll.

Additional Information to be submitted by the provider for application processing:

- MAP-811 Non-Credentialed
- MAP-811 Addendum E
- Map-347 (if working in a group setting)
- State license (current and reflecting requested enrollment date)
- Copy of Social Security card (If applicant has as social security card stating “valid for work only with DHS/INS Authorization, please refer to additional requirements at <http://www.chfs.ky.gov/dms/provEnr/>).
- If applicant is sole owner of a tax id, need to submit IRS letter of verification of FEIN or Official IRS documentation stating FEIN. FEIN must be pre-printed by IRS on documentation. W-9 forms will not be accepted.
- NPI and Taxonomy Verification

Important addresses:

- KY Board of Licensure for Occupational Therapy
911 Leawood Drive
Frankfort, KY 40601
- KY Medicaid
Provider Enrollment
P.O. Box 2110
Frankfort, KY 40602

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**Occupational Therapist GROUP
Provider Type 889**

Information about the program:

- Provider must be an entity.
- Out-of-state providers can enroll.

Additional information to be submitted by the provider for application processing:

- MAP-811 Non-Credentialed
- Map-811 Addendum E
- MAP-347 for all Occupational Therapists within the group. (Individual provider number (88) **must** be active in order to join a group.
- CLIA Certificate (if applicable)
- IRS letter of verification of FEIN or Official IRS documentation stating FEIN. FEIN must be pre-printed by IRS on documentation. W-9 forms will not be accepted.
- NPI and Taxonomy Verification

Important addresses:

- KY Medicaid
Provider Enrollment
P.O. Box 2110
Frankfort, KY 40602

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**Licensed Psychologist
Provider Type 89**

Information about the program:

- All Licensed Psychologist providers must be licensed by the state where they practice.
- Out-of-state providers may enroll.

Additional Information to be submitted by the provider for application processing:

- MAP-811 Non-Credentialed
- MAP-811 Addendum E
- Map-347 (if working in a group setting)
- State license (current and reflecting requested enrollment date)
- Copy of Social Security card (If applicant has as social security card stating “valid for work only with DHS/INS Authorization, please refer to additional requirements at <http://www.chfs.ky.gov/dms/provEnr/>).
- If applicant is sole owner of a tax id, need to submit IRS letter of verification of FEIN or Official IRS documentation stating FEIN. FEIN must be pre-printed by IRS on documentation. W-9 forms will not be accepted.
- NPI and Taxonomy Verification

Important addresses:

- Kentucky Board of Examiners in Psychology
911 Leawood Drive
Frankfort, KY 40601
- KY Medicaid
Provider Enrollment
P.O. Box 2110
Frankfort, KY 40602

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**Psychologist GROUP
Provider Type 899**

Information about the program:

- Provider must be an entity.
- Out-of-state providers can enroll.

Additional information to be submitted by the provider for application processing:

- MAP-811 Non-Credentialed
- Map-811 Addendum E
- MAP-347 for all Psychologists within the group. (Individual provider number (89) **must** be active in order to join a group.
- CLIA Certificate (if applicable)
- IRS letter of verification of FEIN or Official IRS documentation stating FEIN. FEIN must be pre-printed by IRS on documentation. W-9 forms will not be accepted.
- NPI and Taxonomy Verification

Important addresses:

- KY Medicaid
Provider Enrollment
P.O. Box 2110
Frankfort, KY 40602