

## 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
- 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.

<b>Fee-for-Service</b>	<b>Enrollment Not Paid</b>	<b>Consolidated Wavier</b>	<b>ID Base Program</b>	<b>Per/Fam Directed Services</b>	<b>Adult Autism Waiver</b>	<b>ITF Waiver</b>	<b>Early Intervention MA</b>	<b>Early Intervention Maintenance</b>
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; and
  - Completed Ownership or Control Interest Disclosure form
- If the Provider is not a citizen of the United States, submit copy of Permanent Resident Card or Form I-797 showing authorization to work in the United States
- 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

## **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](mailto:RA-ProvApp@pa.gov)**