



**ADDITIONAL ENROLLMENT REQUIREMENTS CHECKLIST FOR MS MEDICAID PARTICIPATION**

Grouping	Taxonomy	Classification	Application Fee	Initial Risk Assignment	Revalidation Risk Assignment	Provider License or Permit	Joint Commission Approval	Approved Medicare Cost Report	CLIA (If Applicable)	DMH Certification	MS Board of Pharmacy Permit	ASHA	Tax ID Verification	State Dept. of Health License	Medicaid Approved Proposal Letter	Nursing License Of Performing Nurse	Certificate of Insurance	Proof of Medicaid Enrollment In Another State	Anesthesia Permit (If Applicable)	Civil Rights Compliance Information Request for Medicaid Certification	Bank account verification-deposit slip, letter from the bank or preprinted voided check	Medicare Certification Letter	Approved Medicare Cost Report	Certificate of Disease Management	Out Of State Rate Letter	EPSDT Attestation Form Provider Agreement	School Health Related Agreement	Letter From School Superintendent	Collaborative Agreement									
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Allopathic & Osteopathic Physicians	204D00000X	Neuromusculoskeletal Medicine and OMM		LOW	LOW	<input checked="" type="checkbox"/>																																
	204E00000X	Oral and Maxillofacial Surgery		LOW	LOW	<input checked="" type="checkbox"/>																																
	204F00000X	[CHIP Only] Transplant Surgery		LOW	LOW	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>											<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																	
	207K00000X	Allergy and Immunology		LOW	LOW	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>											<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																
	207L00000X	Anesthesiology		LOW	LOW	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>											<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																
	207LP2900X	Anesthesiology Pain Medicine		LOW	LOW	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>											<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																
	207N00000X	Dermatology		LOW	LOW	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>											<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																
	207P00000X	Emergency Medicine		LOW	LOW	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>											<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																
	207PE0005X	Emergency Medicine Undersea and Hyperbaric Medicine		LOW	LOW	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>											<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																
	207Q00000X	Family Medicine		LOW	LOW	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>											<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																
	207R00000X	Internal Medicine		LOW	LOW	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>											<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																
	207RA0401X	Internal Medicine Addiction Medicine		LOW	LOW	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>											<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																
	207RC0000X	Internal Medicine Cardiovascular Disease		LOW	LOW	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>											<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																
	207RC0001X	Internal Medicine Clinical Cardiac Electrophysiology		LOW	LOW	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>											<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																
	207RC0200X	Internal Medicine Critical Care Medicine		LOW	LOW	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>											<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																
	207RE0101X	Internal Medicine Endocrinology Diabetes and Metabolism		LOW	LOW	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>											<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																
	207RG0100X	Internal Medicine Gastroenterology		LOW	LOW	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>											<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																
	207RG0300X	Internal Medicine Geriatric Medicine		LOW	LOW	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>											<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																
	207RH0000X	Internal Medicine Hematology		LOW	LOW	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>											<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																
	207RH0002X	Internal Medicine Hospice and Palliative Medicine		LOW	LOW	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>											<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																
	207RH0003X	Internal Medicine Hematology and Oncology		LOW	LOW	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>											<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																
	207RI0200X	Internal Medicine Infectious Disease		LOW	LOW	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>											<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																
	207RN0300X	Internal Medicine Nephrology		LOW	LOW	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>											<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																
	207RP1001X	Internal Medicine Pulmonary Disease		LOW	LOW	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>											<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																
	207RR0500X	Internal Medicine Rheumatology		LOW	LOW	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>											<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																
	207RS0010X	Internal Medicine Sports Medicine		LOW	LOW	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>											<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																
	207RS0012X	Internal Medicine Sleep Medicine		LOW	LOW	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>											<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																
	207RX0202X	Internal Medicine Medical Oncology		LOW	LOW	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>											<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																
	207SC0300X	Medical Genetics Clinical Cytogenetic		LOW	LOW	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>											<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																
	207SG0201X	Medical Genetics Clinical Genetics M.D.		LOW	LOW	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>											<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																
	207I00000X	Neurological Surgery		LOW	LOW	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>											<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																
	207U00000X	Nuclear Medicine		LOW	LOW	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>											<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																
	207V00000X	Obstetrics and Gynecology		LOW	LOW	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>											<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																
	207VX0201X	Obstetrics and Gynecology Gynecologic Oncology		LOW	LOW	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>											<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																
	207W00000X	Ophthalmology		LOW	LOW	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>											<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																
	207X00000X	Orthopaedic Surgery		LOW	LOW	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>											<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																
	207Y00000X	Otolaryngology		LOW	LOW	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>											<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																
	207YX0901X	Otolaryngology Otology and Neurotology		LOW	LOW	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>											<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																
	207Z00000X	Physician Pathology		LOW	LOW	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>											<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																
	207ZC0500X	Pathology Cytopathology		LOW	LOW	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>											<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																
	207ZF0201X	Pathology Forensic Pathology		LOW	LOW	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>											<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																
	207ZN0500X	Pathology Neuropathology		LOW	LOW	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>											<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																
	207ZP0101X	Pathology Anatomic Pathology		LOW	LOW	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>											<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																
	207ZP0102X	Pathology Anatomic Pathology and Clinical Pathology		LOW	LOW	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>											<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																
	207ZP0105X	Pathology Clinical Pathology Laboratory Medicine		LOW	LOW	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>											<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																
	207ZP0213X	Pathology Pediatric Pathology		LOW	LOW	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>											<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																
	208000000X	Pediatrics		LOW	LOW	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>											<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																
	2080N0001X	Pediatrics Neonatal Perinatal Medicine		LOW	LOW	<input checked="" type="checkbox"/>																																











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Grouping	Taxonomy	Classification	Application Fee	Initial Risk Assignment	Revalidation Risk Assignment	Provider License or Permit	Joint Commission Approval	Approved Medicare Cost Report	CLIA (If Applicable)	DMH Certification	MS Board of Pharmacy Permit	ASHA	Tax ID Verification	State Dept. of Health License	Medicaid Approved Proposal Letter	Nursing License Of Performing Nurse	Certificate of Insurance	Proof of Medicaid Enrollment In Another State	Anesthesia Permit (If Applicable)	Civil Rights Compliance Provision Request for Medicaid Certification	Bank account verification-deposit slip, letter from the bank or preprinted voided check	Medicare Certification Letter	Approved Medicare Cost Report	Certificate of Disease Management	Out Of State Rate Letter	EPSDT Attestation Form Provider Agreement	School Health Related Agreement	Letter From School Superintendent	Collaborative Agreement		
Speech, Language and Hearing Service Providers	231H00000X	Audiologist		LOW	LOW	✓												✓													
	235200000X	Speech Language Pathologist		LOW	LOW	✓						✓						✓													
Physician Assistants & Advanced Practice Nursing Providers	363A00000X	Physician Assistant		LOW	LOW	✓												✓												✓	
	363L00000X	Nurse Practitioner		LOW	LOW	✓												✓												✓	
	367500000X	Nurse Anesthetist Certified Registered		LOW	LOW	✓												✓												✓	
	367A00000X	Advanced Practice Midwife		LOW	LOW	✓												✓												✓	
<sup>1</sup> Medicaid Approved Proposal letter is required with all Private Duty Nursing (PDN) applications (Taxonomy 251J00000X). If questions, call DOM's Office of Medical Services at 800-421-2408 or (601) 359-6150.																															
<sup>2</sup> DMH certification or Medicaid Approved Proposal letter is required based on the services provided. If questions, contact DOM's Office of Mental Health at (800) 421-2408 or (601) 359-9545 OR the Office of Long Term Care at 800-421-2408 or (601) 359-6141.																															
<b>Taxonomies:</b> 261QA0600X, 251B00000X, 332U00000X, 373H00000X, 3747P1801X, 385H00000X, 251S00000X, 253Z00000X, and 311Z00000X																															
<sup>3</sup> The EPSDT Provider Agreement and a letter from the school superintendent are required documents (Taxonomy 163WS0200X). Go to <a href="https://medicaid.ms.gov/programs/early-and-periodic-screening-diagnosis-and-treatment-epsdt/">https://medicaid.ms.gov/programs/early-and-periodic-screening-diagnosis-and-treatment-epsdt/</a> for the EPSDT Provider Agreement																															
Risk levels- Reference 42 CFR § 455.450. Provider can be automatically "bumped up" to the high-risk category based on 42 CFR § 455.450(e)																															