**INSTRUCTIONS FOR COMPLETING THE NY MEDICAID ENROLLMENT FORM FOR
PORTABLE X-RAY PROVIDER**

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1. General Instructions:

- Complete **ALL** items on the form <u>unless</u> otherwise instructed below. Failure to complete all required fields will result in your **enrollment form being returned to you which may have an impact on the enrollment effective date**.
- Required document (see #3 below) MUST cover the application date and be continuous through the current date.
- Completion of signature field is required and must be original. Initials or rubber stamped signatures will not be accepted.
- Type or legibly print in black or blue ink. Do not use red ink, nor white-out. All attachments will be scanned so they must be legible and on standard 8 ½ x 11 paper in good condition.
- Keep a copy of all documents submitted.

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2. Additional Instructions and Definitions for Form Completion:

You must already be enrolled with the Medicaid Program as a Portable X-Ray provider in Category of Service 0140 to complete this form. Complete this form to provide services to Medicaid patients <u>not</u> enrolled in Medicare.

Choose only ONE of the following options & check the corresponding box on the top of the Enrollment Form

- ✓ *Check <u>Billing Provider</u>- If the applicant/provider intends on Billing NYS Medicaid*
- ✓ *Check <u>Managed Care Only (Non Billing)</u>- If the applicant/provider is contracted with a Managed Care and is required to enroll with NYS Medicaid per the 21st Century Cures Act.*

Category(s) of Service: <u>Enter</u> the following 4-digit code on the Enrollment Form: **0282**

Choose ONE and check the corresponding box on the Enrollment Form:

- ✓ *Check <u>New Enrollment</u> if the NPI or Provider listed is not currently enrolled in NYS Medicaid*
- ✓ *Check <u>Revalidation</u> if the NPI or Provider is currently enrolled and you were notified that Revalidation is required per 42 CFR, Part 455.414. The Provider ID can be found on the Revalidation Letter you received*
- ✓ *Check <u>Reinstatement/Reactivation</u> if the provider was <u>previously</u> enrolled but is not <u>currently</u> active. Please note: You will be at financial risk if you render services to Medicaid beneficiaries before successfully completing the enrollment process.*

DBA Name: If appropriate

Control of Facility Code (See List of Control Facility Codes - form # 432701)

NY Medicaid ID – Complete if either the Revalidation, Change of Ownership, Reinstatement/Reactivation or Receivership box was checked. NY Medicaid ID is 8-digits

DEA Number & Dates: Leave Blank

Beds : Leave Blank

Medicare – Medicare enrollment is required.

Association Types: Enter the letter (B, F, H, M, P or U) which best corresponds to the individual's role:
B: Board of Directors Member   F: Facility Administrator   H: Compliance Officer
M: Managing Employee   P: Supervising Pharmacist   U: Laboratory Director

EMEDNY-459101 (09/17)

3. ADDITIONAL REQUIREMENTS

OMIG Provider Compliance Certification – Confirmation notice for the OMIG Provider Compliance Program may be required. Visit www.omig.ny.gov to determine if the Applicant / Provider must comply. If yes, a copy of the confirmation notice (printed from the website) must be included with this application.

42 CFR, Part 455.460 requires the collection of an application fee for a new enrollment, revalidation, change of ownership, reinstatement/reactivation and receivership. Click here for more information.

REQUIRED DOCUMENTS TO BE SUBMITTED WITH THIS FORM:
- ➢ IRS Assignment Letter indicating the FEIN and Applicant Name on the Enrollment Form (W-9 NOT ACCEPTABLE). IRS Assignment Letter (Form: SS-4) can be obtained by going to IRS.Gov or call IRS at 1-800-829-4933.
- ➢ Copy of your License
- ➢ Application Fee
- ➢ ETIN Certification Statement for <u>New</u> Enrollments Form (EMEDNY-490602) (<u>not</u> required for revalidation or reinstatement/reactivation, or if you are enrolling as a Managed Care Only non-billing provider)
- ➢ Electronic Funds Transfer (EFT) Authorization Form (EMEDNY-701101) (not required for revalidation if EFT is already in place and no change is requested or if you are enrolling as a Managed Care Only non-billing provider)