

Medi-Cal Requirements and Procedures for Enrolled Group Providers Requesting to Add a Provider Type

Based upon the authority granted to the Director of the Department of Health Care Services (DHCS) in *Welfare and Institutions Code (W&I Code)*, Section 14043.75(b), the form requirements set forth below have been established. Medi-Cal enrolled group providers who request to add a provider type to an enrolled location must follow these requirements in order to be reimbursed. These requirements implement and make specific W&I Code, Sections 14043.15 and 14043.26, and as such have the full force and effect of law.

Effective April 3, 2016, enrolled Medi-Cal fee-for-service group providers requesting to add a provider type to an enrolled location will be required to submit a *Medi-Cal Supplemental Changes (DHCS 6209)* form. The addition of a provider type(s) is considered a change in “business activity” on page one of the DHCS 6209. In addition to completing all required fields on the DHCS 6209, providers must include the provider type(s) they are requesting to add or delete and the name and National Provider Identifier (NPI) of the enrolled rendering provider who is licensed for the provider type. This information may be entered in question 39 of the DHCS 6209 or submitted as an attachment if more space is needed.

The following provider types can be added to an enrolled group as described above:

- Audiologist
- Certified Acupuncturist
- Certified Nurse Anesthetist
- Certified Nurse Midwife
- Certified Nurse Practitioner
- Chiropractor
- Dispensing Optician
- Hearing Aid Dispenser
- Licensed Clinical Social Worker
- Licensed Marriage and Family Therapist
- Licensed Midwife
- Ocularist
- Occupational Therapist
- Optometrist
- Orthotist
- Physician Assistant
- Podiatrist
- Prosthetist
- Psychologist
- Respiratory Care Practitioner
- Speech Therapist

If an enrolled group provider is requesting to add a provider type that is performed by a rendering provider who is not enrolled in Medi-Cal, the rendering provider must submit a full *Medi-Cal Rendering Provider Application/Disclosure Statement/Agreement for Physician/Allied/Dental Providers (DHCS 6216)* application package. For example, if a group provider is requesting to add physical therapy as a provider

type, but the physical therapist providing the services is not enrolled with Medi-Cal, the rendering physical therapist must submit a full application package.

If the addition of the provider type resulted in a change of ownership to the enrolled group provider, DHCS must be notified within 35 days of the change in accordance with *California Code of Regulations* (CCR), Title 22, Section 51000.40(a). If the change in ownership is less than 50 percent, providers may report the changes on the same *Medi-Cal Supplemental Changes* (DHCS 6209) form submitted to add the provider type. If the change in ownership is 50 percent or more, providers must submit a complete *Medi-Cal Provider Group Application* (DHCS 6203) package and include the additional provider type as part of the application in accordance with CCR, Title 22, Section 51000.40(b)(12). The *Medi-Cal Supplemental Changes* (DHCS 6209) form is not needed if providers are submitting a complete application package to report a 50 percent or more change in ownership.

Failure to submit the *Medi-Cal Supplemental Changes* (DHCS 6209) form to add a provider type to an enrolled group may result in the denial of claims.