



# PROVIDER APPLICATION

## NONBILLING PROVIDER

Application Tracking #

--	--	--	--	--	--

Commonwealth of Massachusetts | Executive Office of Health and Human Services | [www.mass.gov/masshealth](http://www.mass.gov/masshealth)

**Please ensure that all sections of this application are completed before submission.**

**CONTACT INFORMATION FOR INDIVIDUAL COMPLETING THIS APPLICATION (MassHealth may contact you if there are questions about this application.)**

Name	Tel. #	E-mail
------	--------	--------

This form is used to enroll providers who do not submit claims to or receive payment from MassHealth, but whose National Provider Identifier (NPI) is included on claims submitted by billing providers.

All providers whose NPI must be included on claims due to any state or federal requirement, such as the ordering and referring requirement referenced below, HIPAA 5010, or other requirements, and providers whose NPI is included on a claim by a billing provider for other reasons, must be enrolled with MassHealth at least as a nonbilling provider.

For example, if MassHealth requires a service to be ordered, referred, or prescribed by any of the provider types listed in Section 1 of this form, then federal law requires that:

1. the ordering, referring, or prescribing provider’s NPI must be included on the billing provider’s claim; and
2. the ordering, referring, or prescribing provider be enrolled with MassHealth at least as a nonbilling provider.

This requirement applies to independent providers as well as facility-based providers. In addition, when a clinician not listed in Section I below orders or refers a service, then the supervising physician’s number must be included on the claim. In that situation, the physician would also need to enroll as a nonbilling provider.

Note, however, that this form should not be used for providers who work in a group practice that bills and receives payment for the provider’s services, since those providers must be fully enrolled with MassHealth.

Please also note that there is also a separate nonbilling provider application for pharmacists who are authorized to prescribe.

Providers enrolled in MassHealth through this form are not permitted to submit claims to or receive payment from MassHealth. Providers who are in a category that MassHealth recognizes as billing providers, and who wish to enroll in MassHealth as a billing provider, should contact the Customer Service Center (CSC) at 1-800-841-2900 to request an enrollment packet.

You should have already obtained an individual NPI from an NPI Enumerator. You should ensure that the Provider Business Practice Location registered with the NPI Enumerator reflects the current street address of the organization with which you are affiliated. If you are authorized to prescribe medications, you should also ensure that you have entered a Primary Taxonomy Code that indicates that you have the appropriate clinical discipline to write a prescription.

Please complete, sign, and return this form and the Nonbilling Provider Contract by mail to the MassHealth Customer Service Center, Attn: Provider Enrollment, P.O. Box 9162, Canton, MA 02021. You can address questions about the form to CSC. Dentists should submit the form and signed contract by mail to DentaQuest at MassHealth Dental Program, Attn: Provider Enrollment and Credentialing, 12121 N. Corporate Parkway, Mequon, WI 53092. All information is subject to audit.

# SECTION 1: APPLICANT INFORMATION

Legal name of applicant

Applicant's individual National Provider Identifier Number (NPI)

Primary Taxonomy Code\*

## APPLICANT'S SOCIAL SECURITY NUMBER (SSN) (OR EMPLOYER IDENTIFICATION NUMBER (EIN), IF APPLICABLE)

Individual SSN

Sole Proprietor (SSN or EIN)

Provider type

PT 01: Physician  
(includes interns and residents)

PT 08: Certified nurse midwife

PT 57: Clinical nurse specialist

PT 10: Dentist

PT 78: Psychiatric clinical nurse specialist

PT 02: Optometrist

PT 17: Nurse practitioner

PT 90: Pharmacist (if authorized to prescribe)

PT 05: Psychologist

PT 39: Physician assistant

PT 92: Licensed independent clinical

PT 06: Podiatrist

PT 51: Certified registered nurse anesthetist

social worker

Applicant's DEA number\*\*

Check box if the DEA is that of the primary affiliated institution\*\*\*

Applicant's Massachusetts license number

Does the applicant hold a license from another state?

State

License number

State

License number

State

License number

Home street address

City

State

Zip

Tel. #

Fax #

E-mail

Primary Service Location (PSL) (if different than home address) street address

City

State

Zip

Tel. #

Fax #

E-mail

Preferred contact name

Preferred contact e-mail

Tel. #

PSL name<sup>+</sup>

PSL MassHealth provider ID<sup>+</sup>

\* For providers that prescribe medications.

\*\* Note that, with the exception of providers prescribing only Schedule VI drugs, providers must have a DEA number in order to prescribe medications.

\*\*\* Providers authorized to prescribe under their affiliated hospital's DEA registration number should enter that institution's DEA number.

+ If your PSL is a facility, please indicate the name of the facility and the MassHealth Provider ID of the facility. If you are affiliated with multiple facilities, please enter the information for the facility where you spend most of your time.

## SECTION 2: DISCLOSURES

---

Have you been convicted of a criminal offense related to any program under Medicare, Medicaid, or Title XX services since the inception of those programs?

YES  No

If "Yes," please attach an explanation.

---

Have you been convicted of a criminal offense as described in sections 1128(a) and 1128(b) (1), (2), or (3) of the Social Security Act?

YES  No

If "Yes," please attach an explanation.

---

Have you been excluded from participation in Medicare or any state health program?

YES  No

If "Yes," please attach an explanation.

---

Have you had civil money penalties or assessments imposed under section 1128A of the Social Security Act?

YES  No

If "Yes," please attach an explanation.

---

Has there ever been disciplinary action against your license by a licensing board in any state?

YES  No

If "Yes," please attach an explanation.

---

## SECTION 3: CERTIFICATION STATEMENT

### PLEASE READ CAREFULLY AND SIGN

---

I certify under the pains and penalties of perjury that the information on this form and any attached statement that I have provided has been reviewed and signed by me, and is true, accurate, and complete, to the best of my knowledge. I understand that I may be subject to civil penalties or criminal prosecution for any falsification, omission, or concealment of any material fact contained herein.

---

Printed Legal Name of Applicant

---

Signature

---

Date

**Note: Signature stamps, date stamps, or the signature of anyone other than the applicant, are not acceptable.**