



Provider Designation Checklist - Physical Health

Provider Instructions: Please select the services that apply to your facility, organization or practice. For those services that are designated with an asterisk (*), please provide documentation (e.g. licensure, certification, accreditation, etc.) verifying you/your provider organization's ability to provide such services.

Provider Name: _____

Organization Name: _____

Provider NPI: _____ Provider TIN: _____

*Copies of all applicable state and/or federal requirements for licensing, certifications, and/or accreditations must be submitted to verify this service.

Check box or leave blank	Provider Services Facilities (Institutional Claims)	Additional Documentation
	Air Ambulance	
	Alcohol and Substance Services	
	ASC - Gastrointestinal	
	ASC - Multi-Specialty	
	Children in State Custody	
	Counseling for Opioid Use provided at location	
	Diagnostic cardiac catheterization services	
	Diagnostic Radiology	
	Disproportionate Share Hospital	
	DME - Breast Pump/Accessories	
	DME - Diabetic Supplies	
	DME - Ostomy	
	Durable Medical Equipment	
	Early Periodic Screening Diagnostic and Treatment	
	ECHO Care Participant	
	Emergency medical	
	FQHC/ Dental	
	FQHC/ IHS or Tribal	
	FQHC/ Medical	
	Health Care Centers of Excellence - Bariatric	
	Health Care Centers of Excellence - Knee and Hip	
	Health Care Centers of Excellence - Maternity	
	Health Care Centers of Excellence - Spine	
	Health Care Centers of Excellence - Transplant	
	Health Care Centers of Excellence Adult BMT	
	Health Care Centers of Excellence Adult Heart	
	Health Care Centers of Excellence Adult Liver	
	Health Care Centers of Excellence Adult Lung	
	Health Care Centers of Excellence Adult Pancreas	
	Health Care Centers of Excellence Pediatric BMT	

Check box or leave blank	Provider Services Facilities (Institutional Claims)	Additional Documentation
	Health Care Centers of Excellence Pediatric Heart	
	Health Care Centers of Excellence Pediatric Liver	
	Home Visitor Non-Clinician (PAT)	
	Home Visitor Nurse (NFP)	
	Homeless Population Provider	
	Hospice	
	Imaging - Open MRI	
	Lactation Counseling Services	
	Licensed ambulatory surgical facilities	
	Licensed medical-surgical	
	Mammography	
	MAT for Opioid use provided at this location	
	Medicare eligible surgical practices	
	MRI	
	Nursing Respite	
	Orthotics and Prosthetics	
	Partial Hospitalization Program	
	Patient Centered Medical Home	
	Pediatric Cardiac Catheterization Services	
	Pediatric Cardiac Surgery Program	
	Pediatric Hospital	
	Pediatric Inpatient Unit	
	Pediatric Neurosurgery Program	
	Pediatric Urology	
	Perinatal services	
	PO - Mastectomy Supplies	
	Private Duty Nursing	
	Supportive Housing*	
	Surgical Services (Outpatient or ASC)	
	Telehealth ONLY	
	Telehealth Services	
	Tertiary pediatric services	
	Tribal 638	
	Tribal Contract/Compact with IHS (P.L. 93-638)	
	Ultrasound	
	Urban Indian (federal designation)	
	X-Ray	

Check box or leave blank	Clinics/Groups/Ancillary Services (Professional Claims)	Additional Documentation
	Air Ambulance	
	Alcohol and Substance Services	
	ASC - Gastrointestinal	
	ASC - Multi-Specialty	
	Children's Mobile Response and Stabilization	
	Children in State Custody	
	Counseling for Opioid Use provided at location	
	Diagnostic cardiac catheterization services	
	Diagnostic Radiology	
	DME - Diabetic Supplies	
	DME - BREAST PUMP/ACCESSORIES	
	DME - Ostomy	
	Durable Medical Equipment	
	Early Periodic Screening Diagnostic and Treatment	Medicaid Approved Registration Documentation
	ECHO Care Participant	
	Emergency medical	
	FQHC/ Dental	
	FQHC/ IHS or Tribal	
	FQHC/ Medical	
	Home Visitor Non-Clinician (PAT)	Medicaid Approved Registration Documentation
	Home Visitor Nurse (NFP)	
	Hospice	Medicaid Approved Registration Documentation
	Imaging - Open MRI	
	Lactation Counseling Services	
	Licensed medical-surgical	
	Mammography	
	MAT for Opioid use provided at this location	
	Medicare eligible surgical practices	
	Mobile Crisis Teams	
	MRI	
	Nursing Respite	
	Orthotics and Prosthetics	
	Partial Hospitalization Program	
	Patient Centered Medical Home	
	Pediatric Cardiac Catheterization Services	
	Pediatric Cardiac Surgery Program	
	Pediatric Neurosurgery Program	
	Pediatric Urology	
	Perinatal services	
	PO - Mastectomy Supplies	
	Private Duty Nursing (Nurse Agency)	Medicaid Approved Registration Documentation
	School Based Services	
	Supportive Housing*	Medicaid Approved Registration Documentation
	Telehealth ONLY	

Check box or leave blank	Clinics/Groups/Ancillary Services (Professional Claims)	Additional Documentation
	Telehealth Services	
	Tertiary pediatric services	
	Tribal 638	
	Tribal Contract/Compact with IHS (P.L. 93-638)	
	Ultrasound	
	Urban Indian (federal designation)	
	X-Ray	

Check box or leave blank	Individual Practitioners (Professional Claims)	Additional Documentation
	Alcohol and Substance Services	
	Children's Mobile Response and Stabilization	
	Community Home Visiting	
	Counseling for Opioid Use provided at location	
	Diagnostic cardiac catheterization services	
	Diagnostic Radiology	
	Early Periodic Screening Diagnostic and Treatment	
	ECHO Care	
	Emergency medical	
	Home Health Aide	
	Home Visitor Non-Clinician (PAT)	
	Home Visitor Nurse (NFP)	
	Hospice	
	Lactation Counseling Services	
	Licensed medical-surgical	
	MAT for Opioid use provided at this location	
	Medicare eligible surgical practices	
	Mobile Crisis Teams	
	Nursing Respite	
	Pediatric Cardiac Catheterization Services	
	Pediatric Cardiac Surgery Program	
	Pediatric Neurosurgery Program	
	Pediatric Urology	
	Perinatal services	
	Private Duty Nursing	Medicaid Approved Registration Documentation
	Suboxone Certified*	Non-physicians verified at https://www.samhsa.gov/medication-assisted-treatment/practitioner-program-data/treatment-practitioner-locator. N/A for physicians
	Telehealth ONLY	
	Telehealth Services	
	Tertiary pediatric services	
	Ultrasound	
	Wound Care	
	X-Ray	

Required*	Additional Designations
	Intellectual Developmental Disabilities
	Traumatic Brain Injury
	Severe Emotional Disturbances
	CareLink NM
	Baby Friendly USA Designation Approved
	LGBTQ+
	Trauma Informed Care

* = Required fields - Yes or N/A

Check box or leave blank	ADA (to be completed contract entity)
	Ability to handle physical disability
	Accessible Grab Bars
	Accessible Lifts
	ADA Plus
	Audible Available
	Elevator Available
	Extra-large printed materials
	General Training
	Other Accessible Equipment
	Wheelchair accessible drinking fountains
	Wheelchair accessible hallways
	Wheelchair accessible service counters
	Wide doorways and passageways