

MACSIS PROVIDER REQUEST/MODIFICATION FORM

* Code lists for asterisked items appear on second page

Action Reason*	Effective Date	Explanation/Comments (If consolidating, denote UPI consolidating to)	Requesting Board
Board Contact	Board Email	Board Phone #	Board Fax #
BILLING PROVIDER INFORMATION (IF ADD, COMPLETE ALL; ELSE COMPLETE UPI, NAME AND CHANGED DATA)			
Provider Submitter ID (UPI) (Leave blank if not assigned)	National Provider Identifier (Type-2)	Medicaid Only Contract?	Billing Effective Date
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Billing Provider Name (Should match D/B/A on NPI Application)			
Practice Location Address Line 1 (list PO Box only for domestic violence shelter)		Practice Location Address Line 2	
Practice Location City		Practice Location State	Practice Location Zip
Practice Location County	Practice Location Phone #	Practice Location Fax #	Practice Location Hotline #
Provider Contact Person	Provider Contact Title	Provider Contact Email	CEO/Exec Dir (If different from contact)
Provider Type Code*	Provider Specialty*	Type of Service Provided	
		<input type="checkbox"/> Alcohol/Drug Addiction Treatment <input type="checkbox"/> AOD Prevention Services <input type="checkbox"/> Mental Health Treatment <input type="checkbox"/> MH Prevention Services	
OWNERSHIP INFORMATION (IF ADD, COMPLETE ALL; ELSE COMPLETE CHANGED DATA)			
Tax ID	MACSIS Vendor # (if known)	NPI same as above?	Vendor Level NPI (if different than above)
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
PAY-TO INFORMATION (COMPLETE IF DIFFERENT THAN BILLING PROVIDER; THIS IS ADDRESS FOR REMITTANCE)			
Pay-To Provider Name (Should match D/B/A on NPI application)			
Pay-To Address Line 1		Pay-To Address Line 2	
Pay-To City		Pay-To State	Pay-To Zip
Pay-To Contact Person	Pay-To Contact Title	Pay-To Email	Pay-To Phone #
MAILING ADDRESS (COMPLETE IF DIFFERENT THAN BILLING PROVIDER OR PAY-TO INFORMATION)			
Mailing Address Line 1		Mailing Address Line 2	
Mailing City	Mailing State	Mailing Zip Code	
OTHER COMMENTS			

PLEASE FAX to Debbie Downs at (614) 752-8645; DO NOT EMAIL THIS VERSION

Send Form To:Email: Debbie Downs (downs@ada.state.oh.us)

Questions: (614) 644-8400

Action Codes: 1 – Add new provider, 2- Add/Change NPI, 3 – Change Other, 4 – Close Provider, 5 – Consolidate Provider

Ownership Types: 1-Private For-Profit, 2-Private Non-Profit, 3-State Government, 4-Local/county government,5-Federal
Provider Type Codes:

AANC	Alcohol Drug Ancillary Non-Certified
ACBH	Alcohol Drug Outpatient
AHOS	Alcohol Drug Hospital
ARES	Alcohol Drug Residential
DANC	Dual Ancillary (MH Certified and AOD Non-Certified)
DCBH	Dual Certified Outpatient
DHOS	Dual Certified Hospital
DRES	Dual Certified Residential
MACC	Mental Health Ancillary Certified
MANC	Mental Health Ancillary Non-Certified
MCBH	Mental Health Certified Outpatient
MHOS	Mental Health Certified Hospital
MPRA	Mental Health Practitioner
MRES	Mental Health Certified Residential

Provider Specialty Codes: (up to 3 may be indicated on form)

ADP	Ambulatory Detox Program
AOP	AOD Outpatient (AOD Certified Only)
AMB	Ambulance
CBC	Community Based Correctional Facility – Therapeutic Community
CRC	Prison Therapeutic Community
CRI	Crisis Intervention
CRT	Children’s MH Residential Treatment
CRP	Court Referral Program
DOP	AOD/MH Outpatient (Dual Certified)
DVS	Domestic Violence Shelter
EMP	Employment Transition Counseling
FBS	Family Based Services
FCP	Foster Care
FOR	Forensic
GAH	General Acute Care Hospital
HHP	Home Health Care
HLS	Homeless Shelter
HST	State Psychiatric Hospital
HVA	Veteran’s Administration Hospital
ISP	Acute Hospital Detox Program
LAB	Blood Test
LSP	Protective Payee Services
MCO	MH Consumer Operated
MHI	Psychiatric – General Hospital
MHP	Mental Health Prevention
MHR	Mental Health Residential
MMP	Methadone Maintenance
MOP	MH Outpatient (MH Certified Only)
MRD	Mental Retardation
PHR	Pharmacy
PHY	Private Physician
PPH	Freestanding Psychiatric Hospital
PRG	Group Practice
PSC	Psychologist
PSY	Psychiatrist
RES	Housing/Residential
RSA	AOD Community Residential Program
SAD	Sub-Acute Hospital Detox Program
SAP	Substance Abuse Prevention
SRH	Halfway House/Supportive Recovery
TSA	TASC Program (Adult)
TSJ	TASC program (Juvenile)