Independent Lab
Provider Type 37
907 KAR 1:028

Notice to Providers:
- Provider must be actively enrolled with Medicare at the primary physical location.
- Per 42 CFR 455.432, the State Medicaid agency (a) Must conduct pre-enrollment and post-enrollment site visits of providers who are designated as **"moderate"** categorical risks to the Medicaid program. (b) Must require any enrolled provider to permit CMS, its agents, its designated contractors, or the State Medicaid agency to conduct unannounced on-site inspections of any and all provider locations.

Information about the Program:
- Provider can only be an entity, not an individual.
- Provider must have a primary physical address/location.
- Out-of-state providers may enroll but must be licensed by the state in which services are provided.
- A valid NPI and Taxonomy Code registered with NPPES is required
- **Independent Diagnostic Testing Facility may not enroll.**
- Lab must have a Laboratory Director that satisfies the requirements set forth in 907 KAR 1:028 Section 1(8) and KRS 333.090 (1), (2), or (3). Documentation will need to be provided.
- In-state providers must contact the Office of Inspector General (OIG) for a survey/license. DMS will not assign a provider number to in-state facilities unless a survey/license has been received.

New Provider Application, Revalidation and Maintenance Information:
- All provider applications (new enrollment, revalidations, and maintenance items) are now completed using the **KY Medicaid Partner Portal Application** (KY MPPA website).

Supporting Documentation Required for New Provider Enrollment, Revalidation and Maintenance Tasks:
- Clinical Laboratory Improvement Amendments (CLIA) certificate (must be current and reflect the requested enrollment date) CLIA address must match primary physical address.
- IRS letter of verification of FEIN or official IRS documentation stating FEIN. FEIN must be pre-printed by IRS on documentation. W-9 forms will not be accepted.
- If the provider chooses to enroll in direct deposit, verification of the bank routing/accounting numbers, such as voided check or bank letter, is required.
- Pursuant to 42 CFR 455.460, an application fee is required. Payments are processed electronically through the KY MPPA website.   If you have already paid an application fee to Medicare or another state's Medicaid agency, payment is not required. For information regarding the current application fee, please refer to the Application Fee - Cabinet for Health and Family Services (ky.gov).

KY Medicaid Partner Portal Application (KY MPPA):

Link to Enroll as a Kentucky Medicaid Provider:
https://medicaidsystems.ky.gov/Partnerportal/home.aspx and click *Let's Get Started*

Link to the Kentucky Medicaid Partner Portal Application (KY MPPA):
https://chfs.ky.gov/agencies/dms/dpi/pe/Pages/mppa.aspx
Where providers can:
- Register for a KY MPPA account
- Access KY MPPA training resources
- Register for or view pre-recorded webinars
- Subscribe to CHFS email for updates