



MARYLAND
Department of Health

**Addendum Cover Page for Maryland
Medical Assistance Program Application
FACILITY/ORGANIZATION**

PT 60 DIAGNOSTIC SERVICES, OTHER

If you have questions, please contact the Provider Enrollment Helpline at **1-844-4MD-PROV (1-844-463-7768)**
Monday – Friday from 7am – 7pm.

All providers are required to use the electronic **Provider Revalidation and Enrollment Portal**, or ePREP (eprep.health.maryland.gov) for enrollment, information updates, provider affiliations and revalidations.

Please fill out the information below and upload the completed addendum to the “Additional Information” section under “Practice Information” within the ePREP (eprep.health.maryland.gov) “Applications” tab, along with any additional documents requested within the addendum.

Provider Information

NPI:

Tax ID:

MA Provider Number (if already enrolled in Maryland Medicaid):

Please visit health.maryland.gov/ePREP for more information about ePREP



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Please upload this form to the “Additional Information” section under “Practice Information” within the ePREP (eprep.health.maryland.gov) “Applications” tab, along with any additional applicable supporting documents requested below.

Section I:

Please upload the following documents to [ePREP](http://eprep) :

1. A copy of your CMS Letter of Certification listing each site

Section II:

Please check all services that that you intend to provide and upload this form, as well as a copy of the corresponding requirement(s) for each of the services checked, to ePREP (eprep.health.maryland.gov).

Service	Requirement(s)	Service	Requirement(s)
<input type="checkbox"/> Breast Ultrasound Imaging Services	ACR (American College of Radiology) certification AND FDA certification	<input type="checkbox"/> Portable X-Ray Providers	CMS certification
<input type="checkbox"/> Echo Cardiography	IAC (Intersocietal Accreditation Commission) certification	<input type="checkbox"/> Radiological Health Services	MD Department of Environment certification
<input type="checkbox"/> EKG Technician	NHA (National Healthcareer Association) certification	<input type="checkbox"/> Radiation Machine Facility	MD Department of Environment certification
<input type="checkbox"/> Mammography Facility	FDA certification OR or ACR (American College of Radiology) certification	<input type="checkbox"/> Sleep Lab	Traders license for DME facilities
<input type="checkbox"/> *Major Medical Equipment	OHCQ issued license	<input type="checkbox"/> Sleep Lab – Physician Base Sleep Center	Board of Pharmacy permit or Dr’s license



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Service	Requirement(s)	Service	Requirement(s)
<input type="checkbox"/> MRI	ACR (American College of Radiology) certification	<input type="checkbox"/> Sonography	American Registry for Diagnostic Medical Sonography certification
<input type="checkbox"/> Portable X-Ray Unit	MD Department of Environment certification	<input type="checkbox"/> Ultrasound	ACR (American College of Radiology) certification

*Note: Examples of major medical equipment include;

- All cardiac cauterization equipment necessary to perform heart cauterization
- Computed tomography (CT) scanner
- Lithotripter
- Radiation therapy equipment including a linear accelerator
- Magnetic resonance imager (MRI)