

**INSTRUCTIONS FOR COMPLETION OF ILLINOIS MEDICAL
ASSISTANCE PROVIDER ENROLLMENT
(DPA Form 2243)**

- I. On the provider enrollment application (DPA 2243), it is necessary to complete only the following fields:**

Section A: Provider

1. **Mark or Check the appropriate box**
2. **Provider Type:** **86** for Clinical Social Worker, **87** for Psychologist, or **88** for Other Behavioral Health Professionals (e.g. LCPC, LPC, LMFT, CSW, etc.)
3. **Provider Name:** last name, first name format
4. **Address:** complete address of primary practice
5. **City**
6. **County**
7. **State**
8. **Zip**
9. **Telephone Number including area code**
10. **Fax Number including area code**
12. **NPI:** ten-digit National Provider Identification Number
13. **FEIN:** nine digit Federal Employee Identification Number, **ONLY** if enrolling as a business entity
14. **SSN:** nine-digit Social Security Number
15. **Provider License Number** (if applicable)
18. **Organization Type:** one-digit number to indicate type of ownership (i.e. (1) Sole Proprietary (2) Partnership (3) Corporation

Section B: Service/ Specialty

22. **Category of Service:** Please indicate the noted codes for the respective provider types below

Code **58** for provider type **86**

Code **59** for provider type **87**

Code **64** for provider type **88**

II. At the top of the Enrollment Application, please indicate the name of the MCO submitting the form since there will no longer be a signature page.

III. Please be sure to include a current copy of the Provider's Behavioral Health License.

IMPORTANT: IT IS THE RESPONSIBILITY OF THE MCO TO ASSURE BEHAVIORAL HEALTH PROVIDERS ARE INFORMED THEY ARE BEING ENROLLED WITH THE DEPARTMENT ONLY FOR THE PURPOSES OF COLLECTING ENCOUNTER DATA. THESE PROVIDERS CANNOT BILL THE DEPARTMENT DIRECTLY.
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