



Provider Enrollment Checklist for Provider Type 27

Radiology and Non-invasive Diagnostic Centers

The following is a list of required enrollment documents for this provider type. A copy of each document listed below must be included with your provider enrollment or revalidation.

If you have any questions, please contact the Provider Enrollment Unit at (877) 638-3472 from 8:00 a.m. to 5:00 p.m. Monday through Friday.

- Documentation showing Taxpayer Identification Number (SS-4 or CP575 or W-9)
- Medical Director's State Board of Medical Examiners License
- Nevada Secretary of State Business License
- Active enrollment in Medicare is required. Enrollment will be validated by Nevada Medicaid. The information on the application must match Medicare enrollment.
- Certification or accreditation by one of the following entities (only if applying to be a certified sleep study center):
 - The American Academy of Sleep Medicine (AASM)
 - Accreditation Commission for Health Care (ACHC)
 - The Joint Commission (TJC)
 - Centers for Medicare & Medicaid Services (CMS)-approved Independent Diagnostic Testing Facility (IDTF)
- Bureau of Health Care Quality and Compliance (BHCQC) license for X-ray equipment or certification for Mobile Imaging Providers
- Federal Drug Administration Certification for Mammography (if applicable)
- Medicare Certification for Portable/Mobile X-ray (if applicable)

Out-of-State and Out-of-Catchment Urgent/Emergent Enrollment

Full Nevada Medicaid enrollment is not required for out-of-state, out-of-catchment providers that render urgent/emergent services to recipients outside of Nevada borders.

If you are enrolling to be reimbursed for urgent/emergent services provided to a Nevada Medicaid recipient, please complete an Urgent/Emergent enrollment.

The following documentation will need to be submitted along with the urgent/emergent enrollment.

- Proof of Medicaid Enrollment in Home State
The proof must show the rendering provider's name and National Provider Identifier (NPI) and your State's Medicaid name and be dated within 5 years from the date of service.
- Documentation showing Taxpayer Identification Number (SS-4 or CP575 or W-9)
- Voided Check or Bank Letter to Confirm Electronic Funds Transfer (EFT) Information
- Letter of intent including information on recipient such as name, Nevada Medicaid ID number, dates of service, CPT/HCPCS/revenue codes, etc.

Resources:

The [Provider Enrollment](#) webpage provides instruction materials that will assist providers with enrolling in Nevada Medicaid.

You do not need to submit this checklist with your enrollment or revalidation.