



Provider Enrollment Checklist for Provider Type 33

Durable Medical Equipment, Prosthetics, Orthotics and Disposable Medical Supplies (DMEPOS)

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. You do not need to submit page 1 with your enrollment or revalidation documents. In addition to the required enrollment documents on page 1, **Out-of-state providers seeking full or Medicare Crossover enrollment only must complete/return page 2 of this checklist.** Providers seeking Out-of-State and Out-of-Catchment Urgent/Emergent Enrollment should follow the instructions and checklist on page 3.



Providers dispensing diabetic supplies must enroll as a Pharmacy provider (provider type 28) and bill those products through the Pharmacy program — not through the DMEPOS program (provider type 33).

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

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

1. Documentation showing Taxpayer Identification Number (SS-4 or CP575 or W-9)
2. Nevada Secretary of State Business License
3. Nevada State Board of Pharmacy license:
 - a. as a Medical Device, Equipment and Gases (MDEG) Supplier OR
 - b. as a Pharmacy (Exception to MDEG licensure: A Pharmacy that has a Nevada State Board of Pharmacy license and provides DMEPOS does not require separate licensure as an MDEG)
4. Verification of active participation with the Medicare Part B program for each location of the business:
 - a. Medicare Accreditation Certification AND
 - b. Medicare-required surety bond

Note: For the very limited number of DMEPOS suppliers who are not participating with the Medicare Part B program, a waiver of the requirement in #4 may be requested in writing with a statement from the applicant identifying all products (with HCPCS codes) they plan to dispense and a statement that they will not be supplying any Medicare Part B covered products. If no waiver is being requested, Medicare enrollment in the state where the enrolling entity is located is required. Enrollment will be validated by Nevada Medicaid. The information on the application must match Medicare enrollment.

5. A completed and signed Nevada Department of Public Safety Fingerprint Background Waiver for each owner with 5% or more direct or indirect ownership interest, as persons meeting this ownership criteria may be subject to the Fingerprint-based Criminal Background Check (FCBC) requirement per 42 CFR 455.434. Information regarding this requirement can be found in Web Announcement 1406 at www.medicaid.nv.gov.
 - [Fingerprint Background Waiver Form](#)



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For Out-of-State DMEPOS Providers Seeking Full or Medicare Crossover Enrollment Only

All out-of-state DMEPOS providers seeking full enrollment must return this completed page with their provider enrollment or revalidation and documents specified on the previous page.

Currently, DMEPOS providers are readily available in Nevada. If you are not providing one of the following four services, your application will be denied per Medicaid Services Manual (MSM) Chapter 100, Section 102.3.

Indicate each service you wish to provide:

- 1. Medicare Crossover [] Yes [] No
and/or
2. Catchment Area [] Yes [] No
and/or
3. Providing an item/supply that is not readily available within the state of Nevada by a current provider. [] Yes [] No
and/or
4. Recipient is temporarily receiving inpatient services in an institution/facility outside of Nevada:
[] Yes [] No If you checked yes, you must complete the following recipient and institution/facility information. If you checked yes and you do not supply the information, your application will be returned. Attach one sheet for each recipient.

Recipient Name (first and last):
Recipient Medicaid ID Number:
Institution/Facility Name:
Institution/Facility Address:
City: State: Zip Code:
Recipient Date of Admission:

If you did not answer yes to at least one of the above three questions, please go no further; if you answered yes to at least one of the questions, please continue.

Please check the box next to each medical supply/equipment you wish to provide:

[] Diabetic Supplies [] Enteral Tube Feeding Supplies [] Hospital Beds [] Incontinent Supplies
[] Ostomy Supplies [] Oxygen and Respiratory Supplies [] Power-operated Vehicle/Wheelchair
[] Other Equipment: (specify)
[] Other Supplies: (specify)

How will the recipient be provided with instruction in the care and use of equipment, set-up and follow-up for these items?

Do you have a storefront (either in Nevada or out-of-state)? [] Yes [] No

Check each of your intended sources of delivery:

[] Mail Order (only reimburses for Medicare crossovers) [] Pick Up [] Delivery
[] Other: (specify)



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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.