



## Provider Enrollment Checklist for Provider Type 43

### Laboratory, Pathology Clinical

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)
- ☐ Appropriate state licensure or registration. (For laboratories located within Nevada borders, this is obtained through the Bureau of Health Care Quality and Compliance (BHCQC))
- ☐ Active enrollment in Medicare is required. Enrollment will be validated by Nevada Medicaid. The information on the application must match Medicare enrollment.
- ☐ Appropriate Clinical Laboratories Improvement Act (CLIA) certification for the level of testing performed, certification through an accrediting organization that has received deeming authority under CLIA for specific laboratory specialties or subspecialties, or evidence that the laboratory is in a CLIA exempt state

#### **Out-of-state providers requesting payment for emergency services:**

You do not need to complete the Enrollment Questionnaire on the next page. For requirements, refer to the "Urgent/Emergency Care" section in the Provider Enrollment Instructions.

#### **Out-of-state providers who wish to perform non-emergency services:**

Complete the Enrollment Questionnaire on the next page. Submit it with your enrollment or revalidation and other required documents.

#### **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.



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#### Enrollment Questionnaire for Out-of-State Laboratory Providers

For Nevada Medicaid covered codes and their corresponding rates, see the Division of Health Care Financing and Policy website, <http://dhcfp.nv.gov>.

#### What is your primary reason for requesting enrollment with Nevada Medicaid?

(Check box **A** or **B**.)

- ☐ **A.** To provide non-emergency services for Nevada Medicaid recipients living outside of Nevada.  
Specifically, for a recipient who (*check all that apply*):
- ☐ Nevada Medicaid has placed in an out-of-state facility  
(e.g., nursing home or psychiatric residential treatment facility)
  - ☐ Is eligible for both Medicare and Medicaid
  - ☐ Is a child in an out-of-state placement where Nevada pays for adoption assistance or foster care
  - ☐ Lives in a catchment (border) area—see the Provider Enrollment Instructions  
for a list of designated catchment areas
- ☐ **B.** To provide recipients living in Nevada with specialized, non-emergency testing not available through Nevada laboratories or their affiliates. (*If this box is checked, information/documentation listed below is required for enrollment. Write "n/a" next to any item that does not apply.*)

Complete/Submit the following only if box **B** was selected above.

1. Are you enrolled with Medicaid in your home state? ☐ Yes ☐ No
2. What is the name of the laboratory test(s) you wish to offer? \_\_\_\_\_
3. Which other state Medicaid programs or insurance companies currently cover this test?  
\_\_\_\_\_

4. Does Medicare cover this test? ☐ Yes ☐ No
5. Is this test FDA-approved? ☐ Yes ☐ No If no, is there a patent pending? ☐ Yes ☐ No
6. Is this test or any analyte used considered investigational or experimental? ☐ Yes ☐ No
7. How will the specimen be received?

- ☐ Directly from physician office or clinic
- ☐ Sent from a laboratory already enrolled with Nevada Medicaid

Which laboratory? \_\_\_\_\_



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8. Which CPT codes are used to bill the test and how many units of each code are billed?

9. Is a Nevada Medicaid physician(s) currently requesting this test? ☐ Yes ☐ No

If yes, provide the name(s) of the physician(s) or submit documentation from the physician(s) regarding the medical necessity of the test for (a) specific Nevada Medicaid recipient(s).

**Items 1 and 2 below are also required for enrollment.**

1. Comprehensive information regarding the test:

☐ Website address: \_\_\_\_\_ or

☐ A brochure is included with the enrollment documents

2. National guidelines specifying the medical appropriateness of the test.

*This Questionnaire will be marked incomplete and returned to the provider if information is missing or incomplete.*