

Provider Enrollment Checklist for Provider Type 81

Hospital Based End Stage Renal Disease (ESRD) Provider

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 Nevada Medicaid Provider Enrollment Unit at (877) 638-3472 from 8:00 a.m. to 5:00 p.m. Monday through Friday.

Note: Providers that are enrolled as a provider type (PT) 12 and are providing ESRD services must enroll as a PT 81 to receive reimbursement for the ESRD services. A separate National Provider Identifier (NPI) is needed for PT 81 and PT 12.

[Documentation showing Taxpayer Identification Number (SS-4 or CP575 or W-9).
_ ı	State Licensure as a Hospital or Hospital Based ESRD in the state in which the facility is located. In Nevada, icensure is obtained through the Bureau of Health Care Quality and Compliance (BHCQC) within the Division of Public and Behavioral Health (DPBH).
r	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.
	Accreditation by one of the following entities:
	The Joint Commission (TJC),
	American Osteopathic Association (AOA),
	Healthcare Facilities Accreditation Program (HFAP), or
	 Det Norske Veritas (DNV) Healthcare System – National Integrated Accreditation for Healthcare Organizations (NIAHO)
	Clinical Laboratories Improvement Act (CLIA) certification
Out-of-St	ate and Out-of-Catchment Urgent/Emergent Enrollment
	da Medicaid enrollment is not required for out-of-state, out-of-catchment providers that render mergent services to recipients outside of Nevada borders.
-	enrolling to be reimbursed for urgent/emergent services provided to a Nevada Medicaid recipient, please an Urgent/Emergent enrollment.
The follow	wing documentation will need to be submitted along with the urgent/emergent enrollment.
_ 1	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
	etter of intent including information on recipient such as name, Nevada Medicaid ID number, dates of service, CPT/HCPCS/revenue codes, etc.

Resources: The <u>Provider Enrollment</u> 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.

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