



Nevada Medicaid and Nevada Check Up

Provider Enrollment Information Booklet

Welcome!

Thank you for your interest in the Nevada Medicaid and Nevada Check Up program. To bill for services rendered to Nevada Medicaid recipients (hereafter referred to as “recipients”), you must enroll with DXC Technology as a Nevada Medicaid provider. DXC Technology is the current Quality Improvement Organization (QIO)-like vendor for the Nevada Medicaid/Nevada Check Up program, and is referred to as Nevada Medicaid throughout this document.

If you have any questions about enrollment, please call Nevada Medicaid at (877) 638-3472. When calling, select the prompts for “Nevada Medicaid Provider,” then 0 for all other calls, and then 5 for “Provider Enrollment.”

Website

Enrollment forms are at www.medicaid.nv.gov (select “Provider Enrollment” from the “Providers” menu).

The Provider Enrollment webpage contains *required* and *recommended* enrollment documents.

Required Documents

The following documents are **required** for your enrollment in the Nevada Medicaid program:

- Provider Initial Enrollment Application (FA-31C for Individuals or FA-31D for Groups/Facilities) and the Provider Contract, which is attached to the Provider Initial Enrollment Packets
- A copy of all documentation listed on the Enrollment Checklist for your provider type

The following documents are **required** for your revalidation in the Nevada Medicaid program:

- Provider Revalidation Application (FA-31A for Individuals or FA-31B for Groups/Facilities) and the Provider Contract, which is attached to the Provider Revalidation Packets
- A copy of all documentation listed on the Enrollment Checklist for your provider type

Recommended Documents

The following documents are **recommended** enrollment documents. You may submit them when you enroll or you can submit them separately, later.

- EDI Enrollment Forms (FA-35, FA-36, FA-37 and FA-39) – To submit electronic claims, you must enroll in our EDI Program. EDI enrollment instructions are online at www.medicaid.nv.gov (select “Electronic Claims/EDI” from the “Providers” menu.) **If you have any questions**, please call our EDI Department at (877) 638-3472. When calling, select the prompts for “Nevada Medicaid Provider,” then 0 for all other calls, and then 3 for “Electronic Billing.”

Out of State Providers

Urgent/Emergency Services

Providers enrolled with Medicaid in their home state: Nevada Medicaid enrollment is not required. To receive payment for urgent/emergency services rendered to recipients outside of Nevada borders, submit a signed claim with:

- A copy of your W-9 form

- Proof of Medicaid enrollment in your home state
- Provider’s National Provider Identifier (NPI)

Providers not enrolled with Medicaid in their home state: Complete enrollment documents as described for in-state providers (see “Required Documents”). Submit these documents with your claim.

Non-emergency Care

When medical care within Nevada is unavailable for recipients residing near state borders, the contiguous out-of-state physician/clinic is considered the primary provider. All in-state benefits and/or limitations apply.

If your business/practice/facility is in one of the following “catchment areas,” submit Nevada Medicaid enrollment documents as described for **in-state** providers (see “Required Documents”). To qualify, the provider must meet all federal requirements, Nevada Medicaid state requirements **and** be a Medicaid provider in the state where services are rendered.

Table E-1: Nevada Medicaid Catchment Areas

Catchment Areas	
State	Cities/Zip Codes
Arizona	Bullhead City: 86426, 86427, 86429, 86430, 86439, 86442, 86446 Kingman: 86401, 86402, 86411, 86412, 86413, 86437, 86445 Littlefield: 86432
California	Bishop: 93512, 93514, 93515 Bridgeport: 93517 Davis: 95616, 95617, 95618 Loyalton: 96118 Markleeville: 96120 Needles: 92363 Sacramento: 94203, 94204, 94205, 94206, 94207, 94208, 94209, 94211, 94229, 94230, 94232, 94234, 94235, 94236, 94237, 94239, 94240, 94244, 94245, 94246, 94247, 94248, 94249, 94250, 94252, 94254, 94256, 94257, 94258, 94259, 94261, 94262, 94263, 94267, 94268, 94269, 94271, 94273, 94274, 94277, 94278, 94279, 94280, 94282, 94283, 94284, 94285, 94286, 94287, 94288, 94289, 94290, 94291, 94293, 94294, 94295, 94296, 94297, 94298, 94299, 95811, 95812, 95813, 95814, 95815, 95816, 95817, 95818, 95819, 95820, 95821, 95822, 95823, 95824, 94825, 95826, 95827, 95828, 95829, 95830, 95831, 95832, 95833, 95834, 95835, 95836, 95837, 95838, 95840, 95841, 95842, 95843, 95851, 95852, 95853, 95860, 95864, 95865, 95866, 95867, 95887, 95894, 95899 South Lake Tahoe: 96150, 96151, 96152, 96154, 96155, 96156, 96157, 96158 Susanville: 96127, 96130 Truckee: 96160, 96161, 96162
Idaho	Boise: 83701, 83702, 83703, 83704, 83705, 83706, 83707, 83708, 83709, 83711, 83712, 83713, 83714, 83715, 83716, 83717, 83719, 83720, 83721, 83722, 83724, 83725, 83726, 83727, 83728, 83729, 83730, 83731, 83732, 83733, 83735, 83756, 83757, 83799 Mountain Home: 83647 Twin Falls: 83301, 83302, 83303
Utah	Cedar City: 84720, 84721 Enterprise: 84725 Orem: 84057, 84058, 84059, 84097 Provo: 84601, 84602, 84603, 84604, 84605, 84606 Salt Lake City: 84101, 84102, 84103, 84104, 84105, 84106, 84107, 84108, 84109, 84110, 84111, 84112, 84113, 84114, 84115, 84116, 84117, 84118, 84119, 84120, 84121, 84122, 84123, 84124, 84125, 84126, 84127, 84128, 84130, 84131, 84132, 84133, 84134, 84136, 84138, 84139, 84141, 84143, 84144, 84145, 84147, 84148, 84150, 84151, 84152, 84153, 84157, 84158, 84165, 84170, 84171, 84180, 84184, 84189, 84190, 84199 St. George: 84770, 84771, 84790, 84791 Tooele: 84074 Wendover: 84083 West Jordan: 84084

Online Provider Enrollment Application

The Nevada Medicaid and Nevada Check Up Online Provider Enrollment Portal allows providers, or their delegates, to complete enrollment, re-enrollment, revalidation and provider changes using an online application.

The new portal is accessed from the Provider Enrollment webpage by clicking on the “Online Provider Enrollment” link. For revalidation and provider changes, you can log into the Provider Web Portal through the Provider Login (EVS) link and click on the new “Revalidate-Update Provider” link on the My Home page.

Prior to starting the application, review the Provider Enrollment Checklist for your provider type and gather all pertinent information, including applicable ownership, agent and managing employee information.

For helpful instructions, refer to the “Online Provider Enrollment User Manual,” which is posted on the [Provider Enrollment](#) webpage.

Mailing Address

Mail your completed enrollment or revalidation documents and copies of all documentation listed on the Enrollment Checklist for your provider type to:

Nevada Medicaid
Provider Enrollment Unit
PO Box 30042
Reno NV 89520-3042

Email Address

Providers may submit their initial Provider Enrollment and Revalidation applications through email. The email address is: nv.providerapps@dxc.com.

Please scan the Application, Provider Contract and all supporting documentation, including all of the documents required per the Enrollment Checklists, and attach all items to one email.

Applications received by Nevada Medicaid before 11 a.m. Pacific Time (PT) Monday through Friday will be considered received the same day. Any received after 11 a.m. PT will be logged as received the next business day.

If you send your Application via email, do not mail the paper copy. Email box nv.providerapps@dxc.com is intended for Provider Enrollment Applications only. If you have any questions regarding your Application, call Nevada Medicaid customer service at (877) 638-3472 as any questions received through this email box will not be answered. Provider Information Change forms (FA-33) can be faxed to (775) 335-8593.

State Policy

The Division of Health Care Financing and Policy (DHCFP) determines Nevada Medicaid state policy. This policy is contained in the [Medicaid Services Manual \(MSM\)](#). The MSM is published on the DHCFP website at <http://dhcfp.nv.gov>. Specific enrollment requirements are located in MSM Chapter 100.

Provider Groups

Nevada Medicaid can pay a group of providers under one NPI. To request this, each individual provider in the group must be enrolled in the Nevada Medicaid program (i.e., submit their own, individual enrollment documents). The **group then submits its own set of enrollment documents** (in addition to the documents submitted by the individual providers). In order for the individuals to be linked to the group that will be paid, the **individual names and NPIs of all providers** that will be paid under the group must be listed on the group’s Enrollment Application (FA-31D or FA-31B). Each provider must sign the list on the application to acknowledge participation in the group.

Provider groups may be formed for the following provider types:

- Applied Behavior Analysis (ABA) – provider type 85
- Audiologist Group – provider type 76
- Behavioral Health Outpatient Treatment Group – provider type 14
- Behavioral Health Rehabilitative Treatment Group – provider type 82
- Chiropractic Group – provider type 36
- Dentist Group – provider type 22
- Optometrist Group – provider type 25
- Physician Group – includes any combination of provider types 20, 24, 72, 74 and 77

- Podiatrist Group – provider type 21
- Psychologist Group – provider type 26
- Therapist Group – provider type 34

Claims for a provider group are submitted on the CMS-1500 claim form (or the electronic equivalent, 837P) with the group’s NPI in Field 33a and the servicing provider’s NPI in the bottom, white half of Field 24J.

You may **add or remove a group member** by using [form FA-33](#), the “Provider Information Change” form. Any changes to group membership must be reported within five business days.



If you submit claims to Medicare as a Provider Group and you wish for the claims to automatically cross over to Nevada Medicaid, then you must also enroll that same Provider Group with Medicaid.

Frequently Asked Questions (FAQs)

What is the Provider Enrollment Packet?

The **Application and the Provider Contract**. These documents and the documents specified in the checklist for your provider type are required for enrollment.

Which questions are required on the Application?

All questions are required unless otherwise stated with special instructions.

Where do I sign the Application and Contract?

The provider (for an individual practice) or the provider, agent, business owner or managing employee (for a business, facility or provider group) must sign the last page of the Application and the Contract.

What if I need more room to answer a question on the Application?

Attach additional sheets if necessary to answer each question completely. Each additional sheet must display the **relevant question number** from the Application.

After Your Enrollment is Submitted

For Applications sent via U.S. Postal Service, Nevada Medicaid digitally images each page and forwards the information into a computer system. If your enrollment documents are incomplete, we mail your Application back to you with a letter requesting you to provide the missing information. Your enrollment cannot be processed until you have sent all of the required documentation. You will be notified via mail after we process your enrollment (in most cases, 2-3 weeks).

Nevada Medicaid Provider Types and Specialties

Nevada Medicaid has defined approximately 60 different medical service types, also referred to as “provider types.” The **2-digit provider type numbers are shown in the left column of Table E-2 that follows**.

Some providers provide more than one type of service. You must submit **one complete set of enrollment or revalidation documents for each provider type you are enrolling** (i.e., Provider Enrollment or Revalidation Packet and documents listed on the relevant Enrollment Checklist for that provider type). For example, if you supply Durable Medical Equipment (provider type 33) as well as pharmaceutical drugs (provider type 28), complete two sets of enrollment documents. The same NPI would be noted on each Application. The difference between the two Applications would be the provider type number and the attachments required per the Enrollment Checklists.

Some provider types require you to identify a 3-digit specialty code on your Application. **The 3-digit specialty code is shown next to each bulleted item in Table E-2.**

- **A specialty is required for provider types 14, 17, 19, 20, 34, 38, 48, 58, 82 and 85.** For provider type 17, a Provider Enrollment or Revalidation Packet must be submitted for each specialty being enrolled. Provider types 14 and 82 **groups** may only enroll with specialty code 000. Provider type 14 also performing Day Treatment services must be enrolled with specialties 000 and 308. The provider must

first enroll as a provider type 14 with specialty 000 before they are eligible to apply for and enroll with the Day Treatment Specialty 308 (See the [Billing Guide for PT 14](#)).

- To assist in Medicaid tracking, we recommend that provider types 22, 26, 54 and 76 identify a specialty when applicable.

Table E-2: Nevada Medicaid Provider Types and Specialties

Provider Type Number	Description and Specialties
10	Outpatient Surgery, Hospital Based
11	Hospital, Inpatient
12	Hospital, Outpatient
13	Psychiatric Hospital, Inpatient
14	<p>Behavioral Health Outpatient Treatment <i>A specialty code is <u>required</u> on the Application.</i></p> <ul style="list-style-type: none"> • 000: Entity/Agency/Group • 300: Qualified Mental Health Professional (QMHP) • 301: Qualified Mental Health Associate (QMHA) • 302: Qualified Behavioral Aide (QBA) • 305: Licensed Clinical Social Worker • 306: Licensed Marriage and Family Therapist • 307: Clinical Professional Counselor • 308: Day Treatment Model
15	Registered Dietitian
16	Intermediate Care Facilities for Individuals with Intellectual Disabilities / Public
17	<p>Special Clinic <i>One or more specialty codes are <u>required</u> on the Application.</i></p> <ul style="list-style-type: none"> • 166: Family Planning • 167: Genetic • 169: Licensed Birth Centers • 171: Methadone • 174: Public Health • 179: School Based Health Centers (SBHC) • 180: Rural Health Clinic • 181: Federally Qualified Health Center • 182: Indian Health Programs, Non-Tribal • 183: Comprehensive Outpatient Rehabilitation Facilities (CORF) • 195: Community Health Clinics – State Health Division • 196: Special Children’s Clinics • 197: TB Clinics • 198: HIV • 215: Substance Abuse Agency Model (SAAM)
19	<p>Nursing Facility <i>One or more specialty codes are <u>required</u> on the Application.</i></p> <ul style="list-style-type: none"> • 184: Free Standing • 185: Hospital Based • 186: Veterans Facility

Provider Type Number	Description and Specialties
20	<p>Physician, M.D., Osteopath, D.O. <i>One or more specialty codes are required on the Application.</i></p> <ul style="list-style-type: none"> • 102: Adolescent/Aerospace Medicine • 103: Allergy • 057: Anesthesiology • 104: Bronchoesophagology • 105: Burns • 106: Cardiovascular • 107: Cardiovascular Surgery • 108: Chemotherapy • 058: Colon/Rectal Surgery • 109: Critical Care • 059: Dermatology • 110: Diabetes • 218: Diagnostic Radiology • 111: Emergency Medicine • 112: Endocrinology • 053: Family Practice • 113: Forensic Psychiatry • 114: Gastroenterology • 056: General Practice • 073: General Surgery • 116: Geriatrics • 117: Gynecology • 118: Hand Surgery • 119: Head/Neck Surgery • 120: Hematology • 121: Immunology • 122: Infectious Disease • 060: Internal Medicine • 123: Laryngology • 100: Mammography • 124: Maternal Fetal Medicine • 170: Maxillofacial Surgery • 067: Neonatology • 125: Nephrology • 126: Neurology • 127: Neuropathology • 061: Neurosurgery • 128: Nuclear Medicine • 129: Obstetrics • 062: Obstetrics/Gynecology • 130: Occupational Medicine • 131: Oncology • 063: Ophthalmology • 064: Orthopedic Surgery • 065: Otolaryngology • 132: Otology • 133: Otorhinolaryngology • 134: Pain Management • 066: Pathology • 136: Pediatric Intensive Care • 135: Pediatric Neurology • 137: Pediatric Ophthalmology • 138: Pediatric Surgery • 139: Pediatrics • 140: Pediatrics-Allergy • 141: Pediatrics-Cardiology • 142: Pediatrics-Hematology • 143: Pediatrics-Oncology • 144: Pediatrics-Pulmonary • 145: Perinatal Medicine • 068: Physical Medicine • 146: Psychiatry • 147: Psychiatry-Child • 148: Public Health • 149: Pulmonary Diseases • 150: Radiation Therapy • 072: Radiology • 101: Reconstructive Surgery • 092: Rehabilitation • 151: Respiratory Diseases • 152: Rheumatology • 159: Rhinology • 153: Sports Medicine • 074: Thoracic Surgery • 154: Traumatic Surgery • 155: Urgent Care • 156: Urologic Surgery • 157: Vascular Surgery • 158: Vitreoretinal Surgery
21	Podiatrist
22	<p>Dentist <i>One or more specialty codes are recommended on the Application.</i></p> <ul style="list-style-type: none"> • 078: General Dentistry • 079: Orthodontia • 080: Oral Surgery

Provider Type Number	Description and Specialties
	<ul style="list-style-type: none"> • 081: Periodontics • 164: Emergency Dentistry • 165: Family Dentistry • 170: Maxillofacial Surgery • 172: Maxillofacial Prosthetics • 173: Pediatric Dentistry • 175: Prosthodontics • 187: Dental Hygienist • -- : Endodontist: On the Application, please write "endodontist" in the "Specialty Code" section.
23	Hearing Aid Dispenser & Related Supplies
24	Advanced Practice Registered Nurse (APRN)
25	Optometrist
26	Psychologist <i>One or more specialty codes are recommended on the Application.</i> <ul style="list-style-type: none"> • 071: Neuropsychology • 160: Adolescent Psychology • 161: Child Psychology • 162: Clinical Psychology
27	Radiology & Noninvasive Diagnostic Centers
28	Pharmacy
29	Home Health Agency
30	Personal Care Services - Provider Agency
32	Ambulance, Air or Ground
33	Durable Medical Equipment, Prosthetics, Orthotics and Disposable Medical Supplies (DMEPOS)
34	Therapy <i>One or more specialty codes are <u>required</u> on the Application.</i> <ul style="list-style-type: none"> • 027: Physical Therapy • 028: Occupational Therapy • 029: Speech Pathologist • 176: Respiratory Therapy • 219: Speech Pathologist (Language)
36	Chiropractor
38	Home & Community Based Services Waiver – Individuals with Intellectual Disabilities and Related Conditions <i>One or more specialty codes are <u>required</u> on the Application.</i> <ul style="list-style-type: none"> • 211: Habilitation-Community • 212: Habilitation-Prevocational • 214: Supported Environment • 215: Counseling Services • 216: Supported Living Services
39	Adult Day Health Care (facility)
41	Optician, Optical Business
43	Laboratory, Pathology/Clinical

Provider Type Number	Description and Specialties
44	Swing-bed, Acute Hospital
45	End Stage Renal Disease (ESRD) Facility
46	Ambulatory Surgical Centers
47	Indian Health Program
48	Home and Community Based Services Waiver for the Frail Elderly <i>One or more specialty codes are <u>required</u> on the Application.</i> <ul style="list-style-type: none"> • 039: Homemaker Services • 191: Respite (for individual providers only) • 199: Chore • 202: Personal Emergency Response System (PERS) • 208: Adult Companion Service • 209: Social Adult Day Care, out of home
51	Indian Health Services Hospital, Inpatient (Tribal)
52	Indian Health Services Hospital, Outpatient (Tribal)
54	Targeted Case Management <i>One or more specialty codes are <u>recommended</u> on the Application.</i> <ul style="list-style-type: none"> • 237: Severely Mentally Ill • 238: Severely Emotionally Disturbed • 239: Individuals with Intellectual Disabilities and Related Conditions • 240: Developmentally Disabled • 242: Juvenile Justice • 243: Child Protective Services
55	Home Based Habilitation Services
56	Inpatient Rehabilitation and Long Term Acute Care (LTAC) Specialty Hospitals
57	Home and Community Based Services Waiver for the Elderly in Adult Residential Care
58	Waiver for Persons with Physical Disabilities (“PD”) <i>One or more specialty codes are <u>required</u> on the Application.</i> Specialties that <u>must</u> be performed <u>by an individual provider</u> OR agency are: <ul style="list-style-type: none"> • 191: Respite Care Specialties that <u>must</u> be performed <u>through a provider agency</u> are: <ul style="list-style-type: none"> • 039: Homemaker Services • 048: Assisted Living • 199: Chore • 200: Environmental Accessibility Adaptations • 202: Personal Emergency Response System (PERS) • 204: Home Delivered Meals • 205: Specialized Medical Equipment/Supplies Specialties that <u>may</u> be performed <u>by an individual provider</u> OR agency are: <ul style="list-style-type: none"> • 189: Attendant Services
59	Home and Community Based Services Waiver for the Elderly – Augmented Personal Care Services
60	School Based
63	Residential Treatment Center (RTC)
64	Hospice

Provider Type Number	Description and Specialties
65	Hospice, Long Term Care
68	Intermediate Care Facilities for Individuals with Intellectual Disabilities / Private
72	Nurse Anesthetist
74	Nurse Midwife
75	Critical Access Hospital (CAH), Inpatient
76	Audiologist <i>When applicable, a specialty code is recommended on the Application.</i> <ul style="list-style-type: none"> • 245: Hearing Aid Dispenser and Related Supplies
77	Physician's Assistant (PA/PA-C)
78	Indian Health Services Hospital, Inpatient (Non-Tribal)
79	Indian Health Services Hospital, Outpatient (Non-Tribal)
81	Hospital Based End Stage Renal Disease (ESRD) Provider
82	Behavioral Health Rehabilitative Treatment <i>A specialty code is <u>required</u> on the Application.</i> <ul style="list-style-type: none"> • 000: Entity/Agency/Group • 300: Qualified Mental Health Professional • 301: Qualified Mental Health Associate • 302: Qualified Behavioral Aide
83	Personal Care Services - Intermediary Service Organization
85	Applied Behavior Analysis (ABA) <i>A specialty code is <u>required</u> on the Application.</i> <ul style="list-style-type: none"> • 000: Applied Behavior Analysis (ABA) Entity/Agency/Group • 310: Licensed and Board Certified Behavior Analyst (BCBA) • 311: Psychologist • 312: Licensed and Board Certified Assistant Behavior Analyst (BCaBA) • 314: Registered Behavior Technician (RBT)