



Provider Enrollment Instructions

Welcome!

Thank you for your interest in the Nevada Medicaid and Nevada Check Up program (hereafter referred to as “Nevada Medicaid”). To bill for services rendered to Nevada Medicaid recipients (hereafter referred to as “recipients”), you must enroll with HP Enterprise Services (HPES) as a Nevada Medicaid provider.

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

Website

Enrollment forms are at <http://www.medicaid.nv.gov> (select “Provider Enrollment” from the “Providers” menu).

The Provider Enrollment web page contains *required* and *recommended* enrollment documents.

Required Documents

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

- Provider Enrollment Application (FA-31) and Provider Contract (the “Provider Enrollment Packet”)
- 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 <http://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” and then “Electronic Billing.”

Out of State Providers

Urgent/Emergency Services

Providers enrolled with Medicaid in their home state: Nevada Medicaid enrollment is not required. Prior authorization 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. Prior authorization is not required.

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.

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

Mailing Address

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

HP Enterprise Services
 Provider Enrollment Unit
 PO Box 30042
 Reno NV 89520-3042

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). The **group enrollment must list each individual provider** that will be paid under the group. Each provider must sign in the appropriate box to acknowledge participation in the group.

Provider groups may be formed for the following provider types:

- Audiologist Group – provider type 76
- Dentists Group – provider type 22
- Chiropractic Group – provider type 36
- Optometrist Group – provider type 25
- Physicians 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, 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 an authorized administrator or business owner (for a business, facility or provider group) must **initial the bottom of each page** and sign the last page of the Application and Contract. **Original signature and initials are required.**

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 and **must be signed** by the provider or authorized representative.

After Your Enrollment is Submitted

HPES 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).

Questions 4-7 on the Application

Question 4 (Enrollment Effective Date)

Enter the date on which you wish the provider or group enrollment to begin. The date in this field may be backdated up to six months, but may not be prior to all provider enrollment requirements being met. To exceed the six month backdate limitation, provide a written explanation and supporting documentation.

If you have already provided services, review the dates of service you will be billing and enter a date that will cover all of your back billing. If you have no back billing, enter the current date. Timely filing limits apply. (**Timely Filing Limits:** From the Date of Service or the recipient's date of eligibility, whichever is later, you have 180 days to submit in-state provider claims when Medicaid is the only insurance or 365 days to submit out-of-state provider claims and claims when the recipient has a primary health insurance carrier other than Medicaid.)

Question 5 (Group Membership)

If you are an individual provider and would like to **become a member of an existing Provider Group**, enter the group's NPI and the date you would like to be affiliated with the group. You may enter a date in the past. Please note that timely filing limits apply. (See "*Question 4*" above for timely filing limits.) When the group's NPI is used as the billing provider on a claim, payments will be made to the Provider Group. **Group enrollment is required for provider types 14 and 82.**

Question 6 (Provider Type)

Nevada Medicaid has defined approximately 60 different medical service types, also referred to as "provider types." Enter the appropriate **2-digit provider type number from the left column of Table E-1 that follows.**

Some providers provide more than one type of service. You must submit **one complete set of enrollment documents for each provider type you are enrolling** (i.e., Provider Enrollment 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.

Question 7 (Specialties)

Some provider types require you to identify a 3-digit specialty code in Question 7 on the Application.

The 3-digit specialty code is shown next to each bulleted item in Table E-1.

- **A specialty is required for provider types 14, 17, 19, 20, 34, 38, 48, 57, 58 and 82.** For provider types 14, 17 and 82 only, enter one specialty code per Application. A Provider Enrollment Packet must be submitted for each specialty being enrolled.
- To assist in Medicaid tracking, we recommend that provider types 22, 26, 54 and 76 identify a specialty when applicable.
- All other provider types may leave Question 7 blank.

Table E-1: Nevada Medicaid Provider Types and Specialties

Prov. Type #	Description
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> in Question 7 of 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)
16	Intermediate Care Facilities for Mentally Retarded / Public
17	<p>Special Clinic <i>One or more specialty codes are <u>required</u> in Question 7 of the Application.</i></p> <ul style="list-style-type: none"> • 166: Family Planning • 167: Genetic • 171: Methadone • 174: Public Health • 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
19	<p>Nursing Facility <i>One or more specialty codes are <u>required</u> in Question 7 of the Application.</i></p> <ul style="list-style-type: none"> • 184: Free Standing • 185: Hospital Based • 186: Veterans Facility

Prov. Type #	Description
20	<p data-bbox="354 212 695 243">Physician, M.D., Osteopath</p> <p data-bbox="354 243 1230 275"><i>One or more specialty codes are required in Question 7 of the Application.</i></p> <ul data-bbox="402 285 1349 1818" style="list-style-type: none"> • 102: Adolescent/Aerospace Medicine • 103: Allergy • 057: Anesthesiology • 104: Bronchoesophagology • 106: 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 • 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

Prov. Type #	Description
21	Podiatrist
22	Dentist <i>One or more specialty codes are recommended in Question 7 of the Application.</i> <ul style="list-style-type: none"> • 078: General Dentistry • 079: Orthodontia • 080: Oral Surgery • 081: Periodontics • 164: Emergency Dentistry • 165: Family Dentistry • 170: Maxillofacial Surgery • 172: Maxillofacial Prosthetics • 173: Pediatric Dentistry • 175: Prosthodontics • 187: Dental Hygenist • -- : Endodontist: On the Application, please write "<i>endodontist</i>" in the "Specialty Code" section of Question 7.
23	Hearing Aid Dispenser & Related Supplies
24	Certified R.N. Practitioner
25	Optometrist
26	Psychologist <i>One or more specialty codes are recommended in Question 7 of 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 Aide - Provider Agency
32	Ambulance, Air or Ground
33	Durable Medical Equipment (DME), Disposable, Prosthetics
34	Therapy <i>One or more specialty codes are <u>required</u> in Question 7 of 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
37	Intravenous Therapy (TPN)

Prov. Type #	Description
38	Home & Community Based Waiver – Mental Retardation Services <i>One or more specialty codes are <u>required</u> in Question 7 of the Application.</i> <ul style="list-style-type: none"> • 211: Habilitation-Community • 212: Habilitation-Prevocational • 213: Habilitation-Educational • 214: Supported Environment • 215: Counseling Services • 216: Supported Living Services
39	Adult Day Health Center
40	Primary Care Case Management (PCCM) Services
41	Optician, Optical Business
42	Outpatient Psychiatric Hospital Private, and Community Health Center
43	Laboratory, Pathology/Clinical
44	Swing-bed, Acute Hospital
45	End Stage Renal Disease (ESRD) Facility
46	Ambulatory Surgical Centers
47	Indian Health Programs (IHP) and Tribal Clinics
48	Home and Community Based Waiver for the Frail Elderly <i>One or more specialty codes are <u>required</u> in Question 7 of 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 • 208: Adult Companion Service • 209: Social Adult Day Care, out of home
51	Indian Health Program Hospital, Inpatient (Tribal)
52	Indian Health Program Hospital, Outpatient (Tribal)
54	Targeted Case Management <i>One or more specialty codes are <u>recommended</u> in Question 7 of the Application.</i> <ul style="list-style-type: none"> • 237: Severely Mentally Ill • 238: Severely Emotionally Disturbed • 239: Mentally Retarded • 240: Developmentally Disabled • 242: Juvenile Justice • 243: Child Protective Services
55	Transitional Rehabilitative Center, Outpatient
56	Rehabilitation, Specialty and Long Term Acute Care (LTAC) Hospital
57	Elderly in Adult Residential Care Waiver <i>One or more specialty codes are <u>required</u> in Question 7 of the Application.</i> <ul style="list-style-type: none"> • 048: Assisted Living • 207: Personal Care Service

Prov. Type #	Description
58	<p>Waiver for People with Physical Disabilities (“WIN”) <i>One or more specialty codes are <u>required</u> in Question 7 of the Application.</i></p> <p>Specialties that must be performed <u>by an individual provider</u> are:</p> <ul style="list-style-type: none"> • 191: Respite Care <p>Specialties that must be performed <u>through a provider agency</u> are:</p> <ul style="list-style-type: none"> • 039: Homemaker Services • 048: Assisted Living • 200: Environmental Accessibility Adaptations • 202: Personal Emergency Response System • 204: Home Delivered Meals • 205: Specialized Medical Equipment /Supplies <p>Specialties that may be performed <u>by an individual OR agency</u> or provider are:</p> <ul style="list-style-type: none"> • 189: Attendant Services • 199: Chore
59	Home and Community Based Assisted Living Waiver
60	School Based
62	Managed Care Organization (MCO)
63	Residential Treatment Center (RTC)
64	Hospice
65	Hospice, Long Term Care
68	Intermediate Care Facilities for Mentally Retarded / Private
72	Nurse Anesthetist
74	Nurse Midwife
75	Critical Access Hospital (CAH), Inpatient
76	<p>Audiologist <i>When applicable, a specialty code is recommended in Question 7 of the Application.</i></p> <ul style="list-style-type: none"> • 245: Hearing Aid Dispenser and Related Supplies
77	Physician's Assistant
78	Indian Health Program Hospital, Inpatient (Non-Tribal)
79	Indian Health Program Hospital, Outpatient (Non-Tribal)
80	IHP Travel (Non-Tribal)
82	<p>Behavioral Health Rehabilitative Treatment <i>A specialty code is <u>required</u> in Question 7 of the Application.</i></p> <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 Aide - Intermediary Service Organization