



Nevada Department of Health and Human Services

Division of Health Care Financing and Policy Portal

Provider Enrollment Information Booklet



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Welcome!

Thank you for your interest in the **Nevada Medicaid** and **Nevada Check Up** programs. To bill for services rendered or to order, prescribe, and refer services to Nevada Medicaid recipients (hereafter referred to as “recipients”), you must enroll as a **Nevada Medicaid Provider**. Gainwell Technologies is the current Quality Improvement Organization (QIO)-like vendor for the Nevada Medicaid and Nevada Check Up programs.

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 \(MSM\)](#), which is published on the DHCFP website at <https://dhcfp.nv.gov>. MSM Chapter 100 contains specific enrollment requirements.

General Information

Enrollment requirements vary depending on provider type and enrollment type. After reviewing specific enrollment requirements in MSM Chapter 100, review this booklet and visit the [Provider Enrollment](#) page on the Nevada Medicaid provider website to identify if there is a specific Provider Enrollment Checklist for each provider type. Preparing all required enrollment information prior to beginning an online application reduces the likelihood of a returned application. Visit the [Nevada Medicaid YouTube Training Channel](#) for additional instructions on navigating the Provider Flex tool.

Enrollment may be backdated for up to six (6) months from the application submission date. If retroactive enrollment is requested, the applicant shall provide a letter of justification and a list of claims associated with the retroactive time period. Please note that this does not extend the timely filing policy set forth in Medicaid Services Manual Chapter 100 Medicaid Program. The list of claims is to be uploaded in the Misc. Attachments section of the application.

Once an applicant is actively enrolled with Nevada Medicaid, they are considered a provider. DHCFP has partnered with Gainwell Technologies to conduct enrollment activities, including review of all application types, verification of licensure and certification submissions, maintenance of provider files, among other related activities.

Providers are required to obtain and maintain an active National Provider Identifier (NPI) before submitting an enrollment request. It is strongly recommended to have a separate NPI for each location for best billing and enrollment practices. There are two types of healthcare provider NPI numbers:

- Type 1 – Individual
- Type 2 – Organizational

If you have any questions about enrollment, please call the Gainwell Customer Service Center at **(877) 638-3472**. Once prompted for a response, say, “Enrollment,” then follow the directions from Gabby™.

Nevada Medicaid Provider Types and Specialties

Nevada Medicaid has defined approximately 65 different medical service types, which are also referred to as **provider types (PTs)**. The **2-digit PT numbers are shown in the left column of [Table E-2](#)**.

Providers may enroll with multiple provider types. A separate enrollment, including all required documentation, must be submitted for each provider type being enrolled. This includes the provider enrollment or revalidation application as well as the documents listed on the relevant Enrollment Checklist for that provider type.

A specialty is required for all provider types. Some specialties require [Electronic Visit Verification \(EVV\)](#). (See [Appendix B](#).)

Enrollment Types and Key Enrollment Requirements

Enrollment requirements vary depending on the provider type and enrollment type. Having the required enrollment information for the provider and enrollment type prior to beginning the application expedites the process. The following section lists the key enrollment requirements for each enrollment type and includes descriptions.

Individual:

The Individual enrollment type is for individuals who will be rendering services to Nevada Medicaid. These individuals may receive direct payment for services or may link to a group.

- **Performer**
 - This billing type is for an individual that renders services and will only be reimbursed through a group.
 - **Performer Key Enrollment Requirements:**
 - National Provider Identifier (NPI)
 - Social Security Number (SSN)
 - Copy of active Professional License/Certification (if applicable)
- **Biller and Performer**
 - This billing type is for an individual who may receive direct payment for services rendered and submits claims for his/her own services or may be reimbursed through a group. Direct payment income is reported to the Internal Revenue Service (IRS) under the individual's Social Security Number (SSN) or Federal Employer Identification Number (FEIN) if applicable.
 - **Biller and Performer Key Enrollment Requirements:**
 - National Provider Identifier (NPI)
 - Social Security Number (SSN)
 - Proof of Federal Employer Identification Number (FEIN) (if applicable)
 - Copy of active Secretary of State Business License (if applicable)
 - Copy of active Professional License/Certification (if applicable)
 - Voided Check or Bank Letter to confirm Electronic Funds Transfer (EFT) information

Group:

This enrollment type is a group practice or facility that submits claims for services rendered. Income is reported to the Internal Revenue Service (IRS) under the business Federal Employer Identification Number (FEIN)

- **Group Key Enrollment Requirements:**
 - National Provider Identifier (NPI)
 - Proof of Federal Employer Identification Number (FEIN)

- Copy of active Secretary of State Business License (if applicable)
- Copy of active Facility License/Certification (if applicable)
- Voided Check or Bank Letter to confirm Electronic Funds Transfer (EFT) information
- Ownership and Disclosed Entity Information (if applicable) and
- Active Medicare Enrollment (if applicable)

Ordering, Prescribing, Referring (OPR):

This enrollment type is for individuals that **only** order, prescribe or referring services covered by Nevada Medicaid for Nevada Medicaid recipients. These physicians and other professionals are not considered fully enrolled and do not submit claims for payment of services rendered. Attending providers for a hospital claim should not be enrolled as an OPR and must be fully enrolled.

- **Key Enrollment Requirements:**

- National Provider Identifier (NPI)
- Social Security Number (SSN)
- Copy of active Professional License/Certification

Urgent/Emergency: (Only for Out-of-State [OOS] non-catchment providers)

The Urgent/Emergency enrollment type is not allowed for the following provider types/specialties: PTs 14, 17, 19, 23, 26, 32 (specialty 249), 35 (specialty 987), 38, 39, 48, 54, 55 (specialties 315 & 316), 58, 59, 60, 63, 65, 68, 82, 85, 86, 87 (specialties 031, 032, and 250), 90, 91, 93, 94, and 95.

- **Urgent/Emergency Individual**

- This enrollment type is for providers enrolled with Medicaid in their home state that have provided urgent/emergency services to Nevada Medicaid recipients. The Urgent/Emergency Individual enrollment type is for an out of state non-catchment individual provider who will submit a claim for services rendered to Nevada Medicaid recipients directly or link to a group that will submit claims.
- **Key Enrollment Requirements:**
 - National Provider Identifier (NPI)
 - Social Security Number (SSN)
 - Proof of Federal Employer Identification Number (FEIN) (If applicable)
 - Voided Check or Bank Letter to confirm Electronic Funds Transfer (EFT) information (if applicable)
 - Proof of Medicaid enrollment in their home state (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); and
 - Letter of intent including information on recipient such as name, Nevada Medicaid ID number, dates of service, CPT/HCPCS/revenue codes, etc.

- **Urgent/Emergency Group**

- This enrollment type is for providers enrolled with Medicaid in their home state that have provided urgent/emergency services to Nevada Medicaid recipients. The Urgent/Emergency Group enrollment type is for out of state non-catchment provider groups or facilities that will submit a claim for services rendered to Nevada Medicaid recipients.
- **Key Enrollment Requirements:**
 - National Provider Identifier (NPI)
 - Proof of Federal Employer Identification Number (FEIN)

- Voided Check or Bank Letter to confirm Electronic Funds Transfer (EFT) information (if applicable)
- Proof of Medicaid enrollment in their home state (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) and
- Letter of intent including information on recipient such as name, Nevada Medicaid ID number, dates of service, CPT/HCPCS/revenue codes, etc.

Active Medicare Enrollment:

Active enrollment in Medicare is required for the following provider types:

- 10 - Outpatient Surgery, Hospital Based
- 11 - Hospital, Inpatient
- 12 - Hospital, Outpatient
- 17 (Specialty Type Code 180) – Rural Health Clinic
- 17 (Specialty Type Code 181) – Federally Qualified Health Center (FQHC)
- 17 (Specialty Type Code 183) – Comprehensive Outpatient Rehabilitation Facilities (CORF)
- 19 - Nursing Facility
- 27 - Radiology & Noninvasive Diagnostic Centers
- 29 - Home Health Agency
- 33 - Durable Medical Equipment, Prosthetics, Orthotics and Disposable Medical Supplies (DMEPOS) (if no waiver is being requested)
- 43 - Laboratory, Pathology/Clinical
- 44 - Swing-bed, Acute Hospital
- 45 - End Stage Renal Disease (ESRD) Facility
- 46 - Ambulatory Surgical Centers, Freestanding
- 56 - Inpatient Rehabilitation and Long Term Acute Care (LTAC) Specialty Hospitals
- 64 - Hospice
- 65 - Hospice, Long Term Care
- 75 - Critical Access Hospital (CAH), Inpatient
- 81 - Hospital Based End Stage Renal Disease (ESRD) Provider, and
- 94 – Medicare Cost-Sharing

Ownership or interest of 5% or more, as well as requested provider type, must match Medicare enrollment.

Example: PT45 (ESRD) requires active enrollment in Medicare as a Dialysis Center.

Application Types

Applicants and providers can submit applications which fall into different categories. Below are descriptions of the available types of applications.

All providers are required to submit their provider enrollment and change of ownership applications electronically using the Provider Flex tool and may utilize this tool to resume or check on the application status.

Table E-1: Application Types

Application Type	Description
New Enrollment	<p>New enrollment applications are for Providers/Facilities who are not currently enrolled in Nevada Medicaid and have never been enrolled.</p> <p>Prepare for the application process by reviewing this booklet and applicable provider enrollment checklist for requirements. Submit the application and any required documentation. Notify those who have a signature requirement</p>

Application Type	Description
	<p>that a DocuSign document will be emailed directly to the email address provided during enrollment.</p> <p>Signatures will be required after the application is verified. The provider contract will be sent to the email address on file for the service address once all of the required signatures have been received and final approval is completed.</p>
Re-Enrollment	Re-enrollment applications are for Providers/Facilities who have been previously enrolled in Nevada Medicaid but no longer have active contracts.
Change of Ownership (CHOW)	CHOW applications are for Providers/Facilities that need to report a change in ownership for the Provider/Facility.
Revalidation	<p>Revalidation applications are for active providers who are due for revalidation. The online revalidation application allows providers to revalidate and update their provider enrollment information, excluding ownership changes. Revalidations are required only once every five years, or once every three years for Durable Medical Equipment (provider type 33) providers.</p> <p>The Nevada Medicaid Provider Revalidation Report on the Provider Enrollment page lists each provider and the due date of their next revalidation. To avoid contract termination, a provider's revalidation application must be processed and approved prior to the revalidation due date. Provider revalidation notices are emailed and/or mailed to providers 120, 90, 60 and 20 days prior to their revalidation due date. Providers should ensure that Nevada Medicaid has their current email and mailing (service) addresses on file. Providers may revalidate up to one year in advance of their revalidation due date.</p> <p>Login to the Provider Web Portal, click the "Revalidate-Update Provider" link on the My Home page to start a revalidation application.</p>
Change/Update	Change/Update applications are for active providers to report any changes to their provider enrollment information, except for ownership changes. Login to the Provider Web Portal , click the "Revalidate-Update Provider" link on the My Home page to start a change/update application.

Facility Providers (additional requirements)

The Advance Directives Compliance Self-Evaluation & Certification (NMH-3827) and Civil Rights Compliance Self-Evaluation & Certification (NMH-3828) forms are required for provider types 10, 11, 12, 13, 16, 19, 29, 30, 44, 64, 65, 68, 75, 83, and 87 (specialty 250). These forms do not need to be included with enrollment application; rather, they should be completed, signed, and sent to DHCFP.

- Email: civilrights@dhcfp.nv.gov

Or

- Mail: Recipient Civil Rights Officer Division of Health Care Financing & Policy, 9850 Double R Blvd, Suite 200, Reno, NV 89521.

Visit the "Required Enrollment Documents" section of the [Provider Enrollment webpage](#), or click the links below to access the forms directly:

- [Advance Directives Compliance Self-Evaluation & Certification \(NMH-3827\)](#)
- [Civil Rights Compliance Self-Evaluation & Certification \(NMH-3828\)](#)

The following specialty clinics must be a county facility operated by the Division of Public and Behavioral Health:

- Provider type 17, specialty 174 – Public Health Clinic
- Provider type 17, specialty 195 – Community Health Clinic, State Health Division

Provider Groups

Provider groups may be formed for group entities that will be submitting claims on behalf of individuals rendering services to Nevada Medicaid recipients. To receive reimbursement, the group and each individual provider in the group must be enrolled in the Nevada Medicaid program and the individuals must be linked to the group.

For individuals to be linked to the group, the **individual names and NPIs of all providers** that will be paid under the group must be listed on the group's Enrollment Application. Each provider must electronically sign the Associated Providers List 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
- Community Paramedicine – provider type 32 (Spec. 249)
- Chiropractic Group – provider type 36
- Dentist Group – provider type 22
- Doula Group – provider type 90
- 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
- Registered Dietitian Group – provider type 15
- Therapist Group – provider type 34
- Substance Use Treatment – provider type 93

A provider may **add or remove a group member** by completing a change/update via the [Provider Web Portal](#). Any changes to group membership must be reported within five business days.



Claims submitted to Medicare by Individual Providers or Provider Groups can be automatically transferred to Nevada Medicaid only if the Individual or Provider Group is enrolled with Nevada Medicaid.

Out of State Providers Urgent/Emergency Services

Providers enrolled with Medicaid in their home state that have provided urgent/emergency services to Nevada Medicaid recipients: **Full Nevada Medicaid enrollment is not required.** [Catchment area providers](#) cannot enroll as an urgent/emergency provider.

To receive payment for urgent/emergency services rendered to recipients outside of Nevada borders, an application for urgent/emergency enrollment will need to be submitted through Provider Flex. Proof of Medicaid enrollment in a provider's home state will be required with this request. The proof should include the provider's name, National Provider Identifier (NPI), and state's Medicaid name. Documentation must be dated within 5 years of the original date of service.

Enrollments require a letter of intent from the enrolling provider. This letter must include the provider's details, including name, Nevada Medicaid ID number, dates of service, CPT/HCPCS/revenue codes, etc. All enrollments are at the discretion of DHCFP.

Providers not enrolled with Medicaid in their home state: Complete enrollment documents as described for in-state providers.

Once urgent/emergency enrollment is approved, the billing provider needs to register for and log into the [secure web portal](#) to submit a claim. Instructions on submitting a retro authorization for services that require prior authorization can be found in Chapter 4 of the [Billing Manual](#).

- If a provider is requesting urgent/emergency enrollment as an individual provider and has a separate billing provider, the billing provider will need to enroll with Nevada Medicaid as a billing provider.
- For facilities, if the provider has a separate attending provider, the attending provider needs to enroll with Nevada Medicaid as an attending provider.
- Once they are enrolled, the individual provider needs to be linked to the group for claims to process appropriately. The group can be a fully enrolled provider or an urgent/emergency provider, although not all groups allow linkage.

Table E-2: Nevada Medicaid Provider Types and Specialties

The table below is in alphabetical order by description and includes the provider type number and related 3-digit specialty code(s).

Provider Type Number	Description and Specialties
10	<u>Outpatient Surgery, Hospital Based</u> <u>Specialty type code:</u> <ul style="list-style-type: none"> • 910: Outpatient Surgery, Hospital Based
11	<u>Hospital, Inpatient</u> <u>Specialty type code:</u> <ul style="list-style-type: none"> • 911: Hospital, Inpatient
12	<u>Hospital, Outpatient</u> <u>Specialty type code:</u> <ul style="list-style-type: none"> • 912: Hospital, Outpatient
13	<u>Psychiatric Hospital, Inpatient</u> <u>Specialty type code:</u> <ul style="list-style-type: none"> • 913: Psychiatric Hospital, Inpatient
14	<u>Behavioral Health Outpatient Treatment</u> <u>Specialty type codes:</u> <ul style="list-style-type: none"> • 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 • 400*: Ordering, Prescribing, Referring (OPR) • 814: Behavioral Health Outpatient Treatment Group <p>Note: PT 14 groups may only enroll with the applicable specialty type code, e.g., 814. When performing Day Treatment services, PT 14 must be enrolled with specialties 814 AND 308. The provider must enroll as a PT 14 with specialty 814 before they are eligible to apply for and enroll with the Day Treatment Specialty 308. See the Billing Guide for PT 14 for more information.</p>
15	<u>Registered Dietitian</u> <u>Specialty type code:</u> <ul style="list-style-type: none"> • 915: Registered Dietitian

Provider Type Number	Description and Specialties
16	<u>Intermediate Care Facilities for Individuals with Intellectual Disabilities / Public</u> <u>Specialty type code:</u> <ul style="list-style-type: none"> 916: Intermediate Care Facilities for Individuals with Intellectual Disabilities / Public
17	<u>Special Clinic</u> <u>Specialty type codes:</u> <ul style="list-style-type: none"> 166: Family Planning 167: Genetic 169: Licensed Birth Centers 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) 188: Certified Community Behavioral Health Center (CCBHC) 195: Community Health Clinics – State Health Division 196: Special Children’s Clinics 197: TB Clinics 198: HIV
19	<u>Nursing Facility</u> <u>Specialty type codes:</u> <ul style="list-style-type: none"> 184: Free Standing 185: Hospital Based 186: Veterans Facility

20	<p><u>Physician, M.D., Osteopath, D.O.</u> <u>Specialty type codes:</u></p> <ul style="list-style-type: none"> • 053: Family Practice • 056: General Practice • 057: Anesthesiology • 058: Colon/Rectal Surgery • 059: Dermatology • 060: Internal Medicine • 061: Neurosurgery • 062: Obstetrics/Gynecology • 063: Ophthalmology • 064: Orthopedic Surgery • 065: Otolaryngology • 066: Pathology • 067: Neonatology • 068: Physical Medicine • 072: Radiology • 073: General Surgery • 074: Thoracic Surgery • 092: Rehabilitation • 100: Mammography • 101: Reconstructive Surgery • 102: Adolescent/Aerospace Medicine • 103: Allergy • 104: Bronchoesophagology • 105: Burns • 106: Cardiovascular • 107: Cardiovascular Surgery • 108: Chemotherapy • 109: Critical Care • 110: Diabetes • 111: Emergency Medicine • 112: Endocrinology • 113: Forensic Psychiatry • 114: Gastroenterology • 116: Geriatrics • 117: Gynecology • 118: Hand Surgery • 119: Head/Neck Surgery • 120: Hematology • 121: Immunology • 122: Infectious Disease • 123: Laryngology • 124: Maternal Fetal Medicine • 125: Nephrology 	<ul style="list-style-type: none"> • 126: Neurology • 127: Neuropathology • 128: Nuclear Medicine • 129: Obstetrics • 130: Occupational Medicine • 131: Oncology • 132: Otolaryngology • 133: Otorhinolaryngology • 134: Pain Management • 135: Pediatric Neurology • 136: Pediatric Intensive Care • 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 • 146: Psychiatry • 147: Psychiatry-Child • 148: Public Health • 149: Pulmonary Diseases • 150: Radiation Therapy • 151: Respiratory Diseases • 152: Rheumatology • 153: Sports Medicine • 154: Traumatic Surgery • 155: Urgent Care • 156: Urologic Surgery • 157: Vascular Surgery • 158: Vitreoretinal Surgery • 159: Rhinology • 170: Maxillofacial Surgery • 218: Diagnostic Radiology • 400*: Ordering, Prescribing, Referring (OPR) • 699: <i>Children's Cancer and Rare Diseases Clinic</i> • 820: Physician, M.D., Osteopath, D.O. Group • 920: Physician, M.D., Osteopath, D.O.
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Provider Type Number	Description and Specialties
21	<u>Podiatrist</u> <u>Specialty type codes:</u> <ul style="list-style-type: none"> • 921: Podiatrist • 821: Podiatrist Group • 400*: Ordering, Prescribing, Referring (OPR)
22	<u>Dentist</u> <u>Specialty type codes:</u> <ul style="list-style-type: none"> • 922: Dentist • 822: Dentist Group • 078: General Dentistry • 079: Orthodontia • 080: Oral Surgery • 081: Periodontics • 083: Dental Therapist • 164: Emergency Dentistry • 165: Family Dentistry • 170: Maxillofacial Surgery • 172: Maxillofacial Prosthetics • 173: Pediatric Dentistry • 175: Prosthodontics • 187: Dental Hygienist • 400*: Ordering, Prescribing, Referring (OPR)
23	<u>Hearing Aid Dispenser & Related Supplies</u> <u>Specialty type code:</u> <ul style="list-style-type: none"> • 923: Hearing Aid Dispenser & Related Supplies
24	<u>Advanced Practice Registered Nurse (APRN)</u> <u>Specialty type codes:</u> <ul style="list-style-type: none"> • 023: Advanced Practice Registered Nurse (APRN – Primary) • 924: Advanced Practice Registered Nurse (APRN) • 824: Advanced Practice Registered Nurse (APRN) Group • 400*: Ordering, Prescribing, Referring (OPR)
25	<u>Optometrist</u> <u>Specialty type codes:</u> <ul style="list-style-type: none"> • 925: Optometrist • 825: Optometrist Group • 400*: Ordering, Prescribing, Referring (OPR)
26	<u>Psychologist</u> <u>Specialty type codes</u> <ul style="list-style-type: none"> • 926: Psychologist • 826: Psychologist Group • 071: Neuropsychology • 160: Adolescent Psychology • 161: Child Psychology • 162: Clinical Psychology • 246: Psychological Assistant • 247: Psychological Intern • 248: Psychological Trainee • 400*: Ordering, Prescribing, Referring (OPR)

Provider Type Number	Description and Specialties
27	<u>Radiology & Noninvasive Diagnostic Centers</u> <u>Specialty type code:</u> <ul style="list-style-type: none"> 927: Radiology & Noninvasive Diagnostic Centers
28	<u>Pharmacy</u> <u>Specialty type code:</u> <ul style="list-style-type: none"> 928: Pharmacy
29	<u>Home Health Agency</u> <u>Specialty type code:</u> <ul style="list-style-type: none"> 929: Home Health Agency (EVV Required)
30	<u>Personal Care Services - Provider Agency</u> <u>Specialty type code:</u> <ul style="list-style-type: none"> 930: Personal Care Services - Provider Agency (EVV Required)
32	<u>Ambulance, Air or Ground</u> <u>Specialty type code:</u> <ul style="list-style-type: none"> 932: Ambulance, Air or Ground 249: Community Paramedicine
33	<u>Durable Medical Equipment, Prosthetics, Orthotics and Disposable Medical Supplies (DMEPOS)</u> <u>Specialty type code:</u> <ul style="list-style-type: none"> 933: Durable Medical Equipment, Prosthetics, Orthotics and Disposable Medical Supplies (DMEPOS)
34	<u>Therapy</u> <u>Specialty type codes:</u> <ul style="list-style-type: none"> 834: Therapy Group 027: Physical Therapy 028: Occupational Therapy 029: Speech Pathologist 176: Respiratory Therapy 219: Speech Pathologist (Language)
35	<u>Non-Emergency Secure Behavioral Health Transport</u> <u>Specialty type code:</u> <ul style="list-style-type: none"> 987: Non-Emergency Secure Behavioral Health Transport
36	<u>Chiropractor</u> <u>Specialty type codes:</u> <ul style="list-style-type: none"> 936: Chiropractor 836: Chiropractor Group
38	<u>Home & Community Based Services Waiver – Individuals with Intellectual Disabilities and Related Conditions</u> <u>Specialty type codes:</u> <ul style="list-style-type: none"> 211: Habilitation-Community 212: Habilitation-Prevocational 214: Supported Environment 215: Counseling Services 216: Supported Living Services

Provider Type Number	Description and Specialties
39	<u>Adult Day Health Care (facility)</u> <u>Specialty type code:</u> <ul style="list-style-type: none"> 939: Adult Day Health Care
41	<u>Optician, Optical Business, Ocularist</u> <u>Specialty type code:</u> <ul style="list-style-type: none"> 941: Optician, Optical Business, Ocularist
43	<u>Laboratory, Pathology/Clinical</u> <u>Specialty type code:</u> <ul style="list-style-type: none"> 943: Laboratory, Pathology/Clinical
44	<u>Swing-bed, Acute Hospital</u> <u>Specialty type code:</u> <ul style="list-style-type: none"> 944: Swing-bed, Acute Hospital
45	<u>End Stage Renal Disease (ESRD) Facility</u> <u>Specialty type code:</u> <ul style="list-style-type: none"> 945: End Stage Renal Disease (ESRD) Facility
46	<u>Ambulatory Surgical Centers, Freestanding</u> <u>Specialty type code:</u> <ul style="list-style-type: none"> 946: Ambulatory Surgical Centers, Freestanding
47	<u>Indian Health Program</u> <u>Specialty type code:</u> <ul style="list-style-type: none"> 947: Indian Health Program
48	Home and Community Based Services Waiver for the Frail Elderly <u>Specialty type codes:</u> <ul style="list-style-type: none"> 039: Homemaker Services (EVV Required) 191: Respite (for individual providers only) (EVV Required) 199: Chore Services (EVV Required) 202: Personal Emergency Response System (PERS) 208: Adult Companion Service (EVV Required) 209: Social Adult Day Care, out of home 303: Private Case Management Services
51	<u>Indian Health Services Hospital, Inpatient (Tribal)</u> <u>Specialty type code:</u> <ul style="list-style-type: none"> 951: Indian Health Services Hospital, Inpatient (Tribal)
52	<u>Indian Health Services Hospital, Outpatient (Tribal)</u> <u>Specialty type code:</u> <ul style="list-style-type: none"> 952: Indian Health Services Hospital, Outpatient (Tribal)
54	<u>Targeted Case Management</u> <u>Specialty type codes:</u> <ul style="list-style-type: none"> 954: Targeted Case Management 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

Provider Type Number	Description and Specialties
55	<u>1915(i) Home and Community-Based Services (HCBS) State Plan Option – Habilitation</u> <u>Specialty type code:</u> <ul style="list-style-type: none"> 315: Day Habilitation 316: Residential Habilitation
56	<u>Inpatient Rehabilitation and Long Term Acute Care (LTAC) Specialty Hospitals</u> <u>Specialty type code:</u> <ul style="list-style-type: none"> 956: Inpatient Rehabilitation and Long Term Acute Care (LTAC) Specialty Hospitals
57	<u>Home and Community Based Services Waiver for the Elderly in Adult Residential Care</u> <u>Specialty type code:</u> <ul style="list-style-type: none"> 303: Private Case Management Services 957: Home and Community Based Services Waiver for the Elderly in Adult
58	<u>Waiver for Persons with Physical Disabilities (“PD”)</u> <u>Specialty type codes:</u> Specialties under which an individual provider or an agency may enroll: <ul style="list-style-type: none"> 189: Attendant Services (EVV Required) Specialties under which only an agency may enroll: <ul style="list-style-type: none"> 039: Homemaker Services (EVV Required) 048: Assisted Living 191: Respite Care (EVV Required) 199: Chore (EVV Required) 200: Environmental Accessibility Adaptations 202: Personal Emergency Response System (PERS) 204: Home Delivered Meals 205: Specialized Medical Equipment/Supplies 303: Private Case Management Services
59	<u>Home and Community Based Services Waiver for the Elderly – Augmented Personal Care Services</u> <u>Specialty type code:</u> <ul style="list-style-type: none"> 303: Private Case Management Services 959: Home and Community Based Services Waiver for the Elderly – Augmented Personal Care Services
60	<u>School Based</u> <u>Specialty type code:</u> <ul style="list-style-type: none"> 960: School Based
63	<u>Residential Treatment Center (RTC) /Psychiatric Residential Treatment Facility (PRTF)</u> <u>Specialty type code:</u> <ul style="list-style-type: none"> 963: Residential Treatment Center (RTC) /Psychiatric Residential Treatment Facility (PRTF)
64	<u>Hospice</u> <u>Specialty type code:</u> <ul style="list-style-type: none"> 964: Hospice
65	<u>Hospice, Long Term Care</u> <u>Specialty type code:</u> <ul style="list-style-type: none"> 965: Hospice, Long Term Care

Provider Type Number	Description and Specialties
68	<u>Intermediate Care Facilities for Individuals with Intellectual Disabilities / Private</u> <u>Specialty type code:</u> <ul style="list-style-type: none"> 968: Intermediate Care Facilities for Individuals with Intellectual Disabilities/Private
72	<u>Nurse Anesthetist</u> <u>Specialty type codes:</u> <ul style="list-style-type: none"> 972: Nurse Anesthetist 872: Nurse Anesthetist Group
74	<u>Nurse Midwife</u> <u>Specialty type codes:</u> <ul style="list-style-type: none"> 974: Nurse Midwife 874: Nurse Midwife Group 400*: Ordering, Prescribing, Referring (OPR)
75	<u>Critical Access Hospital (CAH), Inpatient</u> <u>Specialty type code:</u> <ul style="list-style-type: none"> 975: Critical Access Hospital (CAH), Inpatient
76	<u>Audiologist</u> <u>Specialty type codes:</u> <ul style="list-style-type: none"> 976: Audiologist 876: Audiologist Group 245: Hearing Aid Dispenser and Related Supplies
77	<u>Physician's Assistant (PA/PA-C)</u> <u>Specialty type codes:</u> <ul style="list-style-type: none"> 977: Physician's Assistant 877: Physician's Assistant Group 400*: Ordering, Prescribing, Referring (OPR)
78	<u>Indian Health Services Hospital, Inpatient (Non-Tribal)</u> <u>Specialty type code:</u> <ul style="list-style-type: none"> 978: Indian Health Services Hospital, Inpatient (Non-Tribal)
79	<u>Indian Health Services Hospital, Outpatient (Non-Tribal)</u> <u>Specialty type code:</u> <ul style="list-style-type: none"> 979: Indian Health Services Hospital, Outpatient (Non-Tribal)
81	<u>Hospital Based End Stage Renal Disease (ESRD) Provider</u> <u>Specialty type code:</u> <ul style="list-style-type: none"> 981: Hospital Based End Stage Renal Disease (ESRD) Provider
82	<u>Behavioral Health Rehabilitative Treatment</u> <u>Specialty type codes:</u> <ul style="list-style-type: none"> 882: Behavioral Health Rehabilitative Treatment Group 300: Qualified Mental Health Professional 301: Qualified Mental Health Associate 302: Qualified Behavioral Aide <p>Note: PT 82 <u>groups</u> may only enroll with the applicable specialty type code, e.g., 882.</p>
83	<u>Personal Care Services - Intermediary Service Organization</u> <u>Specialty type code:</u> <ul style="list-style-type: none"> 983: Personal Care Services - Intermediary Service Organization (EVV Required)

Provider Type Number	Description and Specialties
85	<u>Applied Behavior Analysis (ABA)</u> <u>Specialty type codes:</u> <ul style="list-style-type: none"> • 885: 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) Note: PT 85 <u>groups</u> may only enroll with the applicable specialty type code, e.g., 885.
86	<u>Specialized Foster Care</u> <u>Specialty type code:</u> <ul style="list-style-type: none"> • 986: Specialized Foster Care
87	<u>Crisis Services</u> <u>Specialty type codes:</u> <ul style="list-style-type: none"> • 031: Designated Mobile Crisis Team (DMCT) • 032: Certified Community Behavioral Health Centers (CCBHC) Delivering Mobile Crisis Response as a Designated Mobile Crisis Team (DMCT) 250: Crisis Stabilization Center
89	<u>Community Health Worker (CHW)</u> <u>Specialty type code:</u> <ul style="list-style-type: none"> • 989: Community Health Worker
90	<u>Doula Services</u> <u>Specialty type codes:</u> <ul style="list-style-type: none"> • 990: Doula (Individual) • 890: Doula (Group)
91	<u>Pharmacist</u> <u>Specialty type codes:</u> <ul style="list-style-type: none"> • 991: Pharmacist • 400*: Ordering, Prescribing, Referring (OPR)
93	<u>Substance Use Treatment</u> <u>Specialty type codes:</u> <ul style="list-style-type: none"> • 701: Certified Alcohol and Drug Counselor (CADC) • 702: Licensed Alcohol and Drug Counselor (LADC) • 703: Certified Alcohol and Drug Counselor Intern (CADC-I) • 704: Residential Substance Use Treatment in an Institution for Mental Disease (IMD) Group • 705: Licensed Clinical Alcohol and Drug Counselor Intern (LCADC-I) • 706: Peer Recovery Support Specialist (PRSS) • 707: Substance Use Treatment Clinic Group • 708: Opioid Treatment Program Group • 709: Licensed Clinical Alcohol and Drug Counselor (LCADC)
94	<u>Medicare Cost-Sharing</u> <u>Specialty type code:</u> <ul style="list-style-type: none"> • 401: Medicare Cost-Sharing
95	<u>Home and Community Based Services Waiver for Structured Family Caregiving (SFCG)</u> <u>Specialty type codes:</u> <ul style="list-style-type: none"> • 191: Respite • 303: Private Case Management Services • 895: Structured Family Caregiving

** Specialty 400 is required for providers who are enrolling only as an Ordering, Prescribing or Referring (OPR) provider. Providers enrolled as an OPR provider may not be reported as a rendering or attending provider on Nevada Medicaid claims and do not link to Provider Groups*

Definitions

Billing Type - Billing Type is a required field on the provider enrollment application for all applicants. Select Biller, Performer or Both depending on the desired billing structure. Billing Type is automatically selected for certain enrollment/provider types, such as OPR and individuals that are required to link to a group.

- **Biller** - A group or organization which submits claims and receives payments for services rendered by qualified enrolled providers who are linked to the Biller. If Biller is selected, a provider may not be listed as Performer on a claim.
- **Performer** – A performer will render services to Nevada Medicaid recipients but will not bill as payment will be received through a group.
- **Both** - May be listed as both Biller and/or Performer of services rendered on a claim. A provider may enroll as Both based on provider type and specialty, as well as scope of practice.

Federal Employer Identification Number (FEIN or SSN) - A FEIN (Federal Employer Identification Number) is used to identify a business entity. A FEIN must match the information on file with the IRS for tax purposes and must belong to the Enrolling Provider. Individuals are required to use their SSN (Social Security Number) and have the option to report a FEIN if they have one on file with the IRS for tax purposes.

National Provider Identifier (NPI) - The NPI is a Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification Standard. The identifier is a 10-digit unique identification number for covered healthcare providers. Visit the National Plan & Provider Enumeration System (NPPES) website to apply for an NPI.

Secretary of State (SOS) Business License - Information must match documentation on file with the Nevada SOS for the enrolling provider. Business License must be active, and the Provider name or DBA must match the Nevada Registered name. Additionally, the Formation Date must be on or before the application requested effective date, and the Entity Type must match.

Ordering/Prescribing/Referring - The OPR enrollment type is for individuals that only order, prescribe or refer items or services covered by Nevada Medicaid.

Ownership Information - Enter owners (individuals or parent corporations) with five (5) percent or more direct or indirect interest, Board Members, Managing individuals and/or Agents into the entity information.

Note that if a parent corporation is listed, then Nevada Medicaid will request the information for the owners, managing individuals or agents of parent corporations with at least a 5% indirect interest.

Please see the Ownership and Disclosure section of the [Medicaid Provider Enrollment Compendium \(MPEC\)](#) for additional instructions. Ownership information should match the enrollment if a group is enrolled with Medicare.

Professional Licenses, Certifications & Accreditations - License information must match documentation on file with license board for the enrolling provider. The original issue date of a license must be on or before the effective date of enrollment. Licensure submitted must not expire in the next 30 days.

Voided Check or Bank Letter to confirm Electronic Funds Transfer (EFT) Information - If the enrolling provider will be receiving direct payments from Nevada Medicaid, EFT information is required. EFT must belong to the enrolling provider.

Out-of-State Catchment Providers

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 a provider's business/practice/facility is in one of the following "catchment areas," submit Nevada Medicaid enrollment documents as described for **in-state** providers (see "Requirement by Enrollment Type"). 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.

Providers (Individuals/Groups) located in a catchment area are required to submit a Group or Individual provider enrollment application through Provider Flex.

Catchment area providers cannot enroll as an urgent/emergency provider.

Table E-3: Nevada Medicaid 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

Table E-4: Group Provider Enrollment Linkage Restrictions

The following table is a guide for **Group providers** and the Individuals who can be linked to their groups.

Group Provider Type	Individual Provider Types that can be Linked to Group
14 - Behavioral Health Outpatient Treatment (specialty 814)	14 - Behavioral Health Outpatient Treatment (specialties 300, 301, 302, 305, 306, 307) 20 - Physician, M.D., Osteopath, D.O. 24 - Advanced Practice Registered Nurses 26 - Psychologist 34 - Therapist (specialty 028) 74 - Nurse Midwife 77 - Physician's Assistant 82 - Behavioral Health Rehabilitative Treatment (specialties 300, 301, 302) 89 - Community Health Worker (CHW) 91 - Pharmacist
15 - Registered Dietitian	15 - Registered Dietitian 20 - Physician, M.D., Osteopath, D.O. 24 - Advanced Practice Registered Nurses 74 - Nurse Midwife 77 - Physician's Assistant
20 - Physician, M.D., Osteopath, D.O.	14 - Behavioral Health Outpatient Treatment (specialties 305, 306, 307) 15 - Registered Dietitian, 20 - Physician, M.D., Osteopath, D.O. 21 - Podiatry 22 - Dentist 24 - Advanced Practice Registered Nurses 25 - Optometrist 26 - Psychologist, (specialties 160, 161, 162, 071, 926) 34 - Therapist 36 - Chiropractor 72 - Nurse Anesthetist 74 - Nurse Midwife 76 - Audiologist 77 - Physician's Assistant 89 - Community Health Worker (CHW) 90 - Doula 91 - Pharmacist
21 - Podiatrist	20 - Physician, M.D., Osteopath, D.O. 21 - Podiatry 24 - Advanced Practice Registered Nurses 72 - Nurse Anesthetist 74 - Nurse Midwife 77 - Physician's Assistant
22 - Dentist	20 - Physician, M.D., Osteopath, D.O. 22 - Dentist 89 - Community Health Worker
24 - Advanced Practice Registered Nurses	14 - Behavioral Health Outpatient Treatment (specialties 305, 306, 307) 15 - Registered Dietitian 20 - Physician, M.D., Osteopath, D.O. 21 - Podiatry 24 - Advanced Practice Registered Nurses

Group Provider Type	Individual Provider Types that can be Linked to Group
	25 - Optometrist 26 - Psychologist, only (specialties 160, 161, 162, 071, 926) 34 - Therapist 36 - Chiropractor 72 - Nurse Anesthetist 74 - Nurse Midwife 76 - Audiologist 77 - Physician's Assistant 82 - Behavioral Health Rehabilitative Treatment 89 - Community Health Worker 90 - Doula 91 - Pharmacist
25 - Optometrist	20 - Physician, M.D., Osteopath, D.O. 24 - Advanced Practice Registered Nurses 25 - Optometrist 74 - Nurse Midwife 77 - Physician's Assistant
26 - Psychologist	14 - Behavioral Health Outpatient Treatment (specialties 305, 306, 307) 20 - Physician, M.D., Osteopath, D.O. 24 - Advanced Practice Registered Nurses 26 - Psychologist 72 - Nurse Anesthetist 74 - Nurse Midwife 77 - Physician's Assistant
32 Specialty 249 ONLY - Community Paramedicine	32 - Community Paramedicine (specialty 249)
34 - Therapist Group	14 - Behavioral Health Outpatient (specialties 305, 306, 307 but only to PT 34 specialty 028) 20 - Physician, M.D., Osteopath, D.O. 24 - Advanced Practice Registered Nurses 34 - Therapist 72 - Nurse Anesthetist 74 - Nurse Midwife 76 - Audiologist (specialty 219) Allow PT 34 specialty 027 to link to individual: PT 76 specialty 976 and PT 76 specialty 876 Allow PT 76 specialty 976 to link to PT 34 specialty 834 77 - Physician's Assistant
36 - Chiropractor	20 - Physician, M.D., Osteopath, D.O. 24 - Advanced Practice Registered Nurses 36 - Chiropractor 74 - Nurse Midwife 77 - Physician's Assistant

Group Provider Type	Individual Provider Types that can be Linked to Group
38 - Home & Community Based Waiver - Individuals with Intellectual Disabilities and Related Conditions	PT 38 can only link to an Aging and Disability Services Division (ADSD)
72 - Nurse Anesthetist	20 - Physician, M.D., Osteopath, D.O. 21 - Podiatry 24 - Advanced Practice Registered Nurses 72 - Nurse Anesthetist 74 - Nurse Midwife 77 - Physician's Assistant
74 - Nurse Midwife	15 - Registered Dietitian 20 - Physician, M.D., Osteopath, D.O. 21 - Podiatry 24 - Advanced Practice Registered Nurses 25 - Optometrist 26 - Psychologist, (specialties 160, 161, 162, 071, 926) 34 - Therapist 36 - Chiropractor 72 - Nurse Anesthetist 74 - Nurse Midwife 77 - Physician's Assistant 90 - Doula 91 - Pharmacist
76 - Audiologist	20 - Physician, M.D., Osteopath, D.O. 24 - Advanced Practice Registered Nurses 34 - Therapy (specialty 219) 74 - Nurse Midwife 76 - Audiologist 77 - Physician's Assistant
77 - Physician's Assistant	14 - Behavioral Health Outpatient Treatment (specialties 305, 306, 307) 15 - Registered Dietitian 20 - Physician, M.D., Osteopath, D.O. 21 - Podiatry 24 - Advanced Practice Registered Nurses 25 - Optometrist 26 - Psychologist, (specialties 160, 161, 162, 071, 926) 34 - Therapist 36 - Chiropractor 72 - Nurse Anesthetist 74 - Nurse Midwife 76 - Audiologist 77 - Physician's Assistant 89 - Community Health Worker 90 - Doula 91 - Pharmacist

Group Provider Type	Individual Provider Types that can be Linked to Group
82 - Behavioral Health Rehabilitative Treatment	14 - Behavioral Health Outpatient Treatment (Individual specialties 301, 300, 302, 305, 306, 307) 20 - Physician, M.D., Osteopath, D.O. (specialties 146, 920) 24 - Advance Practice Registered Nurses as follows: Allow when Group PT 82 specialty 882 is linked to Individual PT 24 specialty 924 Allow when Group PT 82 specialty 882 is linked to Individual PT 24 specialty 023 26 - Psychologist as follows: Allow PT 82 specialty 882 linked to PT 26 specialty 162 82 - Behavioral Health Rehabilitative Treatment (Individual specialties 300, 301, 302)
85 - Applied Behavior Analysis (ABA)	85 - Applied Behavior Analysis (ABA)
90 - Doula	20 - Physician, M.D., Osteopath, D.O. 24 - Advanced Practice Registered Nurses 72 - Nurse Anesthetist 74 - Nurse Midwife 77 - Physician's Assistant 90 - Doula
93 - Substance Use Treatment	14 - Behavioral Health Outpatient Treatment (specialties 300, 305, 306, 307) 20 - Physician, M.D., Osteopath, D.O. 24 - Advanced Practice Registered Nurses 26 - Psychologist (specialty 926) 74 - Nurse Midwife 77 - Physician's Assistant 82 - Behavioral Health Rehabilitative Treatment (specialty 300) 91 - Pharmacists 93 - Substance Use Treatment
94 - Medicare Cost Sharing	401 - Medicare Cost Sharing (See Web Announcement 3035 for additional information)

Fingerprint-based Criminal Background Check (FCBC)

Provider types 19, 29, 33, 64, 65 and 93 (specialty 708) require a completed and signed Nevada Department of [Public Safety Fingerprint Background Waiver](#) for each owner with 5% or more direct or indirect ownership interest. This is required because owners meeting these 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 [MSM Chapter 100](#).

Business Associate Addendum

A [Business Associate Addendum \(NMH-3820\)](#) is required for the following provider types. The NMH-3820 is available at the [Provider Enrollment](#) website.

Group Provider Types and Specialties: 30; 38; 39; 48 (specialties 39, 191, 199, 202, 208, 209, and 303); 54; 55 (specialties 315 & 316); 57; 58 (specialties 39, 48, 189, 191, 199, 200, 202, 204, 205, and 303); 59; 62(specialty 962); 83; and 95.

Individual Provider Types and Specialties: 38; 48 (specialty 191); and 58 (specialties 189, 191, and 199)

License Updates and Voluntary Termination Requests

Providers may submit license updates in the [Provider Web Portal](#), or email:

nv.providerapps@gainwelltechnologies.com. No additional changes will be made to an enrollment via e-mail.

Voluntary termination requests are submitted utilizing the Provider Voluntary Termination Letter ([FA-34](#)) and emailing the completed FA-34 to: nv.providerapps@gainwelltechnologies.com. A provider who voluntarily terminates enrollment is not eligible for re-enrollment for a period of 365 days from the date of termination, unless an access to care issue exists, or a sanction is imposed.

License Verification

In Nevada, licensure is obtained through the Bureau of Health Care Quality and Compliance (BHCQC) within the Division of Public and Behavioral Health (DPBH) for any applicable provider type.

Provider types 20 and 77 are not required to upload a copy of their professional license as part of the enrollment process. When a license number is entered, license verification is automated for these provider types. If the license information cannot be verified, the system will prompt providers for a copy of the license to be uploaded.

License verification for other provider types is a manual process and will require an attachment upload of the applicable credentials for individuals and facilities. (See Table E-5)

Table E-5: Licensure Requirements by Provider Type for Individuals

This table of licensure requirements is a guide for enrolling providers and is in numerical order by Provider Type and Specialty.

Adjustments may apply in situations such as: An individual enrolls as a sole proprietor (i.e., the Secretary of State Business License is now required.)

Provider Type Number	Description	Licensure Requirements
24	Advanced Practice Registered Nurse (APRN)	State Board of Nursing License for Advanced Practice Registered Nurse (APRN)
72	Nurse Anesthetist	State Board of Nursing License for Certified Registered Nurse Anesthetists (CRNA) license
74	Nurse Midwife	State Board of Nursing License for Advanced Practitioner of Registered Nurse (APRN) authorizing the practice in a role as Nurse Midwife
77	Physician's Assistant (PA/PA-C)	State Board of Medical Examiners License or Nevada State Board of Osteopathic Medicine License

Drug Enforcement Administration (DEA)

Drug Enforcement Administration (DEA) is required for pharmacy applications. All other provider types will be required to answer if the enrolling provider has a DEA number. If the enrolling provider has the DEA number, the supplied information must belong to the enrolling provider.

When a DEA number is entered, the verification process is automated. If the DEA number cannot be verified automatically, the system will prompt for a copy of the certificate to be uploaded.

Clinical Laboratories Improvement Act (CLIA) certification

Clinical Laboratories Improvement Act (CLIA) certification is required for PTs 11, 12, 43, 75, and 81 for the level of testing performed. The following provider types and specialties will require a CLIA if the facility is providing laboratory services: PTs 17 (specialty 169), 20, 20 (specialty 699), and 93 (specialties 704, 707 and 708). Certification is required 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.

When a CLIA number is entered, the verification process is automated. If the CLIA number cannot be verified automatically, the system will prompt for a copy of the certificate to be uploaded.

The CLIA certificate must belong to the enrolling provider/entity. The name on the CLIA certificate must match the providers legal name or Doing Business As (DBA) name.

Required Address Information

A Service Address is required for Group, Individual, Urgent/Emergency Group and Urgent/Emergency Individual enrollments and must be kept current. This is the location where services are rendered and cannot be a post office box, gated community, or virtual address. Each service address for an organization requires a separate application.

A Mail To Address is required for Ordering, Prescribing, and/or Referring (OPR) enrollments.

The email address associated with the Service Address and Mail To address is used for communications with providers, such as notification letters or revalidation notices.

Reporting Business Information

Individual (Servicing) Provider:

Individual health care providers, including those with a Sole Proprietor business license, must obtain a Type 1 - Individual NPI and enroll with their own individual information (Ref. [MSM Chapter 100](#)). The health care provider will select either both biller and performer billing type (if permitted to stand alone) or select performer only and link to a group for claims processing, payment, and reporting purposes.

If a provider is an individual linking to a group, the billing provider assumes the tax liability of income received from Nevada Medicaid. Providers only receive tax documents if they are receiving payment directly from Nevada Medicaid.

Individual providers need to follow these guidelines to correctly report doing business:

- To link to a group, the provider should enter the group provider's NPI in the Provider Information section of the application.
- The provider must always enter their personal Social Security Number in the appropriate field of the application. If a personal Tax ID exists on file, the provider should also include this information.
- The provider's legal name and Doing Business As (DBA) name will be their business name as recognized by the IRS.

- If a provider is a Sole Proprietor per Nevada Revised Statute (NRS) 76, NRS 616A, and Nevada Secretary of State (SOS) NT7 rules, they must provide their Sole Proprietor business license under their name. When enrolling and selecting "Sole Proprietor" as the individual enrollment type, this must match the business structure reported to the Nevada SOS and comply with the NRS.
- If a provider will be receiving direct payments from Nevada Medicaid, they must provide their individual EFT information.
- Ownership is not required for individuals linking to a group, with the exception of Sole Proprietors.
 - Individuals enrolling as a Sole Proprietor must report ownership as well as a managing individual and/or agent. This could be the provider or anyone that can report changes on their behalf.

Group (Billing) Provider:

Provider Groups, Single Member Limited Liability Companies (LLCs) and Incorporated Individuals must obtain a Type 2 - Organization NPI (Ref. [MSM Chapter 100](#)). When enrolling with Nevada Medicaid, any entity that is operating as an LLC or Corporation must separately submit a group enrollment for the business and, when applicable, an individual enrollment for the provider(s) to link to the group.

Group/billing providers need to complete the following tasks as a group applicant:

- Enter the Federal Tax ID recognized by the IRS for the business.
- Enter the Provider Legal Name and DBA name as recognized by the IRS.
- Select individual/servicing provider(s) by NPI(s) when linking to the group applicant.
- Enter owners (individuals or parent corporations) with five (5) percent or more direct or indirect interest, Board Members, Managing individuals and/or Agents in the entity information.
- Note if a parent corporation is listed, then Nevada Medicaid will need the owners, managing individuals or agents of that parent corporation. Please see the Ownership and Disclosure section of the [Medicaid Provider Enrollment Compendium \(MPEC\)](#) for additional instructions.
- Enter EFT information, then include the EFT authorization form and proof of account information in the attachments panel.

Managed Care Organization (MCO) Network Providers:

- All MCO Network providers must be enrolled in Fee-for-Service (FFS) prior to enrolling with any of the MCOs.
- MCO Network providers must use the same NPI type (Type 1 for individual enrollment or Type 2 for group enrollment) and NPI number they want to use to credential with the MCOs.
- MCO Network providers enrolled in Nevada Medicaid FFS are not required to accept Medicaid FFS recipients.

After An Enrollment Application is Submitted

The application will be put into queue for review. If an enrollment application is incomplete or requires correction, Nevada Medicaid will email the contact listed on the application and include a Return to Provider (RTP) letter listing the necessary corrections. The application cannot be processed if there is missing or incorrect information. Once necessary corrections have been made, providers should allow thirty (30) days for administrative processing. Some applications may require additional review time.

Once the application is received and reviewed for compliance, signatures are collected, and upon approval, Nevada Medicaid will e-mail the applicant a welcome letter and the completed contract.

Providers may also download their enrollment letters in the secure web portal. Please see the [User Manual Chapter 10 Report Download](#) for instructions.

Electronic Fund Transfers (EFT)

A copy of a voided check or a bank letter must be uploaded to the application on the EFT page, as required to receive payment based on the providers billing type.

- Voided checks must be pre-printed. Checks cannot be handwritten or temporary.
- The printed name on the voided check or bank letter must match the legal name or the Doing Business As (DBA) name entered in the application.
- The routing number on the voided check must match the routing number entered on the EFT page.
- The bank account number listed on the voided check must match the bank account number entered on the EFT page.
- Deposit slips are not acceptable.
- If a bank letter is attached in lieu of a voided check:
 - It must be printed on the bank's letterhead.
 - It cannot be handwritten.