Registered Dietitian

Provider Type 15 Training
Objectives

- Locate the Medicaid Services Manual
- Understand Qualifications to Become a Nevada Medicaid Provider
- Learn about Covered and Non-Covered Services
- Review the Provider Enrollment page
- Complete Online Provider Enrollment
- Navigate through the Provider Web Portal (www.medicaid.nv.gov)
  - Locate Billing Guidelines and Manuals
  - Authorization Criteria
  - Search Fee Schedule
- Navigate the Electronic Verification System (EVS) Web Portal
- Understand Benefits of Electronic Data Interchange (EDI) claims submission
- Contact Nevada Medicaid

Nevada Medicaid Registered Dietitian Provider Training
Locating the Medicaid Services Manual (MSM)

- Step 1: Highlight “Quick Links” from top blue tool bar at www.medicaid.nv.gov

- Step 2: Select “Medicaid Services Manual” from the drop-down menu

- Note: MSM Chapters will open in new webpage through the DHCFP website
Locating the Medicaid Services Manual, continued

- Select Chapter 600 Physician Services
- From the next page, always make sure that you select the “Current” policy.
Qualifications to Become a Nevada Medicaid Provider
Qualifications to Become a Nevada Medicaid Provider

In order to be recognized as a Registered Dietitian and be reimbursed for Medical Nutrition Therapy (MNT) services, a provider must meet the following criteria:

- Licensed and Registered Dietitian under the qualifications of NRS 640E.150
- An individual
- Bachelor’s Degree or higher from an Accredited University in Human Nutrition, Nutrition Education or equivalent
- Completed all necessary/required training
- Licensed by the Nevada State Board of Health
Covered and Non-Covered Services
Covered and Non-Covered Services

**COVERED SERVICES**

- Recipients with:
  - Diabetes
  - Obesity
  - Heart Disease
  - Hypertension
- Services rendered according to the written order from a Physician or a Physician’s Assistant (PA) or an Advanced Practice Registered Nurse (APRN)
- Individualized Treatment Plan

**NON-COVERED SERVICES**

- Medical Nutrition Therapy (MNT) and Diabetes Self Management Training (DSMT) that occurred on the same dates of service

Nevada Medicaid Registered Dietitian Provider Training
Covered and Non-Covered Services

Valid Current Procedural Terminology (CPT) codes being used by Registered Dietitians:

- **97802**: Medical nutrition therapy, assessment and intervention; individual face to face with the patient; each 15 minutes.
- **97803**: Medical nutrition therapy, re-assessment and intervention; individual face to face with the patient; each 15 minutes.
- **98804**: Medical nutrition therapy, group, 2 or more, each 30 minutes.
- **G0270**: Medical nutrition therapy, re-assessment and subsequent intervention(s); MNT subsequent treatment for change in diagnosis, each 15 minutes.
- **G0271**: Medical nutrition therapy, re-assessment and subsequent interventions; group MNT 2 or more, each 30 minutes.
- **Q3014**: Telehealth Services.
Provider Enrollment Page
Navigate to the Provider Enrollment Page

- Navigate to www.medicaid.nv.gov
- Highlight “Providers” from top blue tool bar and select “Provider Enrollment” from drop-down menu or select “Provider Enrollment” from the “Provider Links” located on the right hand side of any page
Provider Enrollment Page – Provider Enrollment Information Booklet

Required Enrollment Documents

- **Provider Enrollment Information Booklet**: All providers will need the information contained in this booklet, which includes common enrollment questions and information about out-of-state providers and provider groups.
- **Enrollment Checklists**: Copies of certain documents must be included with your Provider Enrollment Packet (e.g., copy of professional certification, proof of insurance, background check). The Enrollment Checklists show required documentation for each provider type.
- **Business Associate Addendum (NMH-3820)**: This document must be signed and submitted with your Provider Enrollment/Re-Enrollment Packet if it is listed on the Provider Enrollment Checklist for your Provider Type and when requested by the Division of Health Care Financing and Policy (DHCFP) or Nevada Medicaid.
- **Advance Directives Compliance Self-Evaluation & Certification (NMH-3827)**: This form must be completed and submitted to DHCFP if it is listed on the Provider Enrollment checklist for your Provider Type.
- **Civil Rights Compliance Self-Evaluation & Certification (NMH-3828)**: This form must be completed and submitted to DHCFP if it is listed on the Provider Enrollment checklist for your Provider Type.

All Providers must read the Provider Enrollment Information Booklet, which contains the following information:

- Required Documentation – explains each FA-31 Form and its purpose
- Recommended Documents – Electronic Data Interchange (EDI) Enrollment Forms
- Out of State Provider (Emergency and Non-Emergency Services)
- Out of State in Catchment Areas
- Policy Location Information
- Provider Group Information
- Provider Types and Specialty Codes
Provider Enrollment Page – Enrollment Checklists

Required Enrollment Documents

- **Provider Enrollment Information Booklet**: All providers will need the information contained in this booklet, which includes common enrollment questions and information about the enrollment process.
- **Enrollment Checklists**: Copies of certain documents must be included with your Provider Enrollment Packet (e.g., copy of professional certification, proof of insurance, background check). The Enrollment Checklists show required documentation for each provider type.
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- **Civil Rights Compliance Self-Evaluation & Certification (NMH-3828)**: This form must be completed and submitted to DHCFP if it is listed on the Provider Enrollment checklist for your Provider Type.

- All providers must review their Enrollment Checklist as this will provide information as to additional documentation that must be submitted with their Application and Contract.
- Checklists will open on new webpage.
- The Enrollment Checklist webpage will contain all provider types.
- While on the Enrollment Checklist webpage, select the “Provider Type 15 Registered Dietitian” checklist.
Provider Enrollment Page – Enrollment Checklist

Provider Enrollment Checklist for Provider Type 15

Registered Dietitian

The following is a list of required enrollment documents for this provider type. A copy of each document listed below must be included with your Provider Enrollment or Revalidation Packet.

If you have any questions, please contact the Provider Enrollment Unit at (877) 638-3472 from 8:00 a.m. to 5:00 p.m. Monday through Friday.

- [ ] Documentation showing provider’s Taxpayer Identification Number (SS-4, CP575, W-9 or Social Security Card)
- [ ] Nevada State Board of Registered Dietitians License
- [ ] National Provider Identifier (NPI) validation: Printed page from the National Plan and Provider Enumeration System (NPPES) NPI Registry displaying the provider’s NPI or a printed copy of the email confirmation showing the provider’s NPI

You do not need to submit this checklist with your enrollment or revalidation documents.
Online Provider Enrollment (OPE) User Manual chapters provide step-by-step instructions:

- Chapter 1: High-level overview of the OPE tool including navigating the site, quick review of application questions, how to contact Nevada Medicaid and Frequently Asked Questions (FAQs)
- Chapter 2: Provides detailed instructions on how to complete an initial application
- Chapter 3: Provides detailed instructions on how to complete a revalidation or an update via the Electronic Verification System (EVS)
Provider Enrollment Page – Enrollment and Revalidation Documents

Initial Enrollment Documents

- Provider Initial Enrollment Application Packet (Individuals) (FA-31C): Complete and submit the forms in this packet if you are enrolling as a Nevada Medicaid and Nevada Check Up individual provider. This packet contains instructions, application and contract.
- Provider Initial Enrollment Application Packet (Groups) (FA-31D): Complete and submit the forms in this packet if you are enrolling as a Nevada Medicaid and Nevada Check Up group/facility provider. This packet contains instructions, application and contract.

Revalidation Documents

- Provider Revalidation Application Packet (Individuals) (FA-31A): The forms in this packet must be submitted by active individual providers who have received a revalidation letter. This packet contains instructions, application and contract.
- Provider Revalidation Application Packet (Groups/Facilities) (FA-31B): The forms in this packet must be submitted by active group/facility providers who have received a revalidation letter. This packet contains instructions, application and contract.
- Using the New Provider Re-Enrollment Applications: Training presentation.
- Provider Re-Enrollment Frequently Asked Questions (FAQs) (Updated July 5, 2012)

Ordering, Prescribing and Referring Provider Enrollment Documents

- Provider Enrollment Application for Ordering, Prescribing or Referring (OPR) Providers: Complete and submit this application if you are an individual wishing to enroll in Nevada Medicaid and Nevada Check Up as an Ordering, Prescribing or Referring provider.
- Ordering, Prescribing and Referring Provider Enrollment Frequently Asked Questions (FAQs)

- Initial Enrollment Documents
  FA-31C – Individual
  FA-31D - Group

- Revalidation Documents
  FA-31A – Individual
  FA-31B – Group

- Ordering, Prescribing and Referring Provider Enrollment Documents
  OPR Only
Online Provider Enrollment
Online Provider Enrollment
Enroll in Nevada Medicaid through the Provider Web Portal
www.medicaid.nv.gov

- Step 1: Highlight “Providers” from top blue tool bar
- Step 2: Select “Provider Enrollment” from drop-down menu
Online Provider Enrollment, continued

Provider Enrollment

Effective December 1, 2015, the web-based Online Provider Enrollment Portal is available for providers to complete new enrollment in Nevada Medicaid, revalidation and provider changes.

Required Enrollment Documents

- Provider Enrollment Information Booklet: All providers will need the information contained in this booklet, which includes common enrollment questions and information about out-of-state providers and provider groups.
- Enrollment Checklists: Copies of certain documents must be included with your Provider Enrollment Packet (e.g., copy of professional certification, proof of insurance, background check). The Enrollment Checklists show required documentation for each provider type.
- Business Associate Addendum (NM-3820): This document must be signed and submitted with your Provider Enrollment/Re-Enrollment Packet if it is listed on the Provider Enrollment Checklist for your Provider Type and when requested by the Division of Health Care Financing and Policy (DHCFP) or Nevada Medicaid.
- Advance Directives Compliance Self-Evaluation & Certification (NMH-3827): This form must be completed and submitted to DHCFP if it is listed on the Provider Enrollment checklist for your Provider Type.
- Civil Rights Compliance Self-Evaluation & Certification (NMH-3828): This form must be completed and submitted to DHCFP if it is listed on the Provider Enrollment checklist for your Provider Type.

Online Provider Enrollment User Manual

- Chapter 1: Getting Started
- Chapter 2: Initial Enrollment Application
- Chapter 3: Revalidation and Updates

Select “Online Provider Enrollment Portal” to begin Online Application
Online Provider Enrollment, continued

- Provider Enrollment Application – Begin new application
- Resume Enrollment – Continue with previously started enrollment application
- Enrollment Status – Check status of enrollment application
Online Provider Enrollment, continued

– Select “Continue” to begin enrollment application
Online Provider Enrollment – Individual Application
(General Information)

- Any field marked with an asterisk is a required field.
- Select “Enrollment Type” (Individual) from the “Enrollment Type” drop-down menu.
- Select “15-Registered Dietitians” from the “Provider Type” drop-down menu.
- Indicate the Enrollment Effective Date. See the Provider Enrollment Information Booklet for date information.
- If linking to a Group, indicate Yes and fill in the appropriate information. If No, the user can move to the next field.
Online Provider Enrollment – Group Application
(General Information)

Complete the fields on each screen and select the Continue button to move forward to each page. All mandatory data is required to "Finish Later". The contact person will potentially be contacted to answer any questions regarding the information provided in this request.

* Indicates a required field

- Any field marked with an asterisk is a required field
- Select “Enrollment Type” (Group) from the “Enrollment Type” drop-down menu
- Select “15-Registered Dietitians” from the “Provider Type” drop-down menu
Online Provider Enrollment – All Applications (Contact Information)

Whether the application is for a Group or an Individual, contact information must be filled out. This does not have to be the provider’s information, but can be a point of contact should Nevada Medicaid need clarification on the application.
Online Provider Enrollment – All Applications (Credentials)

Provider Enrollment: Credentials

You will need to create a password to continue your application at a later date. Your password must be at least 8 and no more than 20 alphanumeric characters. Once submitted, your password must be kept for future reference. If forgotten, the password cannot be reset and your application information will be lost. You will need to begin a new application process.

Enter your password in the fields as indicated and click the Submit button. A tracking number will be provided. This tracking number and your accompanying password can be used to access your enrollment application.

* Indicates a required field.

Employer Identification Number (EIN) or Social Security Number (SSN)

*Password

*Confirm Password

Submit Cancel

– Create a password

**Please note that Nevada Medicaid is unable to re-set a password for the Online Provider Enrollment tool

– Select “Submit” to continue and generate an Authorization Tracking Number (ATN)
An ATN will be generated and used to check status of an enrollment application.
Online Provider Enrollment – All Applications (Specialty Information)

- Select “No Specialty” from the “Specialty” drop-down menu
- Select “Add”
- Results will then populate to the application
- Select “Continue”
Online Provider Enrollment – All Applications 
(Address Information)

- Indicate Service, Pay-To, Mail-To or Remittance Advice from the “Address Type” drop-down menu
- Service Address cannot be a P.O. Box
- Select “Add” to populate results to the application
Online Provider Enrollment – Both Applications (Legal Name)

<table>
<thead>
<tr>
<th>Provider Legal Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>The legal name and Provider Federal Tax Identification Number (TIN) must match the information on the W-9, and is used by the Nevada Medicaid to generate the annual 1099 form for tax purposes.</td>
</tr>
<tr>
<td>*Provider Legal Name</td>
</tr>
<tr>
<td>Doing Business As Name</td>
</tr>
</tbody>
</table>

- The Group will need to provide the Group’s Legal name. This information should come from the IRS.

<table>
<thead>
<tr>
<th>Provider Legal Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>The legal name and Provider Federal Tax Identification Number (TIN) must match the information on the W-9, and is used by the Nevada Medicaid to generate the annual 1099 form for tax purposes.</td>
</tr>
<tr>
<td>*Last Name</td>
</tr>
<tr>
<td>*First Name</td>
</tr>
<tr>
<td>Middle</td>
</tr>
<tr>
<td>Doing Business As Name</td>
</tr>
</tbody>
</table>

- Individual providers will need to indicate their name, not a business name.
Online Provider Enrollment – Both Applications (Ownership Information)

- Groups will indicate if there is a Special Ownership Type
- Individuals will indicate their gender and birth date
Online Provider Enrollment – All Applications (National Provider Identifier (NPI) Information)

<table>
<thead>
<tr>
<th>NPI</th>
</tr>
</thead>
<tbody>
<tr>
<td>The NPI is the National Provider Identifier that is applied for and received through the NPPES Registry for all healthcare providers.</td>
</tr>
</tbody>
</table>

- All providers must indicate a valid NPI, which is generated when a provider has registered with the National Plan and Provider Enumeration System (NPPES) NPI Registry
Online Provider Enrollment – All Applications (License Information)

<table>
<thead>
<tr>
<th>License</th>
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</thead>
<tbody>
<tr>
<td>*Name of Issuing Licensing Board, State or Entity</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*License Number</td>
<td></td>
<td></td>
<td>*License State</td>
<td></td>
</tr>
<tr>
<td>*Effective Date</td>
<td></td>
<td></td>
<td>*End Date</td>
<td></td>
</tr>
</tbody>
</table>

- All providers must indicate the above information
Online Provider Enrollment – Both Applications (Business Information)

- All providers must input Business Information
- Options available from the entity drop-down menu will vary depending on whether this is a Group application or an Individual application
Online Provider Enrollment – All Applications (CLIA and DEA Information)

<table>
<thead>
<tr>
<th>CLIA Certification</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CLIA Number</strong></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Drug Enforcement Administration (DEA) Number</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DEA #</strong></td>
</tr>
</tbody>
</table>

- All providers must indicate the above information, if applicable
- CLIA Certification – Clinical Laboratory Improvement Amendments are required for any provider performing lab tests
- DEA # - Drug Enforcement Administration Number is required for any Provider writing prescriptions for controlled substances
Online Provider Enrollment – All Applications (Taxonomy Codes)

<table>
<thead>
<tr>
<th>#</th>
<th>Taxonomy Codes</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Click to add new Taxonomy Code.</td>
<td></td>
</tr>
<tr>
<td>*</td>
<td>Taxonomy Codes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Add</td>
<td>Cancel</td>
</tr>
</tbody>
</table>

Choose your Taxonomy Codes

<table>
<thead>
<tr>
<th>#</th>
<th>Taxonomy Codes</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>207P00000X - EMERGENCY MEDICINE</td>
<td>Remove</td>
</tr>
</tbody>
</table>

Choose your Taxonomy Codes

<table>
<thead>
<tr>
<th>#</th>
<th>Taxonomy Codes</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Click to add new Taxonomy Code.</td>
<td></td>
</tr>
</tbody>
</table>

– All providers must indicate a Taxonomy Code by selecting the “+” symbol, select code from drop-down menu and select Add to populate the results

– Click “Continue”
## Online Provider Enrollment – All Applications (Electronic Funds Transfer (EFT) Information)

### Forms

The EFT Authorization form must be completed, including a signature and date, and uploaded to this application using the Attachments page before being submitted. All documents must be uploaded at the time of provider enrollment form submission in order for your application to be processed and considered complete.

**EFT Authorization** [Download]

### Financial Institution Information

- **Financial Institution Routing Number**
- **Provider’s Account Number with Financial Institution**

**Reason For Submission** New Enrollment

- **Include with Enrollment Submission**
- **Requested EFT Start/Change/Cancel date** 01/12/2018

### Notes

- All providers must provide EFT information by completing the EFT Authorization Form and filling out the required information.
- An Individual provider can indicate that if they are linking to a Group, that the Group will be receiving payments.
Online Provider Enrollment – Both Applications (Additional Information)

- All providers must fill out the Additional Information portion of the application
- **Question regarding Medicare must be answered the same as it is answered in the upcoming section of the application**
- Only individual providers will complete the Hospital Information portion
- Click “Continue”
Online Provider Enrollment – Group Application (Facility Information)

- The Facility Rating, Facility Control, Number of Beds and Mammogram Certification Number are only for Group Applications
- Click “Continue,” “Finish Later” or “Cancel”

<table>
<thead>
<tr>
<th>Facility Rating</th>
<th>*Facility Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Control</td>
<td>Facility Control</td>
</tr>
<tr>
<td>Number of Beds</td>
<td>*Swing Bed *Acute *ICF</td>
</tr>
<tr>
<td>Mammography Certification Number (FDA-Certified mammography providers only)</td>
<td>Mammography Certification Number</td>
</tr>
</tbody>
</table>

Nevada Medicaid Registered Dietitian Provider Training
Online Provider Enrollment – All Applications (Ownership Information)

- All providers must indicate ownership information as well as a Managing Employee and/or Agent. If the Managing Employee and/or Agent is not listed, there will be a validation error letting the provider know that there must be a Managing Employee and/or Agent.
- Note that a Managing Employee/Agent can be the same as the owner, for an individual application only.
- Provider must select “Add” after each entity is entered to populate to the application.
For each owner or managing employee/agent, it must be indicated if they own more than 5% of any other business.

If the total does not add up to 100%, an explanation must be provided.
Online Provider Enrollment – All Applications (Other Business Information)

Does any individual and/or corporation have an interest of 5 percent or more in any mortgage, deed of trust, note or other obligation secured by the disclosing entity?

- Yes
- No

- This question pertains to all applications
- If Yes is selected, additional information will be required
- Select “Add” to populate results to the application
- If No is selected, the provider can move to the next question
Online Provider Enrollment – All Applications (Relationship Information)

Are any Owners, Agents or Managing Employees related (includes spouses, children, siblings)?

- Yes
- No

<table>
<thead>
<tr>
<th>#</th>
<th>Owner/Agent-Managing Employee Name</th>
<th>Relation</th>
<th>Owner/Agent-Managing Employee Name</th>
<th>Action</th>
</tr>
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<tbody>
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</tbody>
</table>

- Click to add Relationship information.

- *Owner/Agent-Managing Employee Name
- *Relation
- *Owner/Agent-Managing Employee Name

- If Yes is selected, additional information will be required
- Select “Add” to populate results to the application
- If No is selected, the provider can move to the next question
Online Provider Enrollment – All Applications (Authorization to Make Changes in the Future)

Who is authorized to make changes to enrollment and billing information?

- This question pertains to all applications
- If Yes is selected, additional information will be required.
  - Example: If the FA-33 Change Form is sent to Nevada Medicaid and the person signing off on the FA-33 was not authorized to make changes, the change form will be returned to the Provider
- Select “Add” to populate results to the application
- If No is selected, the provider can move to the next question
Online Provider Enrollment – All Applications (Previous Enrollment Information)

Are you or any owner, agent, managing employee, or person with controlling interest currently enrolled, or have ever been enrolled, as a Medicare or Medicaid provider with another state (including Nevada)?

- Yes ☐ No ☐

Currently Enrolled or Previously Enrolled Information

<table>
<thead>
<tr>
<th>#</th>
<th>Program</th>
<th>State</th>
<th>Effective Date</th>
<th>Action</th>
</tr>
</thead>
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- Click to add Program.

- If Yes is selected, additional information will be required
- Select “Add” to populate results to the application
- If No is selected, the provider can move to the next question
Online Provider Enrollment – All Applications (Financial Information)

Do you or any owner, agent, managing employee or person with controlling interest currently have a negative balance or owe money to any state or federal program (including Medicare and Medicaid)?

- Yes
- No

- This question pertains to all applications
- If Yes is selected, additional information will be required
- Select “Add” to populate results to the application
- If No is selected, the provider can move to the next question
Online Provider Enrollment – All Applications (Conviction Information)

Have you (individual or OPR provider), or any owner, agent, managing employee, or person with controlling interest ever been convicted of a misdemeanor, gross misdemeanor or felony, including but not limited to, criminal offenses related to any program under Medicare, Title XVIII, Title XIX or any Medicaid program since the inception of these programs?

- Yes, No

- This question pertains to all applications
- If Yes is selected, additional information will be required
- Select “Add” to populate results to the application
- If No is selected, the provider can move to the next question
Online Provider Enrollment – All Applications
(Office of Inspector General (OIG) Sanction Information)

Have you (individual or OPR provider), or any owner, agent, managing employee, or person with controlling interest ever been placed on the Federal Office of Inspector General, Health and Human Service (OIG/HHS) exclusion list or otherwise been suspended, terminated, denied or debarred from participation in any program established under Medicare, Medicaid, Title XVIII, Title XIX, or any other Medicaid program since the inception of these programs? This includes termination from the Nevada Medicaid program or any other state Medicaid program.

- Yes
- No

If Yes is selected, additional information will be required.

- Select “Add” to populate results to the application.

If No is selected, the provider can move to the next question.
Online Provider Enrollment – All Applications (Investigation Information)

Are you (individual or OPR provider), or any owner, agent, managing employee, or person with controlling interest currently under investigation by any law enforcement, regulatory or state agency?

+ Yes  No

*Please Provide Details

– This question pertains to all applications

– If Yes is selected, additional information will be required

– If No is selected, the provider can move to the next question
Online Provider Enrollment – All Applications
(Court Case Information)

Do you (individual or OPR provider), or any owner, agent, managing employee, or person with controlling interest have any open or pending court cases?

*  ☐ Yes  ☐ No

*Please Provide Details Including Court Documentation

– This question pertains to all applications

– If Yes is selected, additional information will be required

– If No is selected, the provider can move to the next question
Online Provider Enrollment – All Applications
(Malpractice Information)

Have you (individual or OPR provider), or any owner, agent, managing employee, or person with controlling interest ever been denied malpractice insurance?

*  ☐ Yes  ☐ No

- This question pertains to all applications
- If Yes is selected, additional information will be required
- Select “Add” to populate results to the application
- If No is selected, the provider can move to the next question
Online Provider Enrollment – All Applications (License Information)

Have you (individual or OPR provider), or any owner, agent, managing employee, or person with controlling interest had any professional, business or accreditation license/certificate denied, suspended, restricted or revoked?

- Yes ☻ No ☐

This question pertains to all applications
- If Yes is selected, additional information will be required
- Select “Add” to populate results to the application
- If No is selected, the provider can move to the next question
Online Provider Enrollment – All Applications (Additional License Information)

Have you (individual or OPR provider), or any owner, agent, managing employee, or person with controlling interest ever voluntarily surrendered any professional license or certificate?

* ☑ Yes ☐ No

Voluntary Surrender of Professional License or Certificate Information

<table>
<thead>
<tr>
<th>#</th>
<th>Explanation</th>
<th>Voluntary Surrender Dates</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Click to add denied, suspended, restricted or revoked information.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

|^Explanation

|^From: [ ]
|^To: [ ]

- This question pertains to all applications
- If Yes is selected, additional information will be required
- Select “Add” to populate results to the application
- If No is selected, the provider can move to the next question
Online Provider Enrollment – Individual Application (State Employee)

Are you (individual or GIS provider), or any owner, agent, managing employee, or person with controlling interest a Nevada state employee (past or current)?

☐ Yes  ☐ No

This question pertains to individual applications only

If Yes is selected, additional information will be required

Select “Add” to populate results to the application

If No is selected, the provider can move to the next question
Online Provider Enrollment – All Applications
(Terms of Agreement and Forms)

Instructions

The terms of the request are outlined below. You must accept these terms in order to submit the request. Failure to accept these terms means that the request will not be submitted or saved.

Changes can be made to the existing request by going back to the appropriate screen using the links available on the left-hand side. Once changes are made, the request can be reviewed from the Summary Page after signing and continuing.

Once the request is submitted and confirmed, a tracking number will be assigned. Note: The Nevada Medicaid and Nevada Check Up Provider Contract and Provider Declaration Statement are required with every request. A link to these documents is provided below.

Terms of Agreement

Provider Name
Provider Group
Street
City, Zip, NPI: 999999999
Employer Identification Number (EIN) or Social Security Number (SSN)
NPI: 123456789
Contact Name
Contact Email

Provider Binder

I certify, under penalty of perjury, that the information and statements on this request and on any accompanying documents are accurate and true. I understand that the filing of materially inaccurate or false information with this request is sufficient cause for denial of enrollment or termination from the Nevada Medicaid and Nevada Check Up Programs.

I understand that should I be enrolled as a provider of services under Nevada Medicaid and Nevada Check Up Programs, it is my responsibility to notify the Nevada Medicaid and Nevada Check Up Programs fiscal agent of any change to the information on this application including but not limited to address, group affiliation, change of ownership, or tax identification number.

Forms

The following forms must be completed, including signature and date(s) and uploaded to this application using the Attachment feature before being submitted. All documents are required at the time of provider enrollment form submission to be considered complete.

Provider Declaration Statement

Documents will be uploaded later in the application

Click “Continue”
Online Provider Enrollment – All Applications (Forms Uploading)

- This page pertains to all applications
- Transmission Method will always be FT-File Transfer
- Attachment Type is selected from a drop-down menu, which includes Declaration, Contract, Bank Information and information contained in the Provider Enrollment Checklists
- There may be additional documents that must be uploaded depending on provider type
- Click “Continue”
Online Provider Enrollment – All Applications (Forms Uploading)

I certify, under penalty of perjury, that the information and statements on this request and on any accompanying documents are accurate and true. I understand that the filling of materially incomplete or false information with this request is sufficient cause for denial of enrollment or termination from the Nevada Medicaid and Nevada Check Up Programs.

I understand that should I be enrolled as a provider of services under Nevada Medicaid and Nevada Check Up Programs, it is my responsibility to notify the Nevada Medicaid and Nevada Check Up Programs fiscal agent of any change to the information on this application including but not limited to address, group affiliation, change of ownership, or tax identification number.

Supporting Documentation

Submit all of the required documentation and forms to continue the enrollment process.

- A checklist of required documentation can be found [here](#).

In addition to required documentation, additional supporting documentation can be uploaded with your application if necessary. If your responses to any questions on this enrollment application did not fit into the field on the page, type the question and response and upload the documentation using Other as the attachment type. All documents must be uploaded at the time of provider enrollment forms submission in order for your application to be considered complete. To upload the appropriate documents, follow the instructions under **Attachments** below.

**Note:** There is a maximum of 15 MBs of information when uploading attachments by File Transfer.

<table>
<thead>
<tr>
<th>Attachments</th>
<th>Transmission Method</th>
<th>File</th>
<th>Attachment Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>FT-File Transfer</td>
<td>Web Announcement 1422.pdf (37K)</td>
<td>Voided Check or Bank Letter for EFT, if applicable</td>
</tr>
<tr>
<td>2</td>
<td>FT-File Transfer</td>
<td>LMS_Tip_Sheet.pdf (246K)</td>
<td>National Provider Identifier (NPI) documentation</td>
</tr>
</tbody>
</table>

**Instructions for Summary Page**

If changes are required when viewing the Summary page, please select the appropriate link in the Table of Contents panel, navigate back to that page, and make changes. Note that if the Enrollment Type or Provider Type fields are modified on the Request Information page, that you will be required to navigate through the enrollment application wizard again and update all fields that are contingent upon these two fields.

Once you have reviewed the contents of this application, print a copy of this summary for your records, then select 'Confirm' to submit the enrollment for processing.

![Print Preview](#)  ![Save As PDF](#)  ![Confirm](#)  ![Finish Later](#)  ![Cancel](#)
Online Provider Enrollment – All Applications (Summary Information)

Instructions for Summary Page

If changes are required when viewing the Summary page, please select the appropriate link in the Table of Contents panel, navigate back to that page, and make changes. Note that if the Enrollment Type or Provider Type fields are modified on the Request Information page, that you will be required to navigate through the enrollment application wizard again and update all fields that are contingent upon these two fields.

Once you have reviewed the contents of this application, print a copy of this summary for your records, then select "Confirm" to submit the enrollment for processing.

- All providers will land on a Summary Page to review all previously input information
- Select “Confirm” to submit application the to Nevada Medicaid
**Online Provider Enrollment – All Applications (Receipt)**

- All providers will receive a receipt with application information, including Tracking Number at the top, Enrollment Type, Provider Type, Federal Tax ID and National Provider Identifier (NPI)

```
Provider Enrollment Summary
Reason for Submission: New Enrollment Request
Tracking #

Request Information
Requested Enrollment Effective Date: 07/13/2017
Enrollment Type
Provider Type
Ownership Change: No
Federal Tax ID
NPI

Are you currently enrolled as a Provider? No
Were you previously enrolled as a Provider? No

Contact Name: June Test
Telephone Number: Telephone Number
Fax Number: Fax Number
Contact Email: Contact Email
Preferred Method of Communication: Email

Specialties

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Specialty Board</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day Treatment Model</td>
<td>No Specialty</td>
</tr>
</tbody>
</table>

Addresses

<table>
<thead>
<tr>
<th>Address Type</th>
<th>Service</th>
<th>Street</th>
<th>City</th>
<th>County</th>
<th>State/Province</th>
<th>Zip+4</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Reno</td>
<td>Washoe</td>
<td>Nevada</td>
<td>895210000</td>
</tr>
</tbody>
</table>

Email Address

<table>
<thead>
<tr>
<th>Contact Name</th>
<th>June Test</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Telephone Number</td>
</tr>
<tr>
<td></td>
<td>Extension</td>
</tr>
</tbody>
</table>
```
Provider Web Portal – Billing Page
To access the Electronic Verification System (EVS), user must have internet access and a computer with a web browser (Microsoft Internet Explorer 9.0 or higher).
Billing Manual

- Step 1: Highlight “Providers” from top blue tool bar
- Step 2: Select “Billing Information” from drop-down menu
Billing Manual, continued

Paper Claim Form Instructions
The following instructions are for paper claims. For electronic claim requirements, technical professionals can refer to Companion Guides for transactions 837D, 837I and 837P.

<table>
<thead>
<tr>
<th>Title</th>
<th>Last Update</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADA (Version 2012) Claim Form Instructions</td>
<td>01/28/16</td>
</tr>
<tr>
<td>CMS-1500 (02-12) Claim Form Instructions</td>
<td>07/27/17</td>
</tr>
<tr>
<td>DB Claim Form Instructions</td>
<td>09/30/17</td>
</tr>
</tbody>
</table>

Billing Manual

<table>
<thead>
<tr>
<th>Title</th>
<th>File Size</th>
<th>Last Update</th>
</tr>
</thead>
<tbody>
<tr>
<td>Billing Manual</td>
<td>2 MB</td>
<td>09/01/2017</td>
</tr>
</tbody>
</table>

Billing Guidelines (by Provider Type)

<table>
<thead>
<tr>
<th>Provider Type</th>
<th>Title</th>
<th>Last Update</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>Outpatient Surgery, Hospital Based</td>
<td>Rates</td>
</tr>
<tr>
<td>11</td>
<td>Hospital, Inpatient</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Hospital, Outpatient</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Psychiatric Hospital, Inpatient</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Behavioral Health Outpatient Treatment</td>
<td></td>
</tr>
<tr>
<td>115</td>
<td>Registered Dietitian</td>
<td></td>
</tr>
</tbody>
</table>

- Claim Form Instructions
- Billing Manual
- Provider Type 15 Billing Guide
Provider Web Portal – Authorization Criteria
Authorization Criteria

Authorization Criteria allows the provider to determine if a prior authorization is required on a specific procedure code.
Authorization Criteria, continued

- Step 1: Select the Code Type from drop-down menu (Dental, Medical or Revenue)
- Step 2: Input the Procedure Code or Description (See the PT 15 Billing Guide for codes)
- Step 3: Input appropriate Provider Type
- Step 4: Click “Search”
Authorization Criteria, continued

- Select “Medical” from the drop-down menu and input the appropriate Procedure Code and Provider Type

- Select “Search”
Authorization Criteria, continued

- **Procedure**: Indicates the procedure that is being searched.
- **Provider Type**: Indicates the provider type that the procedure code is being searched under.
- **Provider Specialty**: Indicates a 3-digit specialty code, if applicable.
- **Claim Type**: Indicates the claim form that will be used when submitting a claim.
- **PA Required**: Indicates if a prior authorization is required. There may be rules as to when a prior authorization is required. If a user searches a procedure code and receives the following message: “**There are no records found based on the search criteria entered,**” this indicates that a prior authorization is not required.
- **Age Restrictions**: Indicates if there are any age qualifications.
- **Effective Date**: Indicates the date span of the rate of reimbursement. An effective date ending in “9999” is letting the user know that the information is active.
Provider Web Portal – Search Fee Schedule
Search Fee Schedule – Location

Search Fee Schedule allows the provider to determine the rate of reimbursement for procedure codes.
Fee Schedule – Terms of Agreement

- Step 1: Check “I Accept”
- Step 2: Click “Submit”
Search Fee Schedule — Search Menu

- Step 1: Select Code Type from drop-down menu (Dental, Medical or Revenue)
- Step 2: Input Procedure Code or Description (See Billing Guide for Codes)
- Step 3: Input appropriate Provider Type
- Step 4: Click “Search”
Search Fee Schedule – Search Menu, continued

– After user has selected the Code Type, input the appropriate Procedure Code and Provider Type and select “Search”
## Fee Schedule, continued

### Search Results

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Provider Type</th>
<th>Provider Specialty</th>
<th>Modifier</th>
<th>Fee Amount</th>
<th>Age Restrictions</th>
<th>Effective Date</th>
</tr>
</thead>
</table>

- **Procedure**: Indicates the procedure that is being searched.
- **Provider Type**: Indicates the provider type that the procedure code is being searched under.
- **Provider Specialty**: Indicates a 3 digit specialty code, if applicable.
- **Modifier**: Indicates a modifier code, if applicable.
- **Fee Amount**: Indicates the rate of reimbursement.
- **Age Restrictions**: Indicates if there are any age qualifications.
- **Effective Date**: Indicates the date span of the rate of reimbursement. An effective date ending in “9999” is letting the user know that the information is active.

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Nevada Medicaid Registered Dietitian Provider Training
Navigating the Electronic Verification System (EVS)
EVS Secure Web Portal

- Step 1: Input User ID
- Step 2: Select “Log In”

If no account is created, select “Register Now” to begin creating a web portal account. See Chapter 1: Getting Started of the EVS User Manual for reference.
Answer the challenge question to verify your identity the first time you log in from a personal computer or every time you use a public computer.

- Select **personal computer** or a **public computer**
- Click “Continue”
EVS Secure Web Portal, continued

— Confirm that your **site key token** and **passphrase** are correct. If you recognize your site key token and passphrase, you can be assured that you are at the valid Provider Web Portal website and it is safe to enter your password
— Enter your **Password**
— Select “Forgot Password” to start the reset process
EVS Secure Web Portal, continued

- Verify all Provider Information
- Utilize Provider Services
- Use “Contact Us” or “Secure Correspondence” to contact Nevada Medicaid
Navigation Bar

The navigation bar contains six tabs that allow you to move throughout the Provider Web Portal.

My Home
Confirm provider information and contact information and check messages.

Eligibility
Search recipient eligibility information.

Claims
Search claims and payment history.

Care Management
Create authorizations, view authorization status, and maintain favorite providers.

File Exchange
Upload forms online.

Resources
Download forms and documents.
Electronic Data Interchange (EDI) Information
Locating the EDI Enrollment Forms, Announcements and Companion Guides

- Step 1: Highlight “Providers” from top blue tool bar
- Step 2: Select “Electronic Claims/EDI” from the drop-down menu
EDI Enrollment Forms

EDI enrollment forms are for completion and submission by active or enrolling Nevada Medicaid and Nevada Check Up providers only.

<table>
<thead>
<tr>
<th>Form Number</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>FA-35</td>
<td>Electronic Transaction Agreement for Service Centers</td>
</tr>
<tr>
<td>FA-36</td>
<td>Service Center Operational Information</td>
</tr>
<tr>
<td>FA-37</td>
<td>Service Center Authorization</td>
</tr>
<tr>
<td>FA-39</td>
<td>Payerpath Enrollment</td>
</tr>
</tbody>
</table>

– Fill out necessary forms completely.
  - Allscripts-Payerpath Program is a free program for all Nevada Medicaid providers.
– Send completed enrollment forms to Nevada Medicaid:
  - Upload into the Provider Web Portal
  - Mail to the address listed on the form
  - E-mail to: NVMMISEDISupport@dxc.com
– Training opportunities are hosted every month for Payerpath users. Please review EDI Announcements on the EDI webpage for training sessions.
Additional Resources

- Forms: https://www.medicaid.nv.gov/providers/forms/forms.aspx
- EVS General Information: https://www.medicaid.nv.gov/providers/evsusermanual.aspx

DHCFP Contact Information

- Division of Health Care Financing and Policy: http://dhcfp.nv.gov/
Contact Us
Contact Us — Nevada Medicaid (Customer Service)

Customer Service Center
Telephone: 877-638-3472

Provider Web Portal Technical Assistance
877-638-3472
Web Portal Option 6
Contact Us — Nevada Medicaid Provider Training — Field Service Representatives

Contact the Provider Training Unit Team Territories

Upcoming Training Events Provider Training Registration Website

Provider Services Email Us NevadaProviderTraining@dxc.com

Onsite training

Virtual instructor-led

Self-paced Web-based course

Nevada Medicaid Registered Dietitian Provider Training