NEVADA HEALTH AUTHORITY
NevadaMedicaid.nv.gov

Nevada Medicaid 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

Nevada Medicaid determines state policy. This policy is contained in the Medicaid Services Manual (MSM), which is also published on the following website at https://www.nevadamedicaid.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 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 all claims associated with the retroactive time. 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. Nevada Medicaid 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 the 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 Technologies Contact 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 68 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 1**.

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 Table 1)

Providers with specialties that require EVV must sign an attestation within the application confirming their understanding of the EVV requirements.

Table 1: Nevada Medicaid Provider Types and Specialties

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

Provider Type Number	Description and Specialties
10	**Outpatient Surgery, Hospital Based** *Specialty type code:* • 910: Outpatient Surgery, Hospital Based
11	**Hospital, Inpatient** *Specialty type code:* • 911: Hospital, Inpatient
12	**Hospital, Outpatient** *Specialty type code:* • 912: Hospital, Outpatient
13	**Psychiatric Hospital, Inpatient** *Specialty type code:* • 913: Psychiatric Hospital, Inpatient
14	**Behavioral Health Outpatient Treatment** *Specialty type codes:* • 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 • 309: Behavioral Health Training Clinic • 814: Behavioral Health Outpatient Treatment Group • 400*: Ordering, Prescribing, Referring (OPR) **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 specialty 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.** **Note: Specialty 309 requires a unique NPI for enrollment. If a provider is already enrolled as a PT 14, they will need a new NPI for this specialty.**
15	**Registered Dietitian** *Specialty type code:* • 915: Registered Dietitian
16	**Intermediate Care Facilities for Individuals with Intellectual Disabilities / Public** *Specialty type code:* • 916: Intermediate Care Facilities for Individuals with Intellectual Disabilities / Public

Provider Type Number	Description and Specialties
17	**Special Clinic** *Specialty type codes:* • 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	**Nursing Facility** *Specialty type codes:* • 184: Free Standing • 185: Hospital Based • 186: Veterans Facility

Provider Type Number	Description and Specialties	
20	**Physician, M.D., Osteopath, D.O.** *Specialty type codes:* • 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	• 126: Neurology • 127: Neuropathology • 128: Nuclear Medicine • 129: Obstetrics • 130: Occupational Medicine • 131: Oncology • 132: Otology • 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 • *699: Children's Cancer and Rare Diseases Clinic* • 820: Physician, M.D., Osteopath, D.O. Group • 920: Physician, M.D., Osteopath, D.O. • 400*: Ordering, Prescribing, Referring (OPR)
21	**Podiatrist** *Specialty type codes:* • 821: Podiatrist Group • 921: Podiatrist • 400*: Ordering, Prescribing, Referring (OPR)	

Provider Type Number	Description and Specialties
22	**Dentist** *Specialty type codes:* • 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 • 822: Dentist Group • 922: Dentist • 400*: Ordering, Prescribing, Referring (OPR)
23	**Hearing Aid Dispenser & Related Supplies** *Specialty type code:* • 923: Hearing Aid Dispenser & Related Supplies
24	**Advanced Practice Registered Nurse (APRN)** *Specialty type codes:* • 023: Advanced Practice Registered Nurse (APRN – Primary) • 824: Advanced Practice Registered Nurse (APRN) Group • 924: Advanced Practice Registered Nurse (APRN) • 400*: Ordering, Prescribing, Referring (OPR)
25	**Optometrist** *Specialty type codes:* • 825: Optometrist Group • 925: Optometrist • 400*: Ordering, Prescribing, Referring (OPR)
26	**Psychologist** *Specialty type codes* • 826: Psychologist Group • 926: Psychologist • 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)
27	**Radiology & Noninvasive Diagnostic Centers** *Specialty type code:* • 927: Radiology & Noninvasive Diagnostic Centers

Provider Type Number	Description and Specialties
28	**Pharmacy** *Specialty type code:* • 928: Pharmacy
29	**Home Health Agency** *Specialty type code:* • 929: Home Health Agency (**EVV Required**)
30	**Personal Care Services - Provider Agency** *Specialty type code:* • 930: Personal Care Services - Provider Agency (**EVV Required**)
32	**Ambulance, Air or Ground** *Specialty type code:* • 249: Community Paramedicine • 932: Ambulance, Air or Ground
33	**Durable Medical Equipment, Prosthetics, Orthotics and Disposable Medical Supplies (DMEPOS)** *Specialty type code:* • 933: Durable Medical Equipment, Prosthetics, Orthotics and Disposable Medical Supplies (DMEPOS)
34	**Therapy** *Specialty type codes:* • 027: Physical Therapy • 028: Occupational Therapy • 029: Speech Pathologist • 176: Respiratory Therapy • 219: Speech Pathologist (Language) • 834: Therapy Group
35	**Non-Emergency Secure Behavioral Health Transport** *Specialty type code:* • 987: Non-Emergency Secure Behavioral Health Transport
36	**Chiropractor** *Specialty type codes:* • 836: Chiropractor Group • 936: Chiropractor
38	**Home & Community Based Services Waiver – Individuals with Intellectual Disabilities and Related Conditions** *Specialty type codes:* • 211: Habilitation-Community • 212: Habilitation-Prevocational • 214: Supported Environment • 215: Counseling Services • 216: Supported Living Services
39	**Adult Day Health Care (facility)** *Specialty type code:* • 939: Adult Day Health Care
41	**Optician, Optical Business, Ocularist** *Specialty type code:* • 941: Optician, Optical Business, Ocularist

Provider Type Number	Description and Specialties
43	**Laboratory, Pathology/Clinical** *Specialty type code:* • 943: Laboratory, Pathology/Clinical
44	**Swing-bed, Acute Hospital** *Specialty type code:* • 944: Swing-bed, Acute Hospital
45	**End Stage Renal Disease (ESRD) Facility** *Specialty type code:* • 945: End Stage Renal Disease (ESRD) Facility
46	**Ambulatory Surgical Centers, Freestanding** *Specialty type code:* • 946: Ambulatory Surgical Centers, Freestanding
47	**Indian Health Program** *Specialty type code:* • 947: Indian Health Program
48	**Home and Community Based Services Waiver for the Frail Elderly** *Specialty type codes:* • 039: Homemaker Services (**EVV Required**) • 191: Respite (**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 • 948: Public Case Management Services
50	**Health Related Social Needs** *Specialty type codes:* • 850: Community Based Organizations **Note: PT 50 is for providers/organizations who will provide the following In Lieu of Services (ILOS):** • Specialized Case Management • Housing Transition Services • Housing-Related Deposits • Housing Sustainment Services • Nutrition Services
51	**Indian Health Services Hospital, Inpatient (Tribal)** *Specialty type code:* • 951: Indian Health Services Hospital, Inpatient (Tribal)
52	**Indian Health Services Hospital, Outpatient (Tribal)** *Specialty type code:* • 952: Indian Health Services Hospital, Outpatient (Tribal)

Provider Type Number	Description and Specialties
54	**Targeted Case Management** *Specialty type codes:* • 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 • 954: Targeted Case Management
55	**1915(i) Home and Community-Based Services (HCBS) State Plan Option – Habilitation** *Specialty type code:* • 315: Day Habilitation • 316: Residential Habilitation
56	**Inpatient Rehabilitation and Long Term Acute Care (LTAC) Specialty Hospitals** *Specialty type code:* • 956: Inpatient Rehabilitation and Long-Term Acute Care (LTAC) Specialty Hospitals
57	**Home and Community Based Services Waiver for the Elderly in Adult Residential Care** *Specialty type code:* • 303: Private Case Management Services • 957: Home and Community Based Services Waiver for the Elderly in Adult Residential Care
58	**Waiver for Persons with Physical Disabilities ("PD")** *Specialty type codes:* Specialties under which only an agency may enroll: • 039: Homemaker Services (**EVV Required**) • 048: Assisted Living • 189: Attendant Services (**EVV Required**) • 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 • 958: Public Case Management Services
59	**Home and Community Based Waiver for the Frail Elderly in an Assisted Living Facility** *Specialty type code:* • 303: Private Case Management Services • 959: Facility Based Assisted Living
60	**School Based** *Specialty type code:* • 960: School Based

Provider Type Number	Description and Specialties
63	**Residential Treatment Center (RTC) /Psychiatric Residential Treatment Facility (PRTF)** *Specialty type code:* • 963: Residential Treatment Center (RTC) /Psychiatric Residential Treatment Facility (PRTF)
64	**Hospice** *Specialty type code:* • 964: Hospice
65	**Hospice, Long Term Care** *Specialty type code:* • 965: Hospice, Long Term Care
68	**Intermediate Care Facilities for Individuals with Intellectual Disabilities / Private** *Specialty type code:* • 968: Intermediate Care Facilities for Individuals with Intellectual Disabilities/Private
72	**Nurse Anesthetist** *Specialty type codes:* • 872: Nurse Anesthetist Group • 972: Nurse Anesthetist
74	**Nurse Midwife** *Specialty type codes:* • 874: Nurse Midwife Group • 974: Nurse Midwife • 400*: Ordering, Prescribing, Referring (OPR)
75	**Critical Access Hospital (CAH), Inpatient** *Specialty type code:* • 975: Critical Access Hospital (CAH), Inpatient
76	**Audiologist** *Specialty type codes:* • 876: Audiologist Group • 976: Audiologist • 245: Hearing Aid Dispenser and Related Supplies
77	**Physician's Assistant (PA/PA-C)** *Specialty type codes:* • 877: Physician’s Assistant Group • 977: Physician’s Assistant • 400*: Ordering, Prescribing, Referring (OPR)
78	**Indian Health Services Hospital, Inpatient (Non-Tribal)** *Specialty type code:* • 978: Indian Health Services Hospital, Inpatient (Non-Tribal)
79	**Indian Health Services Hospital, Outpatient (Non-Tribal)** *Specialty type code:* • 979: Indian Health Services Hospital, Outpatient (Non-Tribal)
81	**Hospital Based End Stage Renal Disease (ESRD) Provider** *Specialty type code:* • 981: Hospital Based End Stage Renal Disease (ESRD) Provider

Provider Type Number	Description and Specialties
83	**Personal Care Services - Intermediary Service Organization** *Specialty type code:* • 983: Personal Care Services - Intermediary Service Organization **(EVV Required)**
85	**Applied Behavior Analysis (ABA)** *Specialty type codes:* • 310: Licensed and Board-Certified Behavior Analyst (BCBA) • 311: Psychologist • 312: Licensed and Board-Certified Assistant Behavior Analyst (BCaBA) • 314: Registered Behavior Technician (RBT) • 320: Medicaid Health Home for Beneficiaries with Fetal Alcohol Spectrum Disorder (FASD) • 885: Applied Behavior Analysis (ABA) Entity/Agency/Group **Note: PT 85 groups may only enroll with the applicable specialty type code, 885 or 320.**
86	**Specialized Foster Care** *Specialty type code:* • 986: Specialized Foster Care
87	**Crisis Services** *Specialty type codes:* • 031: Designated Mobile Crisis Team (DMCT) • 032: Certified Community Behavioral Health Centers (CCBHC) Delivering Mobile Crisis Response as a Designated Mobile Crisis Team (DMCT) • 033: Mobile Crisis Team (MCT) Community Based • 034: Intensive Crisis Stabilization Services (ICSS) Community Based • 250: Crisis Stabilization Center Hospital Endorsed
89	**Community Health Worker (CHW)** *Specialty type code:* • 989: Community Health Worker
90	**Doula Services** *Specialty type codes:* • 890: Doula (Group) • 990: Doula (Individual)
91	**Pharmacist** *Specialty type codes:* • 991: Pharmacist • 400*: Ordering, Prescribing, Referring (OPR)
93	**Substance Use Treatment** *Specialty type codes:* • 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) • 714: Registered Nurse (RN)

Provider Type Number	Description and Specialties
94	**Medicare Cost-Sharing** *Specialty type code:* • 401: Medicare Cost-Sharing
95	**Home and Community Based Services Waiver for Structured Family Caregiving (SFCG)** *Specialty type codes:* • 191: Respite (**EVV Required**) • 303: Private Case Management Services • 895: Structured Family Caregiving
96	**Rural Emergency Hospital (REH), Outpatient** • 896: Rural Emergency Hospital Group
97	**Peer Support** • 706: Individual Peer Support • 720: Youth Peer Support • 897: Peer Support Services Agency/ Entity/ Group • 899: Family Peer Support
98	**Reentry Health Services** • 898: Reentry Health Services

**** 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.***

Enrollment Types and Key Enrollment Requirements

Enrollment requirements vary depending on the provider type and enrollment type. 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 recipients. 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)
    - Proof of Federal Employer Identification Number (FEIN) (if applicable)
    - Copy of active Secretary of State Business License (Sole Proprietorship, are required to provide their Secretary of State information. If your business is incorporated in another state or your business is located outside of Nevada, please provide the information on file with the state of incorporation.)
    - 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 (Sole Proprietorship, are required to provide their Secretary of State information. If your business is incorporated in another state or your business is located outside of Nevada, please provide the information on file with the state of incorporation.)
    - 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 (Corporations, Limited Liability Companies (LLCs), Limited Liability Partners (LLPs), Partnerships, or Provider Groups are required to provide their Secretary of State information. If your business is incorporated in another state or your business is located outside of Nevada, please provide the information on file with the state of incorporation.
    - 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)

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, 16, 17, 23, 26, 29, 30, 32 (specialty 249), 35, 38, 39, 48, 54, 55, 57, 58, 59, 60, 63, 64, 65, 83, 85, 86, 87, 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);
- Letter of intent or claim 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
    - 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)
    - Letter of intent or claim 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

96 – Rural Emergency Hospital, Outpatient

Ownership or interest of 5% or more, as well as requested provider type on your Medicaid application must match Medicare enrollment. Example: PT45 (ESRD) requires active enrollment in Medicare as a Dialysis Center and ownership or interest of 5% or more, as well as requested provider type, must match Medicare enrollment.

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 2: Application Types

Application Type	Description
New Enrollment	New enrollment applications are for Providers who wish to enroll an NPI and/ or Provider Type that has not previously been enrolled with Nevada Medicaid.
New Service Location	New service locations are for individual providers who are currently enrolled as an OPR provider that wish to become fully enrolled, or for existing Group providers who wish to enroll an additional service location to their existing NPI and Provider Type.
Re-Enrollment	Re-enrollment applications are for Providers who have been previously enrolled in Nevada Medicaid but no longer have active contracts.
Change of Ownership (CHOW)	CHOW applications are for Providers that need to report a change in ownership for the Provider.
Revalidation	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. 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 addresses on file. Providers may revalidate up to one year in advance of their revalidation due date. Login to the Provider Web Portal, click the "Revalidate-Update Provider" link on the My Home page to start a revalidation application.
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.

Advance Directives and Civil Rights Compliance

The Advance Directives Compliance Self-Evaluation & Certification (NMH-3827) form is required for the following provider types:

10 - Outpatient Surgery, Hospital Based
11 - Hospital, Inpatient
12 - Hospital, Outpatient
13 - Psychiatric Hospital, Inpatient
19 - Nursing Facility
29 - Home Health Agency
30 - Personal Care Services - Provider Agency
44 - Swing-bed, Acute Hospital
64 - Hospice
65 - Hospice, Long Term Care
75 - Critical Access Hospital (CAH), Inpatient
83 - Personal Care Services - Intermediary Service Organization
87 (specialty 250) - Crisis Services: Crisis Stabilization Center
96 - Rural Emergency Hospital (REH), Outpatient

The Civil Rights Compliance Self-Evaluation & Certification (NMH-3828) form is required for provider types:

10 - Outpatient Surgery, Hospital Based
11 - Hospital, Inpatient
12 - Hospital, Outpatient
13 - Psychiatric Hospital, Inpatient
16 - Intermediate Care Facilities for Individuals with Intellectual Disabilities, Public
19 - Nursing Facility
44 - Swing-bed, Acute Hospital
68 - Intermediate Care Facilities for Individuals with Intellectual Disabilities, Private
75 - Critical Access Hospital (CAH), Inpatient
87 (specialty 250) - Crisis Services: Crisis Stabilization Center
96 - Rural Emergency Hospital (REH), Outpatient

These forms do not need to be included with enrollment application; rather, they should be completed, signed, and sent to Nevada Medicaid.

- Email: civilrights@nvha.nv.gov

  Or

- Mail: Recipient Civil Rights Officer Division of Nevada Medicaid, 4070 Silver Sage Drive, Carson City, NV 89701.

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)

Provider Groups Allowing Linkage

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:

- 14 - Behavioral Health Outpatient Treatment Group
- 15 - Registered Dietitian Group
- 20, 24, 72, 74 and 77 - Physician Group
- 21 - Podiatrist Group
- 22 - Dentist Group
- 25 - Optometrist Group
- 26 - Psychologist Group
- 32 (specialty 249) - Community Paramedicine
- 36 - Chiropractic Group
- 34 - Therapist Group
- 76 - Audiologist Group
- 85 (specialty 885) - Applied Behavior Analysis (ABA)
- 90 - Doula Group
- 93 - Substance Use Treatment
- 97 - Peer Support

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 thirty (30) calendar 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.

Table 3: Group Provider Enrollment Allowable Linkages

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 89 - Community Health Worker (CHW) 91 – Pharmacist 97 – Peer Support
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

Group Provider Type	Individual Provider Types that can be Linked to Group
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 97 - Peer Support
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 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 89 - Community Health Worker 90 - Doula 91 - Pharmacist 97 - Peer Support
25 - Optometrist	20 - Physician, M.D., Osteopath, D.O. 24 - Advanced Practice Registered Nurses 25 - Optometrist 74 - Nurse Midwife 77 - Physician's Assistant

Group Provider Type	Individual Provider Types that can be Linked to Group
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 97 - Peer Support
32 - Specialty 249 ONLY - Community Paramedicine	32 - Community Paramedicine (specialty 249)
34 - Therapist Group	14 - Behavioral Health Outpatient specialties 305, 306, 307 may *only* link 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 may link to PT 34 groups *except* specialties 028 and 176 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
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

Group Provider Type	Individual Provider Types that can be Linked to Group
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 97 - Peer Support
85 - Specialty 885 ONLY - 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

Group Provider Type	Individual Provider Types that can be Linked to Group
	77 - Physician's Assistant 91 - Pharmacists 93 - Substance Use Treatment 97 - Peer Support
97- Peer Support	97- Peer Support

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 "Enrollment Types and Key Enrollment Requirements"). To qualify, the provider must meet all federal requirements and Nevada Medicaid requirements**.**

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 4: 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

State	Cities/Zip Codes
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

Out of State Providers Urgent/Emergency Services

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 recipient's details, including name, Nevada Medicaid ID number, dates of service, CPT/HCPCS/revenue codes, etc. All enrollments are at the discretion of Nevada Medicaid.

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 Provider Web Portal (PWP) 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.
- 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.
- For facilities, if the provider has a separate attending provider, the attending provider needs to enroll with Nevada Medicaid as an attending provider.

Fingerprint-based Criminal Background Check (FCBC)

Provider types 19, 29, 33, 58 (specialty 205), 63, 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.

License Updates and Voluntary Termination Requests

Providers may submit license updates as an Update through the Provider Web Portal, or by email: nv.providerapps@gainwelltechnologies.com. No additional changes will be made to enrollment via e-mail.

Emailed licenses must include the NPI, Name of Provider, Nevada Medicaid ID (if known), and the license update letter sent out (if received) along with the copy of the renewed licensure.

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, Certification, Accreditation, & Clinic Requirements

If a provider type or specialty has license, certification, accreditation, or clinic requirements they can be located in Table 5 for Groups and Table 6 for Individuals.

Provider types 20 and 77 may not be 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 all other provider types will be required to upload the applicable credentials for individuals and facilities.

Table 5: License, Certification, Accreditation, & Clinic Requirements by Provider Type for Groups

This table of requirements is a guide for enrolling provider **groups** and is in numerical order by Provider Type Number and broken out by Specialty Type Code.

In Nevada, facility licensure is obtained through the Bureau of Health Care Quality and Compliance (BHCQC) within the Nevada Health Authority (NVHA).

Provider Type Number	Specialty Type Code	Description	Licensure, Certification, Accreditation, & Clinic Requirements
10	910	Outpatient Surgery, Hospital Based	• State license as required in the state in which the facility is located • Certification from The Joint Commission (TJC) or the American Osteopathic Association (AOA)

11	911	Hospital, Inpatient	• State license as required in the state in which the facility is located
			• Medicare Certification for End Stage Renal Disease (ESRD) services (only applicable if the facility is providing this service).
			• FDA Certification for Mammography (only applicable if the facility is providing this service).
			• Accreditation by one of the following entities:
			  ○ The Joint Commission (TJC),
			  ○ American Osteopathic Association (AOA)/Healthcare Facilities Accreditation Program (HFAP),
			  ○ DNV GL - Healthcare – National Integrated Accreditation for Healthcare Organizations (NIAHO), or
			  ○ Center for Improvement in Healthcare Quality (CIHQ)

Provider Type Number	Specialty Type Code	Description	Licensure, Certification, Accreditation, & Clinic Requirements

12	912	Hospital, Outpatient	• State license as required in the state in which the facility is located
			• FDA Certification for Mammography (only applicable if the facility is providing this service).
			• Accreditation by one of the following entities:
			  ○ The Joint Commission (TJC),
			  ○ American Osteopathic Association (AOA)/Healthcare Facilities Accreditation Program (HFAP),
			  ○ DNV GL - Healthcare – National Integrated Accreditation for Healthcare Organizations (NIAHO), or
			  ○ Center for Improvement in Healthcare Quality (CIHQ)
			If providing ESRD services, facility must enroll as PT 81

13	913	Psychiatric Hospital, Inpatient	• State license as required in the state in which the facility is located • Certification from The Joint Commission (TJC) or the American Osteopathic Association (AOA)
14	309	Behavioral Health Training Clinic	• Name and NPI of the Nevada Medicaid enrolled Clinical Medical Director • University accreditation documentation • Completed Enrollment Checklist
14	814	Behavioral Health Community Network (Entity/Agency/Group)	• Professional License for Clinical Supervisor(s) and applicable credentials for Direct Supervisor(s) • Completed Enrollment Checklist
16	916	Intermediate Care Facilities for Individuals with Intellectual Disabilities, Public	• State license as required in the state in which the facility is located
17	169	Freestanding Birthing Centers	• Freestanding birthing center/obstetric center state licensure in the state in which the facility is located. • Clinical Laboratories Improvement Act (CLIA) certification; if applicable
17	174	Public Health Clinic	• *Must* be a county facility • Medical Director's active Nevada license as a Physician (M.D., D.O.), Physician's Assistant (PA) and/or Advanced Practice Registered Nurse (APRN), including Certified Nurse Midwife (CNM), per 42 CFR 59.5(b)(6)
17	179	School Based Health Centers (SBHC)	• State Board of Medical Examiners license for Medical Director
17	181	Federally Qualified Health Center (FQHC)	• Health Resources and Services Administration (HRSA) approval letter

Provider Type Number	Specialty Type Code	Description	Licensure, Certification, Accreditation, & Clinic Requirements
			• Documentation showing all board members (minimum of nine) to include date of birth and Social Security Number
17	182	Indian Health Services, Non-Tribal	• Must operate under Title V of the Indian Health Care Improvement Act and contract with the Indian Health Service (IHS)
17	188	Certified Community Behavioral Health Center (CCBHC)	• *Must* have a separate National Provider Identifier (NPI) specifically for CCBHC services • Certification as a Certified Community Behavioral Health Center (CCBHC) issued by the State of Nevada Department of Health and Human Services Division of Public and Behavioral Health (DPBH) • Behavioral Health Certifications for Excellence in Nevada (BHCEN) certificate as a Co-Occurring Capable or Co-Occurring Enhanced Program • BHCEN certificate showing certified Levels of Care • Access Site attestation, if applicable *Refer to the Certified Community Behavioral Health Center (CCBHC) Enrollment Criteria for additional information*
17	195	Community Health Clinic, State Health Division	• *Must* be a county facility operated by the Division of Public and Behavioral Health
17	196	Special Children's Clinics	• *Must* be a state agency
19	• 184 • 185 • 186	Nursing Facility • Free Standing • Hospital Based • Veterans Facility	• State license as required in the state in which the facility is located • Nursing Facility Administrator's active license issued by the governing authority of your state • State Board of Medical Examiners license for Medical Director
20	699	Children's Cancer and Rare Diseases Clinic	• State Board of Medical Examiners license for Medical Director • Out of State providers, complete questionnaire
27	927	Radiology & Noninvasive Diagnostic Centers	• State Board of Medical Examiners license for Medical Director • State license for X-ray equipment or certification for Mobile Imaging Providers • Federal Drug Administration Certification for Mammography (if applicable) • Medicare Certification for Portable/Mobile X-ray (if applicable) • Certification or accreditation by one of the following entities, if applying to be a certified sleep study center: o The American Academy of Sleep Medicine (AASM) o Accreditation Commission for Health Care (ACHC) o The Joint Commission (TJC)

Provider Type Number	Specialty Type Code	Description	Licensure, Certification, Accreditation, & Clinic Requirements
			○ Centers for Medicare & Medicaid Services (CMS)-approved Independent Diagnostic Testing Facility (IDTF)
28	928	Pharmacy	• State Board of Pharmacy License • Out of State providers, complete questionnaire
29	929	Home Health Agency	• State license as required in the state in which the facility is located
30	930	Personal Care Services - Provider Agency	• State license as required in the state in which the facility is located
32	249	Community Paramedicine	• Community Paramedicine Endorsement ○ EMS Agency Permit (Division of Public and Behavioral Health or Southern Nevada Health District) ○ Hospital (Endorsement Letter provided by the Division of Public and Behavioral Health)
32	932	Ambulance, Air or Ground	• Permit to provide emergency medical services in the provider's home state
33	933	Durable Medical Equipment, Prosthetics, Orthotics and Disposable Medical Supplies (DMEPOS)	• Nevada State Board of Pharmacy License ○ as a Medical Device, Equipment and Gases (MDEG) Supplier OR ○ as a Pharmacy (Exception to MDEG licensure: A Pharmacy that has a Nevada State Board of Pharmacy license and provides DMEPOS does not require separate licensure as an MDEG) • Verification of active participation with the Medicare Part B program for each location of the business: ○ Medicare Accreditation Certification AND ○ Medicare-required surety bond OR ○ Waiver of the requirement (requested in writing with a statement from the applicant identifying all products (with HCPCS codes) they plan to dispense and a statement that they will not be supplying any Medicare Part B covered products) • Out of state providers, complete questionnaire
35	987	Non-Emergency Secure Behavioral Health Transports	• State of Nevada Division of Public and Behavioral Health licensure to be an accredited agent authorized to provide non-emergency secure behavioral health transport services
38	211	Habilitation-Community	• Aging and Disability Services Division (ADSD) Jobs and Training Services or Community Training Center Certification. (Please contact the Regional Center(s) you wish to affiliate with for information on their certification process. Contact information can be located at: http://adsd.nv.gov/Contact/Contact_DevServices/)
	212	Habilitation-Prevocational	

Provider Type Number	Specialty Type Code	Description	Licensure, Certification, Accreditation, & Clinic Requirements
	214	Supported Environment	• Aging and Disability Services Division (ADSD) Approval Letter. (Please contact the Regional Center(s) you wish to affiliate with for information on their certification process. Contact information can be located at: http://adsd.nv.gov/Contact/Contact_DevServices/)
	215	Counseling Services	
	216	Supported Living Services	• Aging and Disability Services Division (ADSD) Supported Living Arrangement Services Certification. (Please contact the Regional Center(s) you wish to affiliate with for information on their certification process. Contact information can be located at: http://adsd.nv.gov/Contact/Contact_DevServices/)
39	939	Adult Day Health Care Center	• Licensure as an Adult Day Care Facilities (ADC) agency issued by the State of Nevada Department of Health and Human Services Division of Public and Behavioral Health (DPBH) • Proof of Commercial General Liability Insurance of not less than $2 million general aggregate and $1 million each occurrence, with Nevada Medicaid named as an additional insured. Nevada Medicaid's address is 4070 Silver Sage Dr, Carson City, NV 89701 • Proof of Worker's Compensation Insurance • Proof of Commercial Crime Insurance for employee dishonesty with a minimum of $25,000 per loss. Policy must name Nevada Medicaid as an additional insured. • If applicable, Proof of Business Automobile Insurance, with a minimum coverage of $750,000 combined single limit for bodily injury and property damage for any owned, leased, hired and non-owned vehicles used in the performance of the Medicaid provider's Contract. The policy must name Nevada Medicaid as an additional insured and shall be endorsed to include the following language: "The State of Nevada shall be named as an additional insured with respect to liability arising out of the activities performed by, or on behalf of the Contractor, including automobiles owned, leased, hired or borrowed by the Contractor."
43	943	Laboratory, Pathology Clinical	• State license or registration as required in the state in which the facility is located • Out of state providers, complete questionnaire
44	944	Swing-bed, Acute Hospital	• State license as required in the state in which the facility is located
45	945	End Stage Renal Disease (ESRD) Facility	• State license as required in the state in which the facility is located
46	946	Ambulatory Surgical Centers, Freestanding	• State license as required in the state in which the facility is located

Provider Type Number	Specialty Type Code	Description	Licensure, Certification, Accreditation, & Clinic Requirements
48	39	Homemaker Services (EVV Required)	• Current enrollment as a PT 30 (Personal Care Services - Provider Agency) or 83 (Personal Care Services - Intermediary Service Organization) in the Nevada Medicaid Program. **<u>OR</u>** • Licensure as a Personal Care Attendant agency issued by the Nevada Health Authority, Health Care Quality & Compliance (HCQC) • Proof of Commercial General Liability Insurance of not less than $2 million general aggregate and $1 million each occurrence, with Nevada Medicaid named as an additional insured. Nevada Medicaid's address is 4070 Silver Sage Dr, Carson City, NV 89701 • Proof of Worker's Compensation Insurance • Proof of Commercial Crime Insurance for employee dishonesty with a minimum of $25,000 per loss. Policy must name Nevada Medicaid as an additional insured. • Proof of Business Automobile Insurance, with a minimum coverage of $750,000 combined single limit for bodily injury and property damage for any owned, leased, hired and non-owned vehicles used in the performance of the Medicaid provider's Contract. The policy must name Nevada Medicaid as an additional insured and shall be endorsed to include the following language: "The State of Nevada shall be named as an additional insured with respect to liability arising out of the activities performed by, or on behalf of the Contractor, including automobiles owned, leased, hired or borrowed by the Contractor."
	191	Respite (EVV Required)	
	199	Chore Services	
	208	Adult Companion Service (EVV Required)	
48	202	Personal Emergency Response System (PERS)	• Copy of business license from the Nevada Secretary of State (for in-state providers) or a copy of the Secretary of State business license in the provider's home state (for out-of-state providers)
48	209	Social Adult Day Care	• Licensure as an Adult Day Care Facilities (ADC) agency issued by the Nevada Health Authority, Health Care Quality & Compliance (HCQC) • Proof of Commercial General Liability Insurance of not less than $2 million general aggregate and $1 million each occurrence, with Nevada Medicaid named as an additional insured. Nevada Medicaid address is 4070 Silver Sage Dr, Carson City, NV 89701 • Proof of Worker's Compensation Insurance • Proof of Commercial Crime Insurance for employee dishonesty with a minimum of $25,000 per loss. Policy must name Nevada Medicaid as an additional insured. • If applicable, Proof of Business Automobile Insurance, with a minimum coverage of $750,000 combined single limit for bodily injury and property damage for any owned, leased, hired and non-owned vehicles used in the performance of the Medicaid provider's Contract. The policy must name Nevada Medicaid as an additional

Provider Type Number	Specialty Type Code	Description	Licensure, Certification, Accreditation, & Clinic Requirements
			insured and shall be endorsed to include the following language: "The State of Nevada shall be named as an additional insured with respect to liability arising out of the activities performed by, or on behalf of the Contractor, including automobiles owned, leased, hired or borrowed by the Contractor."
48	303	Private Case Management Services	• Current enrollment as a Provider Type 57 (Elderly in Adult Residential Care), 58 (Physically Disabled Waiver), 59 (Assisted Living Waivers) or 95 (Structured Family Caregiving) in the Nevada Medicaid program **OR** • Proof of Worker's Compensation Insurance • Proof of Unemployment Insurance • Proof of Commercial General Liability Insurance of not less than $2 million general aggregate and $1 million each occurrence, with Nevada Medicaid named as an additional insured. Nevada Medicaid's address is 4070 Silver Sage Dr, Carson City, NV 89701 • Proof of Commercial Crime Insurance for employee dishonesty with a minimum of $25,000 per loss. Policy must name Nevada Medicaid as an additional insured. • If applicable, Proof of Business Automobile Insurance, with a minimum coverage of $750,000 combined single limit for bodily injury and property damage for any owned, leased, hired and non-owned vehicles used in the performance of the Medicaid provider's Contract. The policy must name Nevada Medicaid as an additional insured and shall be endorsed to include the following language: "The State of Nevada shall be named as an additional insured with respect to liability arising out of the activities performed by, or on behalf of the Contractor, including automobiles owned, leased, hired or borrowed by the Contractor."
54	954	Targeted Case Management	• If case management services are provided by a private community agency, please provide a copy of the service agreement with the State or County agency for which you perform services. • Completed Enrollment Checklist
55	315	Day Habilitation	• Licensure as a Facility for Care of Adults During the Day by the Bureau of Health Care Quality and Compliance, Division of Public and Behavioral Health, the State of Nevada Department of Health and Human Services. • Copy of the Brain Injury Association of America (BIAA) certification for this group's Certified Brain Injury Specialist (CBIS) or Certified Brain Injury Specialist Trainer (CBIST) • Proof of Worker's Compensation Insurance • Proof of Commercial Crime Insurance for employee dishonesty with a minimum of $25,000 per loss. Policy must name Nevada Medicaid as an additional insured.

Provider Type Number	Specialty Type Code	Description	Licensure, Certification, Accreditation, & Clinic Requirements
			• If applicable, Proof of Business Automobile Insurance, with a minimum coverage of $750,000 combined single limit for bodily injury and property damage for any owned, leased, hired and non-owned vehicles used in the performance of the Medicaid provider's Contract. The policy must name Nevada Medicaid as an additional insured and shall be endorsed to include the following language: "The State of Nevada shall be named as an additional insured with respect to liability arising out of the activities performed by, or on behalf of the Contractor, including automobiles owned, leased, hired or borrowed by the Contractor."
55	316	Residential Habilitation	• Licensed as a Residential Facility for Groups by the Bureau of Health Care Quality and Compliance, Division of Public and Behavioral Health, the State of Nevada Department of Health and Human Services. • Copy of the Brain Injury Association of America (BIAA) certification for this group's Certified Brain Injury Specialist (CBIS) or Certified Brain Injury Specialist Trainer (CBIST) • Proof of Worker's Compensation Insurance • Proof of Commercial Crime Insurance for employee dishonesty with a minimum of $25,000 per loss. Policy must name Nevada Medicaid as an additional insured. • If applicable, Proof of Business Automobile Insurance, with a minimum coverage of $750,000 combined single limit for bodily injury and property damage for any owned, leased, hired and non-owned vehicles used in the performance of the Medicaid provider's Contract. The policy must name Nevada Medicaid as an additional insured and shall be endorsed to include the following language: "The State of Nevada shall be named as an additional insured with respect to liability arising out of the activities performed by, or on behalf of the Contractor, including automobiles owned, leased, hired or borrowed by the Contractor."
56	956	Inpatient Rehabilitation and Long Term Acute Care (LTAC) Specialty Hospitals	• State license as required in the state in which the facility is located • For Rehabilitation Specialty Hospitals Only: Accreditation by one of the following entities: o The Joint Commission (TJC), o American Osteopathic Association (AOA), o Commission on Accreditation of Rehabilitation Facilities (CARF), o Center for Improvement in Healthcare Quality (CIHQ), o Healthcare Facilities Accreditation Program (HFAP), or o DNV GL – Healthcare • For LTAC Hospitals Only: Accreditation by one of the following entities: o The Joint Commission (TJC), o American Osteopathic Association (AOA),

Provider Type Number	Specialty Type Code	Description	Licensure, Certification, Accreditation, & Clinic Requirements
			○ Center for Improvement in Healthcare Quality (CIHQ), ○ Healthcare Facilities Accreditation Program (HFAP), or ○ DNV GL - Healthcare
57	957	Home and Community Based Services Waiver for the Elderly in Adult Residential Care	• Licensure as an agency to provide Residential Facilities for Groups issued by the Nevada Health Authority, Health Care Quality & Compliance (HCQC) • Proof of Worker's Compensation Insurance • Proof of Commercial General Liability Insurance of not less than $2 million general aggregate and $1 million each occurrence, with Nevada Medicaid named as an additional insured. Nevada Medicaid's address is 4070 Silver Sage Dr, Carson City, NV 89701
57	303	Private Case Management Services	• Current enrollment as a Provider Type 48 (Frail Elderly Waiver), 58 (Physically Disabled Waiver), 59 (Assisted Living Waivers) or 95 (Structured Family Caregiving) in the Nevada Medicaid program **OR** • Proof of Worker's Compensation Insurance • Proof of Unemployment Insurance • Proof of Commercial General Liability Insurance of not less than $2 million general aggregate and $1 million each occurrence, with Nevada Medicaid named as an additional insured. Nevada Medicaid's address is 4070 Silver Sage Dr, Carson City, NV 89701 • Proof of Commercial Crime Insurance for employee dishonesty with a minimum of $25,000 per loss. Policy must name Nevada Medicaid as an additional insured. • If applicable, Proof of Business Automobile Insurance, with a minimum coverage of $750,000 combined single limit for bodily injury and property damage for any owned, leased, hired and non-owned vehicles used in the performance of the Medicaid provider's Contract. The policy must name Nevada Medicaid as an additional insured and shall be endorsed to include the following language: "The State of Nevada shall be named as an additional insured with respect to liability arising out of the activities performed by, or on behalf of the Contractor, including automobiles owned, leased, hired or borrowed by the Contractor."
58	39	Homemaker Services (EVV Required)	• Current enrollment as a PT 30 (Personal Care Services - Provider Agency) or 83 (Personal Care Services - Intermediary Service Organization) in the Nevada Medicaid Program. **OR**

Provider Type Number	Specialty Type Code	Description	Licensure, Certification, Accreditation, & Clinic Requirements
	189	Attendant Services (EVV Required)	• Licensure as a Personal Care Attendant agency issued by the Nevada Health Authority, Health Care Quality & Compliance (HCQC) • Proof of Commercial General Liability Insurance of not less than $2 million general aggregate and $1 million each occurrence, with the Nevada Medicaid named as an additional insured. Nevada Medicaid's address is 4070 Silver Sage Dr, Carson City, NV 89701 • Proof of Worker's Compensation Insurance • Proof of Commercial Crime Insurance for employee dishonesty with a minimum of $25,000 per loss. Policy must name Nevada Medicaid as an additional insured. • Proof of Business Automobile Insurance, with a minimum coverage of $750,000 combined single limit for bodily injury and property damage for any owned, leased, hired and non-owned vehicles used in the performance of the Medicaid provider's Contract. The policy must name Nevada Medicaid as an additional insured and shall be endorsed to include the following language: "The State of Nevada shall be named as an additional insured with respect to liability arising out of the activities performed by, or on behalf of the Contractor, including automobiles owned, leased, hired or borrowed by the Contractor."
	191	Respite Care (EVV Required)	
	199	Chore Services	
58	48	Assisted Living	• Licensure as an agency to provide Residential Facilities for Groups issued by the State of Nevada Department of Health and Human Services Division of Public and Behavioral Health (DPBH). • Proof of Worker's Compensation Insurance
58	200	Environmental Accessibility Adaptations	• Contractor's license (if completing installation) • Proof that provider is an authorized vehicle adaptation dealer (for providers who provide vehicle adaptation services only)
58	202	Personal Emergency Response System (PERS)	• Copy of business license from the Nevada Secretary of State (for in-state providers) or a copy of the Secretary of State business license in the provider's home state (for out-of-state providers)
58	204	Home Delivered Meals	• A food service establishment permit pursuant to NRS 446.
58	205	Specialized Medical Equipment/Supplies	• Current enrollment as a Provider Type 33 in the Nevada Medicaid Program **<u>OR</u>** • Nevada State Board of Pharmacy license • Verification of active participation with the Medicare Part B program for each location of the business: o Medicare Accreditation Certification AND o Medicare-required surety bond OR o Waiver of the requirement (requested in writing with a statement from the applicant identifying all products (with HCPCS codes) they plan to dispense

Provider Type Number	Specialty Type Code	Description	Licensure, Certification, Accreditation, & Clinic Requirements
			and a statement that they will not be supplying any Medicare Part B covered products)
58	303	Private Case Management Services	• Current enrollment as a Provider Type 48 (Frail Elderly Waiver), 57 (Elderly in Adult Residential Care), 59 (Assisted Living Waivers) or 95 (Structured Family Caregiving) in the Nevada Medicaid program **OR** • Proof of Worker's Compensation Insurance • Proof of Unemployment Insurance • Proof of Commercial General Liability Insurance of not less than $2 million general aggregate and $1 million each occurrence, with Nevada Medicaid named as an additional insured. Nevada Medicaid's address is 4070 Silver Sage Dr, Carson City, NV 89701 • Proof of Commercial Crime Insurance for employee dishonesty with a minimum of $25,000 per loss. Policy must name Nevada Medicaid as an additional insured. • If applicable, Proof of Business Automobile Insurance, with a minimum coverage of $750,000 combined single limit for bodily injury and property damage for any owned, leased, hired and non-owned vehicles used in the performance of the Medicaid provider's Contract. The policy must name Nevada Medicaid as an additional insured and shall be endorsed to include the following language: "The State of Nevada shall be named as an additional insured with respect to liability arising out of the activities performed by, or on behalf of the Contractor, including automobiles owned, leased, hired or borrowed by the Contractor."
59	959	Home and Community Based Services Waiver for the Elderly – Augmented Personal Care Services	• Licensure as an agency to provide Residential Facilities for Groups issued by the Nevada Health Authority, Health Care Quality & Compliance (HCQC) • Proof of Worker's Compensation Insurance • Proof of Commercial General Liability Insurance of not less than $2 million general aggregate and $1 million each occurrence, with Nevada Medicaid named as an additional insured. Nevada Medicaid's address is 4070 Silver Sage Dr, Carson City, NV 89701 • Proof of Commercial Crime Insurance for employee dishonesty with minimum of $25,000 per loss. Policy must name Nevada Medicaid as an additional insured • Proof of Business Automobile Insurance, with a minimum coverage of $750,000 combined single limit for bodily injury and property damage for any owned, leased, hired and non-owned vehicles used in the performance of the Medicaid provider's Contract. The policy must name Nevada Medicaid as an additional insured and shall be endorsed to include the following language: "The State of Nevada shall be named as an additional insured with respect to liability arising out of the activities performed by, or on behalf of, the Contractor, including automobiles owned, leased, hired or borrowed by the Contractor."

Provider Type Number	Specialty Type Code	Description	Licensure, Certification, Accreditation, & Clinic Requirements
59	303	Private Case Management Services	• Current enrollment as a Provider Type 48 (Frail Elderly Waiver), 57 (Elderly in Adult Residential Care), 58 (Physically Disabled Waiver), or 95 (Structured Family Caregiving) in the Nevada Medicaid program **OR** • Proof of Worker's Compensation Insurance • Proof of Unemployment Insurance • Proof of Commercial General Liability Insurance of not less than $2 million general aggregate and $1 million each occurrence, with Nevada Medicaid named as an additional insured. Nevada Medicaid's address is 4070 Silver Sage Dr, Carson City, NV 89701 • Proof of Commercial Crime Insurance for employee dishonesty with a minimum of $25,000 per loss. Policy must name Nevada Medicaid as an additional insured. • If applicable, Proof of Business Automobile Insurance, with a minimum coverage of $750,000 combined single limit for bodily injury and property damage for any owned, leased, hired and non-owned vehicles used in the performance of the Medicaid provider's Contract. The policy must name Nevada Medicaid as an additional insured and shall be endorsed to include the following language: "The State of Nevada shall be named as an additional insured with respect to liability arising out of the activities performed by, or on behalf of the Contractor, including automobiles owned, leased, hired or borrowed by the Contractor."

63	963	Psychiatric Residential Treatment Facility (PRTF)	• State license as required in the state in which the facility is located
			• Medical Director's active license as a board-certified or board-eligible psychiatrist
			• Centers for Medicare & Medicaid Services (CMS) PRTF certification
			• Accreditation by one of the following entities:
			  ○ The Joint Commission (TJC),
			  ○ Commission on Accreditation of Rehabilitation Facilities (CARF) or
			  ○ Council on Accreditation (COA)
			• Letter of Attestation, which confirms the facility is in compliance with CMS standards governing the use of restraint and seclusion (42 CFR Subpart G 483.350-483.376)
			• Completed Enrollment Checklist

64	964	Hospice	• State license as required in the state in which the facility is located
65	965	Hospice, Long Term Care	• State license as required in the state in which the facility is located

Provider Type Number	Specialty Type Code	Description	Licensure, Certification, Accreditation, & Clinic Requirements
68	968	Intermediate Care Facilities for Individuals with Intellectual Disabilities / Private	• State license as required in the state in which the facility is located
75	975	Critical Access Hospital (CAH), Inpatient	• State license as required in the state in which the facility is located • Medicare Certification for End Stage Renal Disease (ESRD) services (only applicable if the facility is providing this service). • FDA Certification for Mammography (only applicable if the facility is providing this service). • Accreditation by one of the following entities: o The Joint Commission (TJC), o American Osteopathic Association (AOA)/Healthcare Facilities Accreditation Program (HFAP), o DNV GL - Healthcare – National Integrated Accreditation for Healthcare Organizations (NIAHO), or o Center for Improvement in Healthcare Quality (CIHQ)
78	978	Indian Health Services Hospital, Inpatient (Non-Tribal)	• State license as required in the state in which the facility is located • Certification from the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) or the American Osteopathic Association (AOA)
79	979	Indian Health Services Hospital, Outpatient (Non-Tribal)	• State license as required in the state in which the facility is located • Certification from the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) or the American Osteopathic Association (AOA)
81	981	Hospital Based End Stage Renal Disease (ESRD) Provider	• State license as required in the state in which the facility is located • Accreditation by one of the following entities: o The Joint Commission (TJC), o American Osteopathic Association (AOA) o Healthcare Facilities Accreditation Program (HFAP), **OR** o DNV GL - Healthcare – National Integrated Accreditation for Healthcare Organizations (NIAHO),

Provider Type Number	Specialty Type Code	Description	Licensure, Certification, Accreditation, & Clinic Requirements
83	983	Personal Care Services - Intermediary Service Organization	• Licensure as a Personal Care Agency that is also Intermediary Service Organization (ISO) Certified to provide Personal Care Services in the home as issued by the State of Nevada Department of Health and Human Services Division of Public and Behavioral Health (DPBH) **OR** • ISO Certification to provide Personal Care Services in the home if your application is strictly only to enroll as an Intermediary Service Organization.
85	885	Applied Behavior Analysis (Entity/Agency/Group)	• Clinical supervisor's professional license as a Psychologist under Nevada Revised Statute (NRS) 641.170 from the Nevada Board of Psychological Examiners **OR** professional license as a Behavior Analyst (BCBA) under NRS 641D.300 from the Nevada Applied Behavior Analysis Board • Completed Enrollment Checklist
86	986	Specialized Foster Care	• Signed attestation from the licensing authority as defined in NRS 424.016 that affirms Home and Community Based Services (HCBS) settings compliance
87	031	Designated Mobile Crisis Team (DMCT)	• Professional License for Clinical Supervisor(s) • Completed Enrollment Checklist *Must be operated under a Nevada governmental agency.*
87	032	Certified Community Behavioral Health Centers (CCBHC) Delivering Mobile Crisis Response as a Designated Mobile Crisis Team (DMCT)	• Professional License for Clinical Supervisor(s) • Document of Certification as a Certified Community Behavioral Health Center (CCBHC) • Document of Endorsement for the CCBHC Delivering Mobile Crisis Response as a DMCT • Completed Enrollment Checklist *Must be operated under a Certified Community Behavioral Health Centers (CCBHC).*
87	033	Mobile Crisis Team (MCT) Community Based	• Professional License for Clinical Supervisor(s) • Operational Description
87	034	Intensive Crisis Stabilization Services (ICSS) Community Based	• Professional License for Clinical Supervisor(s) • Operational Description
87	250	Crisis Stabilization Center Hospital Endorsed	• State hospital licensure showing an endorsement as a Crisis Stabilization Center • Proof that the hospital is a rural hospital or is accredited by one of the following entities or their successor organizations:

Provider Type Number	Specialty Type Code	Description	Licensure, Certification, Accreditation, & Clinic Requirements
			○ The Commission on Accreditation of Rehabilitation Facilities (CARF) ○ The Center for Improvement in Healthcare Quality (CIHQ) ○ DNV GL Healthcare - National Integrated Accreditation for Healthcare Organizations (NIAHO) ○ The Accreditation Commission for Health Care ○ The Joint Commission (TJC)
93	704	Residential Substance Use Treatment in an Institution for Mental Disease (IMD) (Group)	• Behavioral Health Certifications for Excellence in Nevada (BHCEN) certificate as a Co-Occurring Capable or Co-Occurring Enhanced Program • BHCEN certificate showing certified Levels of Care • Attestation on business letterhead from the owner, signed and dated, that the bed count is more than 16 beds and more than 50% of care is primarily engaged in providing diagnosis, treatment or care of persons with mental diseases, and also provides for medical attention, nursing care and related services. • Current copy of the license for the Clinical Supervisor of the agency • Completed Enrollment Checklist
93	707	Substance Use Treatment Clinic (Group)	• BHCEN certificate as a Co-Occurring Capable or Co-Occurring Enhanced Program • BHCEN certificate showing certified Levels of Care • Current copy of the license for the Clinical Supervisor of the agency • Completed Enrollment Checklist
93	708	Opioid Treatment Program (Group)	• BHCEN certificate as a Co-Occurring Capable or Co-Occurring Enhanced Program • BHCEN certificate showing certified Levels of Care • Current Bureau of Health Care Quality and Compliance (BHCQC) licensing as a Narcotic Treatment Program • Current copy of the license for the Clinical Supervisor of the agency
95	191	Respite (EVV Required)	• Current enrollment as a Provider Type 30 (Personal Care Services-Provider Agency),83 (Personal Care Services-Intermediary Service Organization), 48 (Frail Elderly Waiver) or 58 (Physically Disabled Waiver) in the Nevada Medicaid program **OR** • Licensure as a Personal Care Attendant agency issued by the Nevada Health Authority, Health Care Quality & Compliance (HCQC) with an endorsement as an Intermediary Service Organization (ISO) • Proof of Commercial General Liability Insurance of not less than $2 million general aggregate and $1 million each occurrence, with Nevada Medicaid named as an additional insured. Nevada Medicaid's address is 4070 Silver Sage Dr, Carson City, NV 89701 • Proof of Worker's Compensation Insurance • Proof of Commercial Crime Insurance for employee dishonesty with a minimum of $25,000 per loss. Policy must name Nevada Medicaid as an additional insured.

Provider Type Number	Specialty Type Code	Description	Licensure, Certification, Accreditation, & Clinic Requirements
			• Proof of Business Automobile Insurance, with a minimum coverage of $750,000 combined single limit for bodily injury and property damage for any owned, leased, hired and non-owned vehicles used in the performance of the Medicaid provider's Contract. The policy must name Nevada Medicaid as an additional insured and shall be endorsed to include the following language: "The State of Nevada shall be named as an additional insured with respect to liability arising out of the activities performed by, or on behalf of the Contractor, including automobiles owned, leased, hired or borrowed by the Contractor."
95	303	Private Case Management Services	• Current enrollment as a Provider Type 48 (Frail Elderly Waiver), 57 (Elderly in Adult Residential Care), 58 (Physically Disabled Waiver), or 59 (Assisted Living Waivers) in the Nevada Medicaid program **OR** • Proof of Worker's Compensation Insurance • Proof of Unemployment Insurance • Proof of Commercial General Liability Insurance of not less than $2 million general aggregate and $1 million each occurrence, with Nevada Medicaid named as an additional insured. Nevada Medicaid address is 4070 Silver Sage Dr, Carson City, NV 89701 • Proof of Commercial Crime Insurance for employee dishonesty with a minimum of $25,000 per loss. Policy must name Nevada Medicaid as an additional insured. • If applicable, Proof of Business Automobile Insurance, with a minimum coverage of $750,000 combined single limit for bodily injury and property damage for any owned, leased, hired and non-owned vehicles used in the performance of the Medicaid provider's Contract. The policy must name Nevada Medicaid as an additional insured and shall be endorsed to include the following language: "The State of Nevada shall be named as an additional insured with respect to liability arising out of the activities performed by, or on behalf of the Contractor, including automobiles owned, leased, hired or borrowed by the Contractor."
95	895	Structured Family Caregiving	• Current enrollment as a Provider Type 30 (Personal Care Services-Provider Agency), 83 (Personal Care Services-Intermediary Service Organization) in the Nevada Medicaid program **OR** • Licensure as a Personal Care Attendant agency issued by the Nevada Health Authority, Health Care Quality & Compliance (HCQC) with an endorsement as an Intermediary Service Organization (ISO) **AND**

Provider Type Number	Specialty Type Code	Description	Licensure, Certification, Accreditation, & Clinic Requirements
			• Certificate of Completion equaling 12 hours from *Dementia Engagement, Education, and Research (DEER) Care;* ***OR*** • Certificate of Completion equaling 12 hours from a certified entity or organization (specializes in Dementia) of the provider's choosing.
96	896	Rural Emergency Hospital (REH), Outpatient	• State hospital licensure as required in the state in which the facility is located. • FDA Certification for Mammography (only applicable if the facility is providing this service)
97	897	Peer Support Services Agency/Entity/Group	• Current copy of the license for the Clinical Supervisor of the agency **OR** • Current copy of the license for the Peer Supervisor
98	898	Reentry Health Services	• Must be a County, City and/or State Government enrolling on behalf of the detention center/carceral facility

Table 6: License, Certification, Accreditation, & Clinic Requirements by Provider Type for Individuals

This table of licensure requirements is a guide for enrolling **individual** providers and is in numerical order by Provider Type Number and broken out by Specialty Type Code.

Provider Type Number	Specialty Type Code	Description	Licensure Requirements
14	300	Qualified Mental Health Professional (QMHP)	• Certificate of Professional licensure in the State of Nevada as a/an: o Master Social Worker (LMSW) with proof of current clinical post-graduate internship number (M- ###) and current letter of internship (IC- ###) issued by the State of Nevada Board of Examiners (BOE) for Social Workers (Nevada Revised Statute (NRS) 641B);or o Marriage and Family Therapist (LMFT) Post-Graduate Intern issued by the State of Nevada BOE for MFT & CPC (NRS 641A); or o Clinical Professional Counselor (LCPC) Post-Graduate Intern issued by the State of Nevada BOE for MFT & CPC (NRS 641A)
14	301	Qualified Mental Health Associate (QMHA)	• Documentation and/or certificates proving completion of required training as described in Nevada Medicaid Services Manual (MSM) Chapter 400 **AND** Copy of one of the following:

Provider Type Number	Specialty Type Code	Description	Licensure Requirements
			• Registered Nurse (RN) issued by the State of Nevada Board of Nursing or qualifying degree (official transcript required) • Copy of active Peer Recovery Support Specialist (PRSS) certification issued by the Nevada Certification Board (NCB), if applicable. PRSS certification is required for any QMHA receiving Nevada Medicaid compensation for delivering peer-to-peer support. • Qualifying degree or official transcript, as described in the Enrollment Checklist
14	302	Qualified Behavioral Aide (QBA)	• Documentation and/or certificates proving completion of required training as described in Nevada Medicaid Services Manual (MSM) Chapter 400 **AND** Copy of one of the following: • Copy of active Peer Recovery Support Specialist (PRSS) certification issued by the Nevada Certification Board (NCB), if applicable. PRSS certification is required for any QMHA receiving Nevada Medicaid compensation for delivering peer-to-peer support. • High School Diploma or General Education Development (GED) equivalent
14	305	Licensed Clinical Social Worker	• Professional license as a Clinical Social Worker
14	306	Licensed Marriage and Family Therapist	• Professional license as a Marriage and Family Therapist
14	307	Clinical Professional Counselor	• Professional license as a Clinical Professional Counselor
15	915	Registered Dietician	• State Board of Registered Dietitians License
20	920	Physician, M.D., Osteopath, D.O.	• State Board Medical License
21	921	Podiatrist	• State Board of Podiatry License
22	922	Dentist	• State Board of Dental Examiners License
23	923	Hearing Aid Dispenser & Related Supplies	• Nevada State Board of Hearing Aid Specialists License
24	924	Advanced Practice Registered Nurse (APRN)	• State Board of Nursing License for Advanced Practice Registered Nurse (APRN)
25	925	Optometrist	• State Board of Optometry License

Provider Type Number	Specialty Type Code	Description	Licensure Requirements
26	926	Psychologist	• State Board of Psychological Examiners License
26	160	Adolescent Psychology	• State Board of Psychological Examiners Registration Certificate
	161	Child Psychology	
	162	Clinical Psychology	
	246	Psychological Assistant	
	247	Psychological Intern	
	248	Psychological Trainee	
28	928	Pharmacy	Dispensing Practitioners: • Drug Enforcement Administration (DEA) License and Controlled Substance License. • Dispensing Practitioner Certificate
34	27	Physical Therapy	• State Board of Physical Therapy License
34	28	Occupational Therapy	• State Board of Occupational Therapist License
34	29	Speech Pathologist	• License to practice speech pathology by the Board of Examiners for Audiology and Speech Pathology (NRS. 637B.160)
34	176	Respiratory Therapy	• Licensed to practice respiratory care by the Board of Medical Examiners (NRS 630.277)
34	219	Speech Pathologist (Language)	• License to practice speech pathology by the Board of Examiners for Audiology and Speech Pathology (NRS. 637B.160)
36	936	Chiropractor	• State Board of Chiropractic Examiners License
41	941	Optician, Optical Business, Ocularist	**Optician:** • State Board of Dispensing Opticians License **Ocularist:** • Certificate from the National Board of Ocularists or documentation to show a minimum of 5 years in an apprenticeship program under an ocularist pending certification from the National Board of Ocularists *Ocularists do not need a dispensing optician's license unless they are also an optician*
72	972	Nurse Anesthetist	• State Board of Nursing License for Certified Registered Nurse Anesthetists (CRNA) license

Provider Type Number	Specialty Type Code	Description	Licensure Requirements
74	974	Nurse Midwife	• State Board of Nursing License for Advanced Practitioner of Registered Nurse (APRN) authorizing the practice in a role as Nurse Midwife
76	976	Audiologist	• State Board of Examiners for Audiology and Speech Pathology License
77	977	Physician's Assistant (PA/PA-C)	• State Board of Medical Examiners License or Nevada State Board of Osteopathic Medicine License
85	310	Licensed and Board Certified Behavior Analyst (BCBA)	• Masters or Doctorate degree in social science/special education from an accredited educational institution • Certification by the National Behavior Analyst Certification Board (BACB) • Proof of Licensure or provisional licensure as a Behavior Analyst under Nevada Revised Statute (NRS) 641D.300 from the Nevada Applied Behavior Analysis Board
85	311	Psychologist	• Doctorate in psychology from an educational institution accredited by the American Psychological Association (APA) (NRS 641.170) • Proof of Licensure or provisional licensure as a Psychologist under Nevada Revised Statute (NRS) 641.170 from the Nevada Board of Psychological Examiners
85	312	Licensed and Board Certified Assistant Behavior Analyst (BCABA)	• A minimum of a Bachelors degree in social science/special education from an accredited educational institution • Certification by the National Behavior Analyst Certification Board (BACB) • Proof of Licensure as an Assistant Behavior Analyst under Nevada Revised Statute (NRS) 641D.300 from the Nevada Applied Behavior Analysis Board
85	314	Registered Behavior Technician (RBT)	• Certification by the National Behavior Analyst Certification Board (BACB) • Proof of Licensure as a Registered Behavior Technician (RBT) under Nevada Revised Statute (NRS) 641D.300 from the Nevada Applied Behavior Analysis Board
89	989	Community Health Worker (CHW) Services	• Supervisor's Professional License • Community Health Worker certificate from the Nevada Certification Board
90	990	Doula Services	• Doula certificate from the Nevada Certification Board
91	991	Pharmacist	• State Board of Pharmacy License for Pharmacist • Completed Enrollment Checklist
93	701	Certified Alcohol and Drug Counselor (CADC)	• Current certification as a Certified Alcohol and Drug Counselor (CADC)

Provider Type Number	Specialty Type Code	Description	Licensure Requirements
93	702	Licensed Alcohol and Drug Counselor (LADC)	• Current license as a Licensed Alcohol and Drug Counselor (LADC)
93	703	Certified Alcohol and Drug Counselor Intern (CADC-I)	• Current certification as a Certified Alcohol and Drug Counselor Intern (CADC-I) • Provisional Certificate as a Licensed or Certified Alcohol and Drug Counselor
93	705	Licensed Clinical Alcohol and Drug Counselor Intern (LCADC-I)	• Current license as a Licensed Clinical Alcohol and Drug Counselor intern (LCADC- I) • Provisional Certificate as a Licensed or Certified Alcohol and Drug Counselor
93	706	Peer Recovery Support Specialist (PRSS)	• Certification for Peer Recovery Support Specialist (PRSS) issued by the Nevada Certification Board (NCB)
93	709	Licensed Clinical Alcohol and Drug Counselor (LCADC)	• Current license as a Licensed Clinical Alcohol and Drug Counselor (LCADC)
93	714	Registered Nurse (RN)	• State Board of Nursing License as a Registered Nurse (RN)
97	706	Peer Recovery Support Specialist (PRSS)	• Copy of current certification for Peer Recovery Support Specialist (PRSS) issued by the Nevada Certification Board (NCB)
97	720	Youth Peer Support Specialist (YPSS)	• Current certification for Youth Peer Support Specialist (YPSS)
97	899	Family Peer Support Specialist (FPSS)	• Copy of current certification for Family Peer Support Specialist (FPSS)

Medical Director

Medical Director disclosure is required for PTs 19, 20 (specialty 699), 63, 64, and 65.

These PTs must provide the Medical Director's NPI, first name, last name, and email address. The Medical Director is also required to sign the applicable Medical Director attestation during the DocuSign signature process.

Drug Enforcement Administration (DEA)

Drug Enforcement Administration (DEA) is required for pharmacy applications.

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)

Clinical Laboratories Improvement Act (CLIA) certification is *required* for PTs 11, 12, 43, 75, 81, and 96 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 (except individuals enrolling as OPR), 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.

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

Corporations, Limited Liability Companies (LLCs), Limited Liability Partners (LLPs), Partnerships, Provider Groups, or Sole Proprietorship, are required to provide their Secretary of State information. If your business is incorporated in another state or your business is located outside of Nevada, please provide the information on file with the state of incorporation.

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 a Billing Type of either biller and performer (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 receive payment directly from Nevada Medicaid.

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.

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 a 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.

If there is information submitted on an application, which prevents it from being processed, the application will be Rejected by Reviewed as no further action may be taken on the ATN.

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 Transfer (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 provider's 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.

Appendix A: 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 of 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, 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.