



URGENT/EMERGENCY PROVIDER ENROLLMENT

INFORMATION



- Urgent/Emergency Enrollment is available to out of state, out of catchment providers who meet the following requirements:
 - They have rendered services to one or more Nevada Medicaid recipients in the past year.
 - They are enrolled in Medicaid in their home state.
 - They meet the enrollment qualifications for one of Nevada's provider types, excluding those listed below.
- Urgent/Emergency enrollment is temporary and is valid for 6 months.

REQUIRED MISC. ATTACHMENTS

Letter of Intent

Must include the following:

- Recipient's Name
- Recipient's Nevada Medicaid ID Number
- Dates of Service
- CPT/HCPCS/Revenue Codes, etc.

Proof of Enrollment in Home State

Must include the following:

- Rendering Provider's Name
- National Provider Identifier (NPI)
- The State Enrolled In
- Documentation Submitted Must be Dated within 5 Years

CANNOT ENROLL AS URGENT/EMERGENCY

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| 14: Behavioral Health Outpatient Treatment | 17: Special Clinic | 19: Nursing Facility | 23: Hearing Aid Dispenser & Related Supplies | 26: Psychologist |
| 32 Spec. 249: Community Paramedicine | 35 Spec. 987: Non-Emergency Secure Behavioral Health Transport | 38: Waiver for Individuals with Intellectual and Development Disabilities | 39: Adult Day Health Care | 48: Home and Community Based Waiver for the Frail Elderly |
| 54: Targeted Case Management | 55 Spec. 315/316: Day and Residential Habilitation | 57: Home and Community Based Services Waiver for the Elderly in Adult Residential Care Specialty 303: Private Case Management Services | 58: Home and Community Based Waiver for Persons with Physical Disabilities | 59: Home and Community Based Waiver for the Frail Elderly in an Assisted Living Facility |
| 60: School Based | 63: Residential Treatment Center (RTC)/Psychiatric Residential Treatment Facility | 64: Hospice 65: Hospice, Long Term Care | 68: Intermediate Care Facilities for Individuals with Intellectual Disabilities/Private | 82: Behavioral Health Rehabilitative Treatment |
| 85: Applied Behavior Analysis (ABA) | 86: Specialized Foster Care | 87 Spec. 031: Designated Mobile Crisis Team (DMCT) | 87 Spec. 032: Designated Mobile Crisis Team Attached to a CCBHC | 87 Spec. 250: Crisis Stabilization Center |
| 90: Doula Services | 91: Pharmacist | 93: Substance Use Treatment (SUT) | 94: Medicare Cost-Sharing | 95: Home and Community Based Services Waiver for Structured Family Caregiving (SFCG) |

IMPORTANT LINKS

MSM Chapter 100

Enrollment Booklet

Billing Manual

Enrollment Checklists

YouTube

CONTACT US

- **Contact Center:** 877-638-3472
- **Designated Provider Field Service Representative:**
NevadaProviderTraining@GainwellTechnologies.com – Include your NPI
- **Self-Service:** <https://www.medicaid.nv.gov>