



Intermediate Care Facilities for Individuals with Intellectual Disabilities / Public and Private

Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) / Public and Private, must be certified and comply with all Federal Conditions of Participation in eight areas, including management, client protections, facility staffing, active treatment services, client behavior and facility practices, health care services, physical environment and dietetic services. Refer to the Nevada [Medicaid Services Manual, Chapter 1600](#) for complete instructions.

Covered Services

Services included in the ICF/IID per diem rate are identified in the Nevada Medicaid Services Manual, Chapter 1600.

Non-Covered Services

Non-covered services are determined by DHCFP during the yearly cost settlement process.

Special Billing Instructions

Providers must indicate the number of leave days used in the billing period by entering the total number of days. The leave days are noted by entering Revenue Code 183 as a line item with Service Units noted as the number of days between the From and Through dates that the recipient was not at the ICF/IID but on leave.

Ordering, Prescribing or Referring (OPR) Provider Requirements

The Patient Protection and Affordable Care Act and the Centers for Medicare & Medicaid Services (CMS) require all ordering, prescribing and referring physicians to be enrolled in the state Medicaid program (\$455.410 Enrollment and Screening of Providers). The Affordable Care Act (ACA) requires physicians or other eligible practitioners to enroll in the Medicaid program to order, prescribe and refer items or services for Medicaid recipients, even when they do not submit claims to Medicaid. Physicians or other eligible professionals who are already enrolled in Medicaid as participating providers and who submit claims to Medicaid are not required to enroll separately as OPR providers.

For any services or supplies that are ordered, prescribed or referred, the National Provider Identifier (NPI) of the Nevada Medicaid-enrolled Ordering, Prescribing or Referring (OPR) provider must be included on Nevada Medicaid/Nevada Check Up claims or those claims will be denied. To prevent claim denials for this reason, please confirm that the OPR provider is enrolled with Nevada Medicaid; this can be done on the Provider Web Portal by using the Search Providers feature:

<https://www.medicaid.nv.gov/hcp/provider/Resources/SearchProviders/tabid/220/Default.aspx>

Reminders for providers who submit institutional claims:

- If your provider type requires the attending physician to be listed on the Institutional claim, that attending physician must be enrolled with Nevada Medicaid.
- If the service was ordered, prescribed or referred by another provider, the NPI of the OPR provider is required to be listed on the claim form. The OPR provider must be enrolled in Nevada Medicaid.
- If the attending physician is the same as the OPR provider, leave the OPR field blank.
- The attending and OPR NPI must be for an individual provider (not an organization or group).
- For detailed claim completion information, refer to the 837I FFS Companion Guide located at: <https://www.medicaid.nv.gov/providers/edi.aspx> and the Electronic Verification System (EVS) User Manual Chapter 3 located at: <https://www.medicaid.nv.gov/providers/evsusermanual.aspx>

Notes

The ICF/IID Tracking Form and Physician's Certificate must be submitted to Nevada Medicaid through the Long Term Care (LTC)/PASRR system. The LTC/PASRR system is accessed through the Electronic Verification System (EVS). Do not submit



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the form to DHCFP. For additional information, see the [Nevada Medicaid Nursing Facility and ICF/IID Tracking Process Training](#) presentation.

Once the tracking form has been completed and approved in the Long Term Care/PASRR system and the provider has verified the ICF/IID benefit line has been entered in EVS, the facility will then be able to bill for services.

Medicare does not pay for ICF/IID services. You do not need to provide an EOB from Medicare when submitting a claim to Nevada Medicaid.

A per diem rate for each facility based on cost reporting is used to reimburse the ICF/IID for services. Patient Liability will be utilized as reported to Nevada Medicaid. The claim payment will be reduced by this amount.

The facility may not charge recipients for items and services such as diapers, over-the-counter drugs (non-legend), combs, hairbrushes, toothbrushes, toothpaste, denture cream, shampoo, shaving cream, laxatives, shaves, shampooing, skin-care items, bedside tissues, disposable syringes, nail care, pads, catheters, laundry, durable or disposable medical equipment/supplies, stipends paid, based on the recipient's needs, as part of the active treatment program, or any item covered by Medicaid in reimbursement to the facility or to other providers of care such as pharmacies, therapists, etc.