Advanced Practice Registered Nurse

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

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

Facility/Group

☐ Documentation showing Taxpayer Identification Number (SS-4 or CP575 or W-9)

☐ Nevada Secretary of State Business License

Individual

☐ Documentation showing Taxpayer Identification Number (SS-4 or CP575 or W-9) if using a Tax ID issued separately from the Social Security Number

☐ State Board of Nursing License for Advanced Practice Registered Nurse (APRN)

Out-of-State and Out-of-Catchment Urgent/Emergent Enrollment

Full Nevada Medicaid enrollment is not required for out-of-state, out-of-catchment providers that render urgent/emergent services to recipients outside of Nevada borders.

If you are enrolling to be reimbursed for urgent/emergent services provided to a Nevada Medicaid recipient, please complete an Urgent/Emergent enrollment.

The following documentation will need to be submitted along with the urgent/emergent enrollment.

☐ Proof of Medicaid Enrollment in Home State

☐ The proof 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.

☐ Documentation showing Taxpayer Identification Number (SS-4 or CP575 or W-9)

☐ Voided Check or Bank Letter to Confirm Electronic Funds Transfer (EFT) Information

☐ Letter of intent including information on recipient such as name, Nevada Medicaid ID number, dates of service, CPT/HCPCS/revenue codes, etc.

Resources:

The Provider Enrollment webpage provides instruction materials that will assist providers with enrolling in Nevada Medicaid.

You do not need to submit this checklist with your enrollment or revalidation.