Provider Enrollment Information Booklet

Welcome!

Thank you for your interest in the Nevada Medicaid and Nevada Check Up program. 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/Nevada Check Up program and is referred to as Nevada Medicaid throughout this document.

If you have any questions about enrollment, please call Nevada Medicaid at (877) 638-3472. When calling, select the prompts for "Nevada Medicaid Provider," then 0 for all other calls, and then 5 for "Provider Enrollment."

Website

Enrollment information and the Online Provider Enrollment Portal link are at www.medicaid.nv.gov (select "Provider Enrollment" from the "Providers" menu).

Online Provider Enrollment Portal

The Nevada Medicaid and Nevada Check Up Online Provider Enrollment (OPE) Portal allows providers, or their delegates, to complete enrollment, re-enrollment, revalidation and provider changes using an online application.

The portal is accessed from the Provider Enrollment webpage by clicking on the "Online Provider Enrollment" link. For revalidation and provider changes, you can log into the Provider Web Portal through the Provider Login (EVS) link and click on the "Revalidate-Update Provider" link on the My Home page.

Prior to starting the application, review the Provider Enrollment Checklist for your provider type and gather all pertinent information, including applicable ownership, agent and managing employee information.

For helpful instructions, refer to the "Online Provider Enrollment User Manual," which is posted on the Provider Enrollment webpage.

Electronic Visit Verification (EVV) System

Provider types 30 (Personal Care Services - Provider Agency), 48 (Home and Community Based Waiver for the Frail Elderly), 58 (Home and Community Based Waiver for Persons with Physical Disabilities) and 83 (Personal Care Services - Intermediary Service Organization) are required to use an Electronic Visit Verification (EVV) system to electronically document service delivery for Personal Care Services (PCS) and certain Home and Community Based Waiver (HCBW) services requiring an in-home visit. Nevada Medicaid utilizes the open-system model, procuring a vendor that providers can choose to utilize, but also allows providers with an existing EVV system to utilize their own system.

Providers are required to complete the Medicaid Electronic Visit Verification Provider Selection Form at enrollment to select between the State EVV System option or the Data Aggregator option. Providers that choose to utilize their existing EVV system, which must meet the 21st Century Cures Act requirements, must utilize the data aggregator option to submit claims data.

All PCS and Waiver service claims must be billed through Nevada's EVV System; this includes claims for services documented using the provider's existing EVV system.

EVV system training is required prior to providing PCS and/or waiver services to Nevada Medicaid recipients. Provider EVV system access credentials are issued by the EVV vendor and will only be granted after successful completion of the required training.

Providers can access the Nevada Medicaid EVV Project site from the Provider Enrollment webpage by clicking on the "AuthentiCare® Nevada" featured link. For EVV training, credentials and general EVV system inquiries, send an email to pcsprogram@dhcfp.nv.gov.

Provider agencies and Personal Care Attendants (PCAs) providing PCS and Waiver services to Nevada Medicaid recipients are required to have a valid National Provider Identifier (NPI) issued by the National Plan and Provider Enumeration System (NPPES), which must be documented in the EVV system.

Required for Enrollment or Revalidation

The following are **<u>required</u>** for your enrollment in the Nevada Medicaid program:
- Provider Initial Enrollment Application submitted through the Online Provider Enrollment Portal and electronically signed contract.
- Valid NPI issued by NPPES.
- All documentation listed on the Enrollment Checklist for your provider type.

The following are **<u>required</u>** for your revalidation in the Nevada Medicaid program:
- Provider Revalidation Application submitted through the Online Provider Enrollment Portal and electronically signed contract.
- Valid NPI issued by NPPES.
- All documentation listed on the Enrollment Checklist for your provider type.

The Nevada Medicaid Provider Revalidation Report on the Provider Enrollment webpage lists each provider and the date their next revalidation is due. To avoid contract termination, your revalidation application must be processed and approved prior to the revalidation due date. Providers may revalidate up to a year in advance of their revalidation due date.

Trading Partners

If you use a Trading Partner to submit your claims, you must use a Trading Partner who is enrolled and certified in the EDI Program.

Provider types 30, 48, 58 and 83 using Nevada Medicaid's EVV option, AuthentiCare Nevada, to document and bill for services provided, who have not already authorized a Trading Partner to accept EDI 835 files on their behalf, will need to set up and authorize to have First Data receive their EDI 835 files to be uploaded to AuthentiCare Nevada. Providers who currently have a different Trading Partner have the option to change to First Data to also have their EDI 835 files uploaded to AuthentiCare Nevada.

Providers are referred to Electronic Verification System (EVS) User Manual Chapter 1: Getting Started for instructions on authorizing a Trading Partner to submit transactions on their behalf.

For information regarding Trading Partner enrollment visit www.medicaid.nv.gov (select "Electronic Claims/ EDI" from the "Providers" menu). **If you have any questions**, please call the Nevada Medicaid EDI Department at (877) 638-3472. When calling, select the prompts for "Nevada Medicaid Provider," then 0 for all other calls, and then 3 for "Electronic Billing" or send an email to:
nvmmis.edisupport@gainwelltechnologies.com.

Out of State Providers

Urgent/Emergency Services

Providers enrolled with Medicaid in their home state that have provided urgent/emergency services to Nevada Medicaid recipients: **Full** Nevada Medicaid enrollment is not required. 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 the Online Provider Enrollment Portal as mentioned above. Proof of Medicaid enrollment in your home state will be required with this request. Providers *not* enrolled with Medicaid in their home state: Complete enrollment documents as described for in-state providers (see "Required Documents").

Once urgent/emergency enrollment is approved, the billing provider will need to register and log into the secure web portal to submit a claim. If you are requesting urgent/emergency enrollment as an individual provider and have a separate billing provider, the billing provider will need to enroll with Nevada Medicaid as a billing provider. Once they are enrolled, you will then need to be linked to the group for claims to process appropriately. The group can be a fully enrolled provider or an urgent/emergency provider.

Instructions on submitting a retro authorization for services that require prior authorization can be found in Chapter 4 of the [Billing Manual](#).

Non-emergency Care Out-of-State in Catchment

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 your business/practice/facility is in one of the following "catchment areas," submit Nevada Medicaid enrollment documents as described for **in-state** providers (see "Required Documents"). To qualify, the provider must meet all federal requirements, Nevada Medicaid state requirements **and** be a Medicaid provider in the state where services are rendered.

Providers (individuals/groups) located in a catchment area are required to submit a Group or Individual provider enrollment application through the OPE Portal. Catchment area providers cannot enroll as an urgent/emergency provider.

Table E-1: Nevada Medicaid Catchment Areas

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

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

Email Address

Providers may submit their license updates and voluntary terminations through email. The email address is: nv.providerapps@gainwelltechnologies.com.

No other forms will be accepted through the email inbox and will be returned.

State Policy

The Division of Health Care Financing and Policy (DHCFP) determines Nevada Medicaid state policy. This policy is contained in the Medicaid Services Manual (MSM). The MSM is published on the DHCFP website at http://dhcfp.nv.gov. Specific enrollment requirements are located in MSM Chapter 100.

Billing Type

Billing Type is a required field on the provider enrollment application for all applicants and providers or will be automatically defaulted. Select Biller, Performer or Both, depending on the appropriate billing structure.

Biller:

Submits claims and receives payments. If Biller is selected, provider may not be listed as Performer.

- A group or organization which submits claims and receives payments for services rendered by qualified enrolled providers linked to the Biller as of the date the services are rendered.

Performer:

Performs services.

- An enrolled provider linked to a Biller. The Biller submits claims and receives payment for services rendered by the Performer within scope of practice. A Performer may not submit claims and/or receive payments directly.

Both:

Receives payments as both Biller and Performer of services rendered.

- A provider may enroll as Both (Biller and Performer) based on provider type and specialty, as well as scope of practice.

The Billing Type selected will not override existing restrictions and criteria necessary to submit claims and receive payments for providers.

Provider Groups

Nevada Medicaid can pay a group entity billing under one NPI. To request this, each individual provider in the group must be enrolled in the Nevada Medicaid program (i.e., submit their own, individual enrollment application). The **group then submits its own set of enrollment documents** (in addition to the documents submitted by the individual providers). In order for the individuals to be linked to the group that will be paid, 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 sign the list on the application to acknowledge participation in the group.

Provider groups may be formed for the following provider types:

- Applied Behavior Analysis (ABA) – provider type 85
- Audiologist Group – provider type 76
- Behavioral Health Outpatient Treatment Group – provider type 14
- Behavioral Health Rehabilitative Treatment Group – provider type 82
- Chiropractic Group – provider type 36
- Dentist Group – provider type 22
- Optometrist Group – provider type 25
- Physician Group – includes any combination of provider types 20, 24, 72, 74 and 77
- Podiatrist Group – provider type 21
- Psychologist Group – provider type 26
- Therapist Group – provider type 34

Claims for a provider group are submitted using the Professional Health Care Claim: Fee-for-Service (837P) with the group's NPI and the servicing provider's NPI in the appropriate fields. Use Direct Data Entry (DDE) or a Trading Partner to submit claims. See Electronic Verification System (EVS) User Manual Chapter 3 Claims or the 837P Companion Guide for billing instructions.

You may **add or remove a group member** by completing a change/update via the secure web portal (EVS). Any changes to group membership must be reported within five business days.

 If you submit claims to Medicare as a Provider Group and you wish for the claims to automatically cross over to Nevada Medicaid, then you must also enroll that same Provider Group with Medicaid.

Reporting Business Information

Individual (Servicing) Provider:

Individuals must enroll with their individual information instead of reporting the group's information. The individual will enroll with their own information then be linked to the group or billing provider for claims processing, payment and reporting purposes. If you are an individual linking to a group, the tax liability of income received from Nevada Medicaid will be on the billing provider. You would only receive tax documents if you are receiving payment directly from Nevada Medicaid.

As an individual provider you will need to answer the following questions related to how you report doing business as:

- If you would like to be linked to a group, please enter the group provider's NPI.
- Only enter your personal Social Security Number and/or personal tax ID if you have one in the provider information section under "Tax and Business Information."
- Your legal name and "Doing Business As" will be your own name as recognized by the IRS for tax purposes.
- Only report "Secretary of State" name and business ID if you personally have a business license under your name. It is not required for an individual enrollment linking to a group.

- For the Electronic Funds Transfer (EFT) Information section: If you will be receiving direct payments from Nevada Medicaid, you must provide your individual EFT information. If you will only be receiving payments through a group, indicate that in the EFT section and do not enter any EFT information.
- You would not need to report owners as you are not enrolling as a business. Note, you will need to still report a managing individual. This could be yourself or anyone that can report changes on your behalf.

Group (Billing) Provider:

Group enrollments are for businesses that will be billing for services provided by the servicing provider.

As a group/billing provider you will need to answer the following as a group applicant:

- Enter the Federal Tax ID recognized by the IRS for the business.
- Enter the Provider Legal Name as recognized by the IRS.
- Select individual/servicing provider(s) by NPI(s) to be linked to the group applicant.
- Enter EFT information and include the EFT authorization form and proof of account information in the attachments panel.
- Enter owners (individuals or parent corporations) of 5% or more direct or indirect interest, Board Members, Managing individuals and/or Agents in the entity information. Note if a parent corporation is listed, then Nevada Medicaid will need the owners, managing individuals or agents of that parent corporation. Please see the Ownership and Disclosure section of the Medicaid Provider Enrollment Compendium (MPEC) for additional instructions via: https://www.medicaid.gov/affordable-care-act/program-integrity/index.html

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 they want to use to credential with the MCOs.
- Please note: MCO Network providers enrolled in Nevada Medicaid FFS are not required to accept Medicaid FFS recipients.

Frequently Asked Questions (FAQs)

Which questions are required on the Application?
All questions are required unless otherwise stated with special instructions. Required fields will be marked with an asterisk and an error message will display if a required field is needed to continue the application.

Where do I sign the Application and Contract?
The provider (for an individual practice) or the provider, agent, business owner or managing employee (for a business, facility or provider group) must electronically sign the application, revalidation or change request.

What if I need more room to answer a question on the Application?
If additional information is necessary to answer each question completely you can attach a document explaining the additional information to the online application.

What if I Need Additional Guidance to Complete the Application?
Please review the Online Provider Enrollment User Manual for guidance on how to complete the application. The Manual can be found via the Provider Enrollment webpage https://www.medicaid.nv.gov/providers/enroll.aspx

After Your Enrollment is Submitted

The application will be put into queue for review. If your enrollment application is incomplete or requires correction, Nevada Medicaid will email the contact listed on the application for corrections. Your application cannot be processed if there is missing information or corrections needed. If applications need to be returned for corrections, the processing time can take up to 2 to 3 weeks. If the application review was completed and the application approved, Nevada Medicaid will mail you a welcome letter and the completed contract. It will be sent to the mailing address you listed on the application.

Nevada Medicaid Provider Types and Specialties

Nevada Medicaid has defined approximately 64 different medical service types, also referred to as "provider types." The **2-digit provider type (PT) numbers are shown in the left column of Table E-2 that follows.**

Some providers provide more than one type of service. You must submit **one complete set of enrollment or revalidation documents for each provider type you are enrolling** (i.e., provider enrollment or revalidation application and the documents listed on the relevant Enrollment Checklist for that provider type).

- For example, if you supply Durable Medical Equipment (PT 33) as well as pharmaceutical drugs (PT 28), complete two sets of enrollment documents. The same NPI would be noted on each application. The difference between the two applications would be the provider type number and the attachments required per the Enrollment Checklists.

A specialty is required for all provider types. **The 3-digit specialty code is shown next to each bulleted item in Table E-2.**

- For PT 17, a provider enrollment or revalidation must be submitted for each specialty being enrolled.

- PT 14, 82 and 85 **groups** may only enroll with the applicable specialty code, i.e., 814, 882 or 885. PT 14 also performing Day Treatment services must be enrolled with specialties 814 and 308. The provider must first 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).

- Specialty 400 is required for providers who are enrolling only as an Ordering, Prescribing or Referring (OPR) provider.

- The use of an EVV system is required by PT 30 specialty 930; PT 48 specialties 039, 191, 199, 208; PT 58 specialties 039, 189, 191, 199; and PT 83 specialty 983.

Table E-2: Nevada Medicaid Provider Types and Specialties

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 • 250: Crisis Stabilization Center

Provider Type Number	Description and Specialties
13	**Psychiatric Hospital, Inpatient** *Specialty type code:* • 913: Psychiatric Hospital, Inpatient
14	**Behavioral Health Outpatient Treatment** *Specialty type codes:* • 814: Behavioral Health Outpatient Treatment Group • 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 • 400: Ordering, Prescribing, Referring (OPR)
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
17	**Special Clinic** *Specialty type codes:* • 166: Family Planning • 167: Genetic • 169: Licensed Birth Centers • 171: Methadone • 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 • 215: Substance Abuse Agency Model (SAAM)
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:* • 920: Physician, M.D., Osteopath, D.O. • 820: Physician, M.D., Osteopath, D.O. Group • 102: Adolescent/Aerospace Medicine • 103: Allergy • 057: Anesthesiology • 104: Bronchoesophagology • 105: Burns • 106: Cardiovascular • 107: Cardiovascular Surgery • 108: Chemotherapy • 058: Colon/Rectal Surgery • 109: Critical Care • 059: Dermatology • 110: Diabetes • 218: Diagnostic Radiology • 111: Emergency Medicine • 112: Endocrinology • 053: Family Practice • 113: Forensic Psychiatry • 114: Gastroenterology • 056: General Practice • 073: General Surgery • 116: Geriatrics • 117: Gynecology • 118: Hand Surgery • 119: Head/Neck Surgery • 120: Hematology • 121: Immunology • 122: Infectious Disease • 060: Internal Medicine • 123: Laryngology • 100: Mammography • 124: Maternal Fetal Medicine • 170: Maxillofacial Surgery • 067: Neonatology • 125: Nephrology • 126: Neurology • 127: Neuropathology • 061: Neurosurgery • 128: Nuclear Medicine • 129: Obstetrics • 062: Obstetrics/Gynecology • 130: Occupational Medicine • 131: Oncology • 063: Opthalmology • 064: Orthopedic Surgery • 065: Otolaryngology • 132: Otology • 133: Otorhinolaryngology • 134: Pain Management • 066: Pathology • 136: Pediatric Intensive Care • 135: Pediatric Neurology • 137: Pediatric Opthalmology • 138: Pediatric Surgery • 139: Pediatrics • 140: Pediatrics-Allergy • 141: Pediatrics-Cardiology • 142: Pediatrics-Hematology • 143: Pediatrics-Oncology • 144: Pediatrics-Pulmonary • 145: Perinatal Medicine • 068: Physical Medicine • 146: Psychiatry • 147: Psychiatry-Child • 148: Public Health • 149: Pulmonary Diseases • 150: Radiation Therapy • 072: Radiology • 101: Reconstructive Surgery • 092: Rehabilitation • 151: Respiratory Diseases • 152: Rheumatology • 159: Rhinology • 153: Sports Medicine • 074: Thoracic Surgery • 154: Traumatic Surgery • 155: Urgent Care • 156: Urologic Surgery • 157: Vascular Surgery • 158: Vitreoretinal Surgery • 400: Ordering, Prescribing, Referring (OPR)

Provider Type Number	Description and Specialties
21	**Podiatrist** *Specialty type codes:* • 921: Podiatrist • 821: Podiatrist Group • 400: Ordering, Prescribing, Referring (OPR)
22	**Dentist** *Specialty type codes:* • 922: Dentist • 822: Dentist Group • 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 • 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:* • 924: Advanced Practice Registered Nurse (APRN) • 824: Advanced Practice Registered Nurse (APRN) Group • 400: Ordering, Prescribing, Referring (OPR)
25	**Optometrist** *Specialty type codes:* • 925: Optometrist • 825: Optometrist Group • 400: Ordering, Prescribing, Referring (OPR)
26	**Psychologist** *Specialty type codes* • 926: Psychologist • 826: Psychologist Group • 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)

Provider Type Number	Description and Specialties
27	**Radiology & Noninvasive Diagnostic Centers** *Specialty type code:* • 927: Radiology & Noninvasive Diagnostic Centers
28	**Pharmacy** *Specialty type code:* • 928: Pharmacy
29	**Home Health Agency** *Specialty type code:* • 929: Home Health Agency
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:* • 932: Ambulance, Air or Ground • 249: Community Paramedicine
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:* • 834: Therapy Group • 027: Physical Therapy • 028: Occupational Therapy • 029: Speech Pathologist • 176: Respiratory Therapy • 219: Speech Pathologist (Language)
35	**Non-Emergency Secure Behavioral Health Transport** *Specialty type code:* • 987: Non-Emergency Secure Behavioral Health Transport
36	**Chiropractor** *Specialty type codes:* • 936: Chiropractor • 836: Chiropractor Group
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

Provider Type Number	Description and Specialties
41	**Optician, Optical Business** *Specialty type code:* • 941: Optician, Optical Business
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** *Specialty type code:* • 946: Ambulatory Surgical Centers
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 (for individual providers only) **(EVV Required)** • 199: Chore **(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
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)
54	**Targeted Case Management** *Specialty type codes:* • 954: Targeted Case Management • 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
55	**1915(i) Home and Community-Based Services (HCBS) State Plan Option – Habilitation** *Specialty type code:* • 315: Day Habilitation • 316: Residential Habilitation

Provider Type Number	Description and Specialties
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 an individual provider or an agency may enroll: • 189: Attendant Services **(EVV Required)** Specialties under which only an agency may enroll: • 039: Homemaker Services **(EVV Required)** • 048: Assisted Living • 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
59	**Home and Community Based Services Waiver for the Elderly – Augmented Personal Care Services** *Specialty type code:* • 303: Private Case Management Services • 959: Home and Community Based Services Waiver for the Elderly – Augmented Personal Care Services
60	**School Based** *Specialty type code:* • 960: School Based
63	**Residential Treatment Center (RTC)** *Specialty type code:* • 963: Residential Treatment Center (RTC)
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:* • 972: Nurse Anesthetist • 872: Nurse Anesthetist Group

Provider Type Number	Description and Specialties
74	**Nurse Midwife** *Specialty type codes:* • 974: Nurse Midwife • 874: Nurse Midwife Group • 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:* • 976: Audiologist • 876: Audiologist Group • 245: Hearing Aid Dispenser and Related Supplies
77	**Physician's Assistant (PA/PA-C)** *Specialty type codes:* • 977: Physician's Assistant • 877: Physician's Assistant Group • 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
82	**Behavioral Health Rehabilitative Treatment** *Specialty type codes:* • 882: Behavioral Health Rehabilitative Treatment Group • 300: Qualified Mental Health Professional • 301: Qualified Mental Health Associate • 302: Qualified Behavioral Aide
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:* • 885: Applied Behavior Analysis (ABA) Entity/Agency/Group • 310: Licensed and Board Certified Behavior Analyst (BCBA) • 311: Psychologist • 312: Licensed and Board Certified Assistant Behavior Analyst (BCaBA) • 314: Registered Behavior Technician (RBT)
86	**Specialized Foster Care** *Specialty type code:* • 986: Specialized Foster Care

Provider Type Number	Description and Specialties
89	**Community Health Worker (CHW)** *Specialty type code:* • 989: Community Health Worker
90	**Doula Services** *Specialty type codes:* • 990: Doula • 890: Doula Group
91	**Pharmacist** *Specialty type codes:* • 991: Pharmacist • 400: Ordering, Prescribing, Referring (OPR)
94	**Medicare Cost-Sharing** *Specialty type code:* • 401: Medicare Cost-Sharing