Indian Health Services

The following provider types may bill Nevada Medicaid for Indian Health Services:

- Provider Type 51 - Indian Health Service Hospital, Inpatient (Tribal)
- Provider Type 52 - Indian Health Service Hospital, Outpatient (Tribal)
- Provider Type 78 - Indian Health Service Hospital, Inpatient (Non-Tribal)
- Provider Type 79 - Indian Health Service Hospital, Outpatient (Non-Tribal)

Outpatient services provided in IHS/THC are reimbursed at an all-inclusive per recipient, per encounter rate. Reimbursement and services for IHS/THCs are the same for both tribal and non-tribal recipients.

The all-inclusive rate includes any combination of the following services provided by the following medical professionals:

- Physician/Osteopath
- Nurse Mid-Wife
- Laboratory
- Podiatrist
- Optometrist
- Pharmacy
- Dentist
- Provider Assistant
- Certified Nurse Practitioner
- Psychologist
- Radiology
- Clinical
- Nurse Anesthetist
- Opticians – Including eyeglasses dispensed

Inpatient payment is based on per diem rates. This rate does not include physician services, which may be billed in addition to the daily per diem rate. Prior authorization is not required.

IHS/THC providers must pursue payment from other health care coverage prior to billing Medicaid for services other than EPSDT, obstetrical care, preventive pediatric, preventive dental and court-ordered (IV-D) insurance.

Providers must ensure that a recipient is clearly identified as either Indian or non-Indian on the claim form prior to submission for processing,

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 (PWP) by using the Search Providers feature: medicaid.nv.gov/hcp/provider/Resources/SearchProviders/tabid/220/Default.aspx

Indian Health Services

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 and the PWP User Manual Chapter 3.