



Provider Enrollment Checklist

Provider Type 43/Specialty 943: Laboratory, Pathology Clinical

Please refer to the Provider Enrollment Information Booklet for guidance and to the applicable Medicaid Services Manual (MSM) Chapter for enrollment requirements. In addition, the following are required for your provider type and specialty. In the online application, upload specified documents where prompted and additional documents in the Miscellaneous Attachment section.

If you have any questions, please call the Gainwell Technologies Contact Center at (877) 638-3472 from 8:00 a.m. to 5:00 p.m. Pacific Time Monday through Friday.

Out-of-state providers who wish to perform non-emergency services:

Complete and submit the Enrollment Questionnaire with you enrollment or revalidation.

Enrollment Questionnaire for Out-of-State Laboratory Providers

For Nevada Medicaid covered codes and their corresponding rates, see the following website, <http://dhcfp.nv.gov>.

What is your primary reason for requesting enrollment with Nevada Medicaid? (Check box A or B.)

- ☐ A. To provide non-emergency services for Nevada Medicaid recipients living outside of Nevada. Specifically, for a recipient who (check all that apply):
- ☐ Nevada Medicaid has placed in an out-of-state facility (e.g., nursing home or residential treatment center)
 - ☐ Is eligible for both Medicare and Medicaid
 - ☐ Is a child in an out-of-state placement where Nevada pays for adoption assistance or foster care
 - ☐ Lives in a catchment (border) area—see the Provider Enrollment Instructions for a list of designated catchment areas
- ☐ B. To provide recipients living in Nevada with specialized, non-emergency testing not available through Nevada laboratories or their affiliates. (If this box is checked, information/documentation listed below is required for enrollment. Write “n/a” next to any item that does not apply.)

Complete/Submit the following only if box B was selected above.

1. Are you enrolled with Medicaid in your home state? ☐ Yes ☐ No
2. What is the name of the laboratory test(s) you wish to offer? _____
3. Which other state Medicaid programs or insurance companies currently cover this test?

4. Does Medicare cover this test? ☐ Yes ☐ No
5. Is this test FDA-approved? ☐ Yes ☐ No If no, is there a patent pending? ☐ Yes ☐ No
6. Is this test or any analyte used considered investigational or experimental? ☐ Yes ☐ No
7. How will the specimen be received?
 - ☐ Directly from physician office or clinic
 - ☐ Sent from a laboratory already enrolled with Nevada MedicaidWhich laboratory? _____