



URGENT/EMERGENCY PROVIDER ENROLLMENT

INFORMATION



- Urgent/Emergency Enrollment is available to out of state, out of catchment providers who meet the following requirements:
 - They have rendered services to one or more Nevada Medicaid recipients in the past year.
 - They are enrolled in Medicaid in their home state.
 - They meet the enrollment qualifications for one of Nevada's provider types, excluding those listed below.
- Urgent/Emergency enrollment is temporary and is valid for 6 months.

REQUIRED MISC. ATTACHMENTS

Letter of Intent

Must include the following:

- Recipient's Name
- Recipient's Nevada Medicaid ID Number
- Dates of Service
- CPT/HCPCS/Revenue Codes, etc.

Proof of Enrollment in Home State

Must include the following:

- Rendering Provider's Name
- National Provider Identifier (NPI)
- The State Enrolled In
- Documentation Submitted Must be Dated within 5 Years

CANNOT ENROLL AS URGENT/EMERGENCY

14: Behavioral Health Outpatient Treatment	17: Special Clinic	19: Nursing Facility	23: Hearing Aid Dispenser & Related Supplies	26: Psychologist
32 Spec. 249: Community Paramedicine	35 Spec. 987: Non-Emergency Secure Behavioral Health Transport	38: Waiver for Individuals with Intellectual and Development Disabilities	39: Adult Day Health Care	48: Home and Community Based Waiver for the Frail Elderly
54: Targeted Case Management	55 Spec. 315/316: Day and Residential Habilitation	57: Home and Community Based Services Waiver for the Elderly in Adult Residential Care Specialty 303: Private Case Management Services	58: Home and Community Based Waiver for Persons with Physical Disabilities	59: Home and Community Based Waiver for the Frail Elderly in an Assisted Living Facility
60: School Based	63: Residential Treatment Center (RTC)/Psychiatric Residential Treatment Facility	64: Hospice 65: Hospice, Long Term Care	68: Intermediate Care Facilities for Individuals with Intellectual Disabilities/Private	82: Behavioral Health Rehabilitative Treatment
85: Applied Behavior Analysis (ABA)	86: Specialized Foster Care	87 Spec. 031: Designated Mobile Crisis Team (DMCT)	87 Spec. 032: Designated Mobile Crisis Team Attached to a CCBHC	87 Spec. 250: Crisis Stabilization Center
90: Doula Services	91: Pharmacist	93: Substance Use Treatment (SUT)	94: Medicare Cost-Sharing	95: Home and Community Based Services Waiver for Structured Family Caregiving (SFCG)

IMPORTANT LINKS

[MSM Chapter 100](#)

[Enrollment Booklet](#)

[Billing Manual](#)

[Enrollment Checklists](#)

[YouTube](#)

CONTACT US

- **Contact Center:** 877-638-3472
- **Designated Provider Field Service Representative:**
NevadaProviderTraining@GainwellTechnologies.com - Include your NPI
- **Self-Service:** <https://www.medicaid.nv.gov>