



March 5, 2018

Web Announcement 1537

Attention Provider Type 39 (Adult Day Health Care):

Use Current Version of Form FA-17

In order to avoid delays in the processing of requests for prior authorizations, please use the most current version of form [FA-17 \(ADHC Prior Authorization Request\)](#) dated 02/23/2018 or later. The form is available on the Forms webpage at www.medicaid.nv.gov.

Please do not submit Tuberculosis (TB) testing documentation or chest x-ray documentation with the form. Complete these fields on the form only. Do not attach records from the Electronic Verification System (EVS) or the service plan. The recipient signature on the updated form verifies compliance with State policy pertaining to the service plan. The only documents required for review are the FA-17 and, if appropriate, a Request for Termination.

If the FA-17 does not match what the provider has entered on the Provider Web Portal, the processing of the request for review will be delayed. The request will be pended for additional information and/or correction. When additional information is requested by Nevada Medicaid, the information should be uploaded to the prior authorization (PA) that is pending awaiting additional information. Do not create a new PA. The duplicate PA will be rejected. Providers are referred to [Chapter 4 Prior Authorization](#) (page 19) of the [EVS User Manual](#) for instructions on how to upload additional information to a PA. The training presentations posted in the "Workshop Materials" section on the [Provider Training](#) webpage also provide instructions on uploading additional information to a PA.