



June 21, 2018

Web Announcement 1621

Attention Provider Type 39 (Adult Day Health Care): Use Current Version of Form FA-17

Effective immediately, please use the current version of form [FA-17 \(ADHC Prior Authorization Request\)](#) dated 06/19/2018 or later. The form is available on the Forms webpage at www.medicaid.nv.gov. The following updates have been made to the form:

- Providers are requested to upload the form and any required attachments through the Provider Web Portal. If necessary, the form and attachments may be faxed. Please be advised the fax number on form FA-17 has changed to (866) 480-9903. Using any other fax number may delay processing of requests for ADHC prior authorization.
- A Notes section has been added on page 1 of the form to assist providers in communicating any special requests or additional information reviewers may find helpful.
- Providers are now required to enter the total units requested in Section III Requested Services of the form.