Prior Authorization Request
Nevada Medicaid and Nevada Check Up

Outpatient Medical/Surgical

(Use Form FA-7 for Outpatient Rehabilitation and Therapy Services)

Fax this request to: (866) 480-9903

For questions regarding this form, call: (800) 525-2395

DATE OF REQUEST: ______ /______ /________

REQUEST TYPE: ☐Initial ☐Continued Services ☐Retrospective* ☐Unscheduled Revision

*REQUIRED FOR RETROSPECTIVE REVIEWS ONLY
This recipient was determined eligible for Medicaid benefits on: ______ /______ /________

RECIPIENT INFORMATION

Recipient Name (Last, First, MI):		
Recipient ID:		DOB:
Address:		Phone:
City:	State:	Zip Code:
Medicare Insurance Information: ☐ Part A ☐ Part B Medicare ID#:		
Other Insurance Name:	Other Insurance ID#:	
Responsible Party Name (if applicable):		
Responsible Party Address:		Phone:

ORDERING PROVIDER INFORMATION

Ordering Provider Name:		
NPI:		
Address:		
City:	State:	Zip Code:
Phone:	Fax:	
Contact Name:		

SERVICING PROVIDER INFORMATION

Servicing Provider Name:		
NPI:		
Address:		
City:	State:	Zip Code:
Phone:	Fax:	
Contact Name:		

CLINICAL INFORMATION *(attach additional sheets if necessary)*

Code Requested	No. of Units Requested	Description of Service	NEVADA MEDICAID USE ONLY		
			Units Approved	Status	Action Code
1.					
2.					
3.					
4.					
5.					

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Is the service you are requesting a hospice benefit? ☐ Yes ☐ No

Are you requesting Healthy Kids (EPSDT) referral/services? ☐ Yes ☐ No

Conditions/Symptoms (include ICD-10 codes and descriptions):

Previous Treatment/Services *(include dates)*:

Results of Previous Treatment/Services:

Other Clinical Information *(to support medical necessity of the requested services)*:

NEVADA MEDICAID USE ONLY

Approved From:	Approved Through:
Denied From:	Denied Through:
Reviewer Signature:	Date:

This authorization request is not a guarantee of payment. Payment is contingent upon eligibility, available benefits, contractual terms, limitations, exclusions, coordination of benefits and other terms and conditions set forth by the benefit program. The information on this form and on accompanying attachments is privileged and confidential and is only for the use of the individual or entities named on this form. If the reader of this form is not the intended recipient or the employee or agent responsible to deliver it to the intended recipient, the reader is hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If this communication is received in error, the reader shall notify sender immediately and destroy all information received.