Prior Authorization Request
Nevada Medicaid and Nevada Check Up

Inpatient Medical and Surgical

Upload this request through the Provider Web Portal. For questions regarding this form, call: (800) 525-2395

DATE OF REQUEST: _____/_____/_____

REQUEST TYPE: ☐ Admission ☐ Concurrent Review ☐ Retrospective Review*
☐ Unscheduled Revision

*Date of Medicaid Eligibility Decision (for Retrospective Reviews only): _____/_____/_____

Current prior authorization (PA) number, if applicable: _____

NOTES:

RECIPIENT INFORMATION

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

ORDERING PROVIDER INFORMATION

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

SERVICING PROVIDER INFORMATION

Facility Name:		NPI:
Facility Address:	Contact Name:	
City:	State:	Zip Code:
Phone:		Fax:

CLINICAL INFORMATION

Is this request for Healthy Kids (EPSDT) referral/services? ☐ Yes ☐ No

Service Type: ☐ Medical ☐ Surgical ☐ Maternity ☐ Pediatric ☐ Observation

Estimated Admission Date:	Dates Requested: From: To:	Number of days:

Admission Diagnosis	**Description**
1.	
2.	
3.	

Other Diagnosis	**Description**
1.	
2.	
3.	

Inpatient Medical and Surgical

Requested Procedures	Description
1.	
2.	
3.	
Other Requested Services	**Description**
1.	
2.	
3.	

Severity of Illness (signs and symptoms, abnormal lab or other test findings):

Intensity of Service (plan of treatment including diagnostic and other services):

Discharge Plan:

This referral/authorization is not a guarantee of payment. Payment is contingent upon eligibility, benefits available at the time the service is rendered, contractual terms, limitations, exclusions, coordination of benefits and other terms and conditions set forth by the benefit program. The information contained in this form, including attachments, is privileged, confidential and 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 has been received in error. the reader shall notifv sender immediatelv and shall destrov all information received.