

Nevada Medicaid and Nevada Check Up

Instructions for Completing Form FA-27B (*Denture Delivery Receipt*)

Purpose

- Form FA-27B is to be used for procedure codes D5110, D5120, D5130 and D5140.
- Per Medicaid Services Manual (MSM) Chapter 1003 Section 1003.5 B.3, the recipient must sign and date a delivery receipt to verify that the dentures/partials were received and are accepted and/or acceptable.
- Claims cannot be submitted prior to the date of denture/partial delivery.
- Form FA-27B must be submitted with the claim.

Finding the Form and Instructions Online

Form FA-27B and these instructions are online at www.medicaid.nv.gov (select “Forms” from the “Providers” menu, and scroll down to form FA-27B and instructions FA-27B-I).

General Form Instructions

Please print or type information on this form. If information is illegible, processing may be delayed. You can enter information directly into the form on your computer by clicking in any field and typing, with the exception of the signature fields.

Completing the Form

The following sections describe the information to enter in each form field.

Date and Time of Acceptance (*required*)

- The date must match the date of service on the claim.

Provider Name (*required*)

- This field is required.

Recipient Name (*required*)

- The Recipient Name must match the name on the claim.

Recipient Medicaid ID (*required*)

- The Recipient Medicaid ID must match the ID on the claim.

Provider:

Quantity of Dentures (*required*)

- This field must contain a number and may be numeric or written out.

Provider Signature and Date

- The Provider Signature and Date fields are recommended, but are not required.

Recipient:

Recipient/Guardian/Designated Power of Attorney Signature and Date (*required*)

- Recipient Signature and Date fields are required and the date must match the date of service on the claim.