



October 19, 2022

Web Announcement 2925

Attention All Providers: Form FA-29 Required to Report Change in Recipient's Prior Authorized End Date of Services

Providers are required to submit the [Prior Authorization Data Correction Form \(FA-29\)](#) to notify Nevada Medicaid when a change has been made to the recipient's actual end date of services when services required a prior authorization. Please note that if form FA-29 is not submitted with a corrected end date, the recipient may not be eligible for other needed services.