



November 6, 2023

Nevada Medicaid Web Announcement 3211

Attention Provider Types 13 (Psychiatric Hospital, Inpatient), 11 (Hospital, Inpatient) and 63 (Residential Treatment Center/Psychiatric Residential Treatment Facility):

Prior Authorization Forms Updated

The following prior authorization forms used by provider types (PT) 13 (Psychiatric Hospital, Inpatient), PT 11 (Hospital, Inpatient) and PT 63 (Residential Treatment Center/Psychiatric Residential Treatment Facility) have been updated:

- Inpatient Mental Health Prior Authorization (FA-12)
- Inpatient Mental Health Services Concurrent Review Request (FA-14)
- Residential Treatment Center/Psychiatric Residential Treatment Facility Prior Authorization (FA-15)
- Residential Treatment Center/Psychiatric Residential Treatment Facility Concurrent Review (FA-13)

Please be aware of the following updates to each form:

- All of the above forms have been updated to include Child and Adolescent Service Intensity Instrument (CASII) / Level of Care Utilization System (LOCUS) sections per Nevada Medicaid policy requirements in [Chapter 400 of the Medicaid Services Manual](#) in Sections 403.8 and 403.9.
- Form FA-12 has also been updated to include more specific details for substance use as well as some language clarification.
- Form FA-15 has also been updated to include new sections for the recipient's medical history, strengths of the recipient and their family, and some other language clarification as well. In addition, within the Treatment History section, revisions have been made to allow for more space for specific details to be provided regarding previous outpatient treatment and inpatient treatment (separate sections for prior inpatient psychiatric hospitalization treatment and psychiatric residential treatment). A new section was added regarding referrals to in-state providers (for out-of-state authorization request submissions).
- Form FA-13 language has been clarified.

The updated forms can be found online on the [Providers Forms](#) webpage.

- Please note that if any sections are left blank or if vague information is given, authorization requests will be pended back for additional information.

Effective immediately, please use the updated forms (FA-12 and FA-14 dated 10/12/2023 or later, FA-15 and FA-13 dated 10/13/2023 or later). If previous versions of the forms are submitted, the request will be pended for additional information with a note to submit the correct form. If the provider does not respond timely to the request, the provider will receive a technical denial.

Please note:

- The date of receipt is the date the correct form is submitted.
- It is recommended that providers always refer to the Nevada Medicaid [Providers Forms](#) webpage prior to submitting any form to Nevada Medicaid to ensure they utilize the most up-to-date form. Providers are encouraged to discontinue use of previous versions of the forms, as any requests using previous forms will be pended for additional information or technically denied. Please reference [Web Announcement 1895](#) as well for requirements to use current forms.