



Read Me First – Nevada Medicaid

Prior Authorization Request FA-1

- This required form must be completed and signed by the Physician within 30 days of a face to face visit with the client. The prescribed device and accessories must be listed on the form.
- The physician must document that the client was evaluated and/or treated for a condition that supports the SGD. This documentation (chart notes or office visit notes) must be provided along with the written order for the SGD.