



Your PRC-Salttillo Funding Source

## **Read Me First – North Carolina Medicaid**

### **NC DMA Request for Prior Approval CMN/PA (DMA372-131)**

NC Medicaid requires this form which must be signed by the Physician and PRC. All questions on the document must be completed. Enter N/A if a question does not apply.

### **Physician Requirements**

- NC Medicaid requires a prescription from the Physician in addition to the Prior Approval CMN/PA form.
- NC Medicaid requires that the client have a face-to-face examination with their physician no more than 6 months prior to the written order for the speech generating device (SGD).
- 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.

### **Speech Language AAC Evaluation**

The Speech Language AAC Evaluation must include a sole use and financial statement for NC Medicaid orders.

- The (device name) is for sole use of (client name).
- The Speech Language Pathologist performing this evaluation is not an employee of and does not have a financial relationship with PRC or Salttillo Corporation.

A four-week trial of the device being requested is required by NC Medicaid and must be documented in an exact date format (XX/XX/XXXX to XX/XX/XXXX) in the Speech Language AAC Evaluation prior to submitting for purchase.

**PRC-Salttillo**  
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