



FUNDING

Your PRC-Salttillo Funding Source

Read Me First – South Carolina Medicaid

SC Certificate of Medical Necessity – DME 001

This required form must be completed by the Physician and include the physician's NPI number. A face-to-face appointment is required with the client's physician and the date of the appointment must be documented on this form. The appointment needs to be within 90 days of the CMN being signed. The CMN must have all the specific equipment that is being prescribed in field number 6. For repairs, list the specific device to be repaired.

Speech Language AAC Evaluation Requirements

A four-week trial of the device being requested is required by SC Medicaid and Select Health and must be documented in the Speech Language AAC Evaluation prior to submitting for purchase. The AAC evaluation report must also list 3 devices that were tried and reasons as to why they were ruled out.

For the Evaluation Report and Prescription form (or Medicaid forms), please make sure they both match with the Specific Device, Accessories and Mount if needed.

South Carolina Medicaid (Included MCO's): (Evaluation Report and Medicaid form are only good for 6 Months)

1. SC Certificate of Medical Necessity form
 - a. Question 6, must list the Device and Accessories along with the HCPC codes
 - i. HCPC Codes are, Device E2510, Accessories E2599, Mounts E2512
 - b. Need questions 8-9 Answered
 - c. Questions 10, 11 and 13 should be within 90 days of each other
2. Device must be Dedicated
3. New device Every 3 years

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