



FUNDING

Your PRC-Salttillo Funding Source

Read Me First – DC Medicaid

Prescription Requirements

- Client/Patient must schedule/have a recent face-to-face appointment with their doctor to document the need for a communication device. The visit note must meet the following criteria to satisfy insurance requirements:
 - Include: “Patient has XXXXX diagnosis(es) and requires a speech generating device. Patient cannot use speech functionally to communicate medical essentials needs and has been/should be evaluated for a speech generating device.”
 - Be within the actual medical record, not in a letter
 - Cannot be dated more than 6 months prior to the Certificate of Medical Necessity (CMN)
 - Signed by prescribing physician (electronic or physical signature, stamps are not acceptable)

Speech Evaluation Requirements

- A 4-week trial of the recommended device is required and should be noted in the evaluation.
- The prescribing physician needs to sign the AAC evaluation.

719A Prior Authorization Request Form

- This form needs to be completed and signed by the prescribing physician for DC Medicaid only clients. This does not apply to clients who are eligible for Managed Care Organizations.

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