



FUNDING

Your PRC-Salttillo Funding Source

## **Read Me First – Georgia Medicaid**

### **Certificate of Medical Necessity Mobile Device Used as a SGD with AAC Therapy Application**

- Please complete each box with the expectation of the Initial Date, PRC will complete that field.
- This required form must include the Physician's Medicaid provider and NPI numbers.
- Include the client's height and weight.
- Include manufacturer's name which is Prentke Romich Company
- Include the Model # (ex. Accent 800 or NovaChat 10 D Plus)
- Include the date of the client's last office visit which must be within the last 6 months.
- The diagnosis description and ICD-10 code(s) are required and the CMN.
- The CMN must be dated within 90 days of submission to the provider.

### **Durable Medical Equipment/Supplies Face-To-Face Encounter Certification**

This document needs to be completed and included in the funding request. The form can be completed by either the prescribing physician or the client's Speech Language Pathologist.

### **Speech Language AAC Evaluation**

The Speech Language Therapist (SLP) must include their GA license number and ASHA number on the Speech Language AAC Evaluation. Please note, if the client is school age, and IEP needs to be provided

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