



FUNDING

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.

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