

Read Me First - Rhode Island Medicaid

RI Request for Prior Authorization

• This form is required for children who are Medicaid recipients and must be signed the Physician, parent or guardian, school therapist and the ordering/recommending clinician (SLP, OT, PT)

Current Individual Education Plan (IEP)

• When requesting a device for children in school, a current IEP must be included.

Physician Requirement

- 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.

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