



## **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.

### **Psychologist Report**

- Submit a written report signed by a licensed psychologist.

### **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.

Prentke Romich Co.  
1022 Heyl Road  
Wooster, OH 44691

Phone: 800.268.5224  
Fax: 330.202.5840  
Email: [funding@prentrom.com](mailto:funding@prentrom.com)

RMRI 02/15/18 adn

***A partnership between PRC and Saltillo to process funding requests for  
Medicaid, Medicare and Private Insurance***