



## **Read Me First – South Carolina Medicaid**

### **SC Certificate of Medical Necessity – DME 001**

This required form must be completed by the Physician and include the physician's NPI number. The CMN must have all the specific equipment in that is being prescribed in field number 6. For repairs, list the specific device to be repaired.

### **Speech Language AAC Evaluation Requirements**

A four-week trial of the device being requested is required by SC Medicaid and Select Health and must be documented in the Speech Language AAC Evaluation prior to submitting for purchase. The AAC evaluation report must also list 3 devices that we tried and reasons as to why they were ruled out.

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