



Read Me First – North Carolina Medicaid

NC DMA Request for Prior Approval CMN/PA (DMA 372-131)

- NC Medicaid requires this form which must be signed by the Physician and Tobii Dynavox. 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 Tobii Dynavox.
- A four-week trial of 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.