

Read Me First - Indiana Medicaid and MCO's

<u>Augmentative Communication System Selection – Medicaid Only</u>

• This form should be completed by a Speech Language Pathologist (SLP) and signed by both the SLP and Physician for all clients with IN Medicaid.

Prior Authorization Request Form

• This form must be signed and dated by the Physician for all clients with IN Medicaid as well as any Managed Care Organizations.