



**Gainwell Technologies  
Prior Authorization Liaison**

Phone: 800-807-1320  
Fax: 225-216-6478

**\*\* NOTICE OF INSUFFICIENT PRIOR AUTHORIZATION DOCUMENTATION \*\***

RECIPIENT:   
CASE MANAGER:  
DATE OF REQUEST: 08/22/2023  
DATE(S) OF SERVICE REQUESTED:  
Begin: 08/22/2023 End: 02/22/2024

DATE OF NOTICE: 09/05/2023  
PROVIDER: Prentek Romich Company  
PA NUMBER: 323455310  
SERVICE REQUESTED:  
Durable Medical Equipment

The following documentation and/or information are still needed in order to complete your prior authorization request.  
The following information is needed so a determination can be made for a generating device for . Please submit the following item(s).

1. According to the LOUISIANA MEDICAID PROGRAM MANUAL for DURABLE MEDICAL EQUIPMENT, SPECIFIC COVERAGE CRITERIA, Augmentative and Alternative Communication Devices (AAC), Assessment/Evaluation

b. Sensory Status:

- i. Vision and hearing screening (no more than one year prior to AAC evaluation);
- ii. If vision screening is failed, a complete vision evaluation;
- iii. If hearing screening is failed, a complete hearing evaluation; and
- iv. Description of how vision, hearing, tactile, and/or receptive communication impairments or disabilities affected expressive communication.

Ask Dr. Chaillie Daniel or Dewana Bobo, FNP to provide a vision screening and a hearing screening that is no more than one year prior to the AAC evaluation. If the screenings were attempted and were unsuccessful, Dr. Daniel or Dewana Bobo, FNP should submit the medical records documenting the attempts and the failure of the attempts.

2. Requests for AAC devices must include a description of the speech language pathologist's qualifications, including a description of the speech-language pathologist's AAC services training and experience.

Ask Erin Cain, MA, CCC-SLP to provide a description of her AAC services training and experience.

3. According to the LOUISIANA MEDICAID PROGRAM MANUAL for DURABLE MEDICAL EQUIPMENT, SPECIFIC COVERAGE CRITERIA, Augmentative and Alternative Communication Devices (AAC), Assessment/Evaluation:

h. Identification of AAC Devices Considered for Beneficiaries:

- i. Identification of the significant characteristics and features of the AAC devices considered for the beneficiary;

Ask  Cain, MA, CCC-SLP to identify the significant characteristics and features of other AAC devices considered for Simeon.

Dr. Chaillie Daniel or Dewana Bobo, FNP, Erin Cain, MA, CCC - SLP and Prentke Romich Company can assist the recipient in obtaining the requested information.

The following provider can provide this information:

GAINWELL TECHNOLOGIES  
ATTN: PRIOR AUTHORIZATION LIAISON  
P. O. BOX 14919 \* BATON ROUGE, LOUISIANA 70898-4919  
PHONE# 800-807-1320 \* FAX# 225-216-6478

**WE WILL DENY YOUR PRIOR AUTHORIZATION REQUEST UNLESS:**

**YOU NOTIFY THE PRIOR AUTHORIZATION LIAISON (PAL) IN WRITING, WITHIN 30 DAYS OF THE DATE ON THIS NOTICE, ABOUT AN APPOINTMENT YOU MADE WITH A HEALTH CARE PROVIDER OF THE TYPE WE SPECIFIED, AND YOU ATTEND THE APPOINTMENT, OR**

**WE HAVE RECEIVED ALL NEEDED DOCUMENTATION WITHIN 30 DAYS.**

If you need help scheduling an appointment with a health care professional or transportation to the appointment, you can contact your case manager or contact Specialty Care Resource line at 877-455-9955. YOU MUST complete and return the form below to notify the PAL if you make an appointment to provide the necessary information described in this notice.

I HAVE AN APPOINTMENT WITH \_\_\_\_\_  
Provider's Name

THE DATE OF MY APPOINTMENT IS \_\_\_\_ / \_\_\_\_ / 20 \_\_\_\_

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Medicaid ID Number

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**SEND THIS FORM TO THE PRIOR AUTHORIZATION LIAISON:**

Name: Prior Authorization Liaison  
Address: P. O. Box 14919 Baton Rouge, LA 70898-4919  
Phone: (800) 807-1320/option 2  
Fax: (225) 216-6478