

# **Re-Negotiating the Funding Maze:**

## ***2009 OJFS-Speech Generating Device Policy 5101:3-10-24***

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**2009 AdHoc Committee for the Ohio Department of Jobs and Family Services (ODJFS)**  
**Funding of Speech-Generating Devices (SGD)**  
Ohio GAC for Speech-Language Pathology and Audiology  
Bernard Henri OSHLA Representative

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### **Purpose**

To assist the ODJFS administration of the review and revise policy 5101:3-10-24 to ensure and expedite the provision of appropriate speech-generating devices to Ohio Medicaid recipients to consumers who are non-speaking.

1. To provide a level of predictability in the submission process to professions, vendors, and consumers for the funding for speech-generating devices through the prior authorization department of Ohio JFS.
2. To identify stakeholders in the prior authorization and funding of speech-generating devices for Ohio Medicaid recipients.
3. To identify current policy and practice barriers that prevents or delays the acquisition of speech-generating devices to Ohio Medicaid recipients.
4. To identify the needs of the ODJFS prior authorization department staff to enable the streamlining of submissions for speech-generating devices to meet the needs of Ohio Medicaid recipients that are non-speaking.
5. To provide stakeholders an organized venue for public comment to ODJFS administration on the review and revision of ODJFS policy 5101:3-10-24.
6. To provide public comment to ODJFS administration in an organized venue for revision of ODJFS policy 5101:3-10-24 that will facilitate the timely acquisition of speech generating devices while maintaining fiscal responsibility to the taxpayers of the state of Ohio.
7. To educate professionals on the revised policy to facilitate the submission of appropriate information to reduce unnecessary deferrals and denials due to lack of information.
8. To educate ODJFS prior authorization staff on the ODJFS policy 5101:3-10-24 revisions and interpretation of documentation to facilitate the timely review and eliminate unnecessary deferrals and denials.
9. To advocate for consumers who are ODJFS recipients who are in need of speech-generating devices to meet their basic communication needs.

## Agenda

1. Identify the current components and requirements for the prior authorization of speech generating devices under the Ohio Department of Jobs and Family Services.
2. Will identify misconceptions that currently surround the implementation of this rule that presents barriers for the successful and timely prior authorization of SGD's to Ohio Medicaid recipients.
  - a. Review the current ODJFS RULE: OAC 5101:3-10-24
  - b. Quick review of Medicare criteria.
3. Will identify and generate proposed solutions to the GAC-SGD Committee to present to the Ohio Department of Jobs and Family Services to remove funding barriers to Ohio Medicaid consumers.

## Terms

### (ICD-9-CM),

- "The International Classification of Diseases, 9th Revision, Clinical Modification"
- Sixth Edition, issued for use beginning October 1, 2008 for federal fiscal year 2009 (FY09).
- The ICD-9-CM is maintained jointly by the National Center for Health Statistics (NCHS) and the Centers for Medicare & Medicaid Services (CMS).

### CPT (Current Procedural Terminology) codes

- Are numbers assigned to every task and service a doctor may provide to a patient including medical, surgical and diagnostic services.
- Used by every party involved in a patient's care from practitioners to insurance and Medicare.
- Ensure uniformity.
- Developed, maintained and copyrighted by the AMA (American Medical Association.)
  - new codes are developed every year for new services,
  - current codes may be revised, and
  - Old, unused codes are discarded.

### Healthcare Common Procedure Coding System (HCPCS)

- numbers are the codes used by Medicare
- There are two sets of codes.
  1. HCPCS Level I,
    - Used by physician and other health care providers based on and identical to the CPT codes described above.
  2. HCPCS Level II
    - Codes used by medical suppliers other than physicians, such as ambulance services or durable medical equipment.
    - Typically not costs that get passed through a physician's office so they must be dealt with by Medicare or Medicaid differently from the way a health insurance company would deal with them.

**Note: Medicaid tends to mirror/follow Medicare.**

**Delineation of Funding Barriers**  
**ABC's of Funding**  
**Lewis Golinker, Esq/**

**3 Types of Barriers to Funding**

- 1. Regulations and Laws**
  - a. Federal Code of Regulations**
  - b. CMS National Practice Policy**
  - c. Ohio Revised Code (Law)**
  
- 2. Policy Barriers**
  - a. Are written to implement the law.**
    - i. Local Medical Review Policy (LMRP).**
    - ii. Ohio Office of Budget Management (OBM)**
    - iii. Ohio Administrative Code: 5101:3-10-24**
  
- 3. Practice Barriers**
  - a. Interpretations or practices that are developed that are not base in policy or the law.**
  
- 4. Reimbursement Barrier:**
  - a. Set in Policy**

**ABC's**

- A. Laws and Regulations must be followed.**
  
- B. Policies must match laws and regulations.**
  
- C. Practice must follow the policy.**

## **5101:3-10-24 Speech generating devices (SGDs).**

(A) Definition. For the purpose of this rule, all references to an assistive communication device (ACD) are being replaced with the term "speech generating device (SGD)". An "SGD is defined as any electronic or nonelectronic aid or device that provides external assistance for communication and is an integral part of a speech-language pathology treatment plan for a person with a communication disability who is unable to communicate basic needs.

(B) Coverage criteria.

Only that SGD that is determined by the department to be necessary to meet the recipient's basic communication needs is covered. "Basic communication needs" is defined as an individual's ability to communicate needs and wants, transfer information, achieve social closeness, and demonstrate social etiquette. Authorization of reimbursement for an SGD is limited to medicaid recipients who meet the following criteria:

- (1) Recipient is unable to communicate basic needs without the use of an SGD.
- (2) Recipient's communication needs and physical and language abilities, as documented in accordance with this rule, are commensurate with the prescribed AGD.

(C) Coverage of SGDs and related equipment.

Reimbursement for the purchase, rental, modification or major repair of an SGD or related equipment requires written authorization by the department. Authorization for reimbursement of other equipment may be considered if it is determined by the department to be necessary to meet a recipient's basic communication needs in accordance with this rule. Covered SGD equipment includes the items listed in paragraphs (C)(1) to (C)(6) of this rule.

- (1) SGDs (electronic or nonelectronic) including:
  - (a) Operational software;
  - (b) Speech synthesizer;
  - (c) Printer (if built in);
  - (d) Battery packs;
  - (e) Carrying case; and,

(f) Adapted access software and speech synthesizer, and any other accessories necessary to adapt a computer for use as an SGD, if the SGD is a computer-based system.

(2) Vocabulary application package.

(3) Overlay/multiple location configuration.

(4) Access device., including:

(a) Switch;

(b) Switch mount; and,

(c) Scanning indicator, optical indicator, and head pointer, etc.

(5) Mounting device (e.g., wheelchair or desktop).

(6) Adapted access software and/or speech synthesizer, and any other accessories necessary to adapt a recipient-owned computer for use as a communication device.

(D) Limitations on coverage of SGDs. The following items are not medical in nature and are not covered by the medicaid program except as provided in paragraph (C) of this rule:

(1) Printers (unless a built-in component of an SGD as defined in this rule), printer paper, and printer cables.

(2) Environmental control devices.

(3) Personal computers and related hardware, unless components of a personal computer-based system that has been adapted for use as a communication device.

(E) Evaluation team. The evaluation must be made by a **licensed speech-language pathologist** and, when appropriate, other evaluation team members which may include an occupational therapist (OT), physical therapist (PT), psychologist, rehabilitation engineer, etc. "**Licensed speech-language pathologist**" means a person holding a valid license in speech-language pathology issued by a state licensing board of speech-language pathology and audiology and who has a **certificate of clinical competence** in speech-language pathology granted by the "**American Speech-Language-Hearing Association (ASHA)**" or has completed the academic program and is acquiring supervised work experience for the certificate.

(F) Documentation requirements for prior authorization requests. Prior authorization requests must be submitted to the department pursuant to rule 5101:3-10-06 of the Administrative Code. All prior authorization requests for SGDs and related equipment shall include a prior authorization form (JFS 03142) and the documentation referred to in paragraphs (G) to (Q) of this rule.

(1) Prior authorization form.

A completed prior authorization form (JFS 03142) must be submitted with all authorization requests for SGD rental, purchase, modification and major repair. When completing the prior authorization form, the provider must list only SGD equipment and accessories. When requesting rental for more than one SGD during a trial use period, a separate prior authorization form must be submitted with each SGD being requested. Providers must indicate on the prior authorization form when requesting authorization for payment for the modification (including upgrade), replacement, or repair of an SGD, and specify the serial number and funding source for the recipient's SGD (e.g., Ohio medicaid, private insurance). Refer to paragraph (Q) of this rule for limitations on reimbursement for repair, modification, and replacement of SGDs.

(2) Required documentation.

In addition to the prior authorization form, the documentation listed in paragraphs (F)(2)(a) to (F)(2)(h) of this rule must also be submitted with all prior authorization requests for an SGD purchase when no trial use period is required, or for the rental of a device(s) during a trial use period. This list is only a summary; refer to paragraphs (G) to (N) of this rule for a description of the documentation required for each item. Requests that do not include complete documentation will be not approved and will be returned to the requesting provider.

(a) Physician prescription.

(b) Documentation of evaluating speech-language pathologist's experience with SGD service delivery.

(c) Pertinent recipient background information.

(d) Occupational therapy and/or physical therapy assessment (if applicable).

(e) Cognitive status assessment.

(f) Sensory status assessment.

(g) Speech, language, and communication assessment.

(h) SGD assessment.

(G) Physician prescription. A physician's prescription for an SGD must be submitted and shall be based on the evaluation of the recipient's physical, language, and communication

abilities and needs made by a licensed speech-language pathologist and, as determined appropriate by the speech-language pathologist, other evaluation team members which may include an OT, PT, psychologist, and rehabilitation engineer.

(H) Experience with SGD service delivery: evaluating speech-language pathologist. The evaluating speech-language pathologist's experience with SGDs and other assistive technology must be documented separately from other components of the speech-language pathologist's SGD evaluation. Documentation of experience may be submitted in letter, resume, and curriculum vitae format and should include documentation of relevant training and professional education and number of years experience with assistive technology.

(I) Pertinent recipient background information. must include the following:

(1) Name;

(2) Recipient billing number;

(3) Medical diagnoses;

(4) Significant medical information/medications; and,

(5) Medical prognosis.

(J) Occupational therapy and/or physical therapy assessment.

The assessment must be comprehensive and must be prepared and signed by a licensed OT and/or PT. The assessment must include, but is not limited to,; assessment of motor function (e.g., range of motion, tone, active motion), postural/positioning, mobility status, integration of mobility, and positioning with the SGD. The OT and/or PT assessment shall be prepared and signed by the evaluating therapist as a separate document, distinct from the documentation of other components (e.g., speech and language status, cognitive status) of the assessment. The evaluating therapist **must include the OT's and/or PT's license number and the date of the assessment.**

If the recipient has no motor barriers to accessing an SGD and the evaluation team determines that an OT/PT assessment is unwarranted, documentation must be provided explaining why this component of the assessment is nonapplicable.

(K) Cognitive status assessment(may include estimate of developmental and intellectual age or range).

The method (e.g., standardized testing, observation) of assessing cognitive status must be described.

The cognitive assessment completed by the speech-language pathologist may be included with the speech, language, and communication assessment.

Documentation of the recipient's most recent cognitive assessment done by the speech-language pathologist must be included. If cognitive testing has not been conducted within a year prior to the date the recipient is evaluated for the SGD prescribed in accordance with this rule, the evaluating speech-language pathologist must document why a current assessment (i.e., assessment conducted within one year) is not required (e.g., recipient does not exhibit any behavior that would indicate a change in cognitive status since their last assessment). Include the licensed number of the evaluating team member, if available, and the date of the assessment.

(L) Sensory status (describe assessment methods).

(1) Visual abilities.

(2) Auditory abilities.

The sensory status assessment completed by the speech-language pathologist may be included with the speech, language, and communication assessment. Documentation of the recipient's most recent visual and auditory assessment must be included. If visual and auditory ability testing has not been conducted within a year prior to the date the recipient is evaluated for the SGD prescribed in accordance with this rule, the evaluating speech-language pathologist must document why current assessments (i.e., assessments conducted within one year) are not required (e.g., recipient does not exhibit any behavior that would indicate a change in visual or auditory status since their last assessment). **Include the license number of the evaluating team member and the date of the assessment.**

(M) Speech, language, and communication assessment.

Prepared and signed by a **licensed speech-language pathologist**, the assessment must be dated and include the speech-language pathologist's license number. The speech, language, and communication assessment may include cognitive and/or sensory status when assessed by the speech-language pathologist.

(1) Speech, language, and communication status.

(a) Specific description of communications disability, including speech diagnosis.

(b) Speech skills and prognosis.

(c) Language skills: expressive and receptive.

(d) Description of communication behaviors and interaction skills.

(e) Description of recipient's use of current SGD, if recipient is currently using an SGD. Please include the date current SGD was acquired by the recipient.

(f) Emotional status as it relates to communication.

(2) Communication limitations and needs.

(a) Limitations of current communication behaviors. State why current communication behaviors prevent the client from communicating basic needs as defined in paragraph (B) of this rule.

(b) Identify communication partners (family members, caregivers, etc.) and any associated limitations and needs.

(c) Message needs (pragmatics).

(d) Vocabulary (semantics).

(e) Communication environments. Include description of vocational and education status.

(N) SGD assessment.

The SGD assessment must be jointly prepared and signed by the evaluating speech-language pathologist and other team members determined appropriate by the evaluating speech-language pathologist. The assessment must be dated and include all team member's license numbers.

(1) SGD components and specifications: recipient needs assessment.

(a) Representational systems (symbol system).

(b) Vocabulary encoding (i.e., minkspeak, levels plus location, traditional orthography, etc.).

(c) Vocabulary expandability and message generation (i.e., pre-programmed, fully programmable, combination of pre-programmed and programmable, additional memory, messages stored as letters, words, phrases, sentences, etc.).

(d) Rate enhancement techniques (i.e., – simple symbol selection, symbol sequencing, key linking, dynamic displays, abbreviation-expansion, word lists, word prediction, icon prediction, minserts, macros, etc.).

(e) Access techniques and strategies.

The assessment of the recipient's ability to access an SGD and/or selection of the optimal SGD access technique must be conducted, in conjunction with the speech-language pathologist, by an OT or PT if an OT or PT

assessment is required in accordance with paragraph (J) of this rule. When assessed jointly by the speech-language pathologist and OT and/or PT, documentation of the assessment may be included with the speech-language pathologist assessment; the OT or PT must also sign the speech-language report when access is jointly assessed.

(f) Overlay or keyboard organization and features (i.e., key size, keys per overlay, spacing between keys, overlay size, keyguard, multiple location overlay, etc.).

(g) Device output modes (i.e., – speech synthesis, printed output, display characteristics, auditory and visual prompting, auditory and visual feedback, etc.).

(h) Portability concerns.

(i) Integration with other technologies (i.e., calculator, clock, notepad, telephone, printer, computer, ECU, power wheelchair, FAX, modem, etc.) SGDs have the capability to be integrated with other equipment and technologies that are not eligible for reimbursement by medicaid. Refer to paragraphs (C) and (D) of this rule for a listing of covered equipment and coverage limitations.

## (2) Comparison of SGD specifications.

(a) List specifications for the SGD that most effectively and efficiently meets the recipient's basic communication needs.

(b) Comparison of specifications.

Describe the SGDs considered for the recipient. Document why nonrequested comparable SGDs were considered to be inappropriate to meet the recipient's basic communication needs and capabilities.

When requesting authorization for more than one SGD for a trial use period, list the pertinent specifications, in relation to recipient's needs and capabilities, that will be evaluated for each rental device.

## (3) SGD prescription.

Include the following documentation regarding the SGD prescribed for the recipient:

(a) Identify the requested SGD, including all required components, accessories, peripheral devices, supplies, and device vendor or vendors.

(b) Describe how the requested SGD will meet the recipient's projected basic communication needs as described in paragraph (B) of this rule.

(4) The following items should be included in the recipient's treatment plan and follow-up:

- (a) Short and long-term communication goals.
- (b) Individual speech-language pathologist and/or organization/facility responsible for SGD training.
- (c) Necessary modification of SGD to suit the individual.
- (d) Schedule for evaluating the outcome of the trial use period. Must be completed when requesting authorization for rental during a trial use period.

(O) Trial use period.

**When recommended** by the prescribing speech-language pathologist, a trial use period must be conducted before the department will consider authorizing the purchase of an SGD. Monthly rental payments, limited to the lower of the provider's usual and customary monthly rental charge, six per cent of the medicaid maximum allowable for an SGD or ten per cent of the authorized purchase price of the prescribed SGD, will be paid during the trial use period. Payments authorized during the trial use period are generally limited to four monthly payments. Long-term rental may be considered for authorization. If long-term rental is required, documentation must support why it is necessary as an alternative to a trial use period and/or purchase. Rental payments require prior authorization which must include the documentation required in accordance with paragraphs (G) to (N) of this rule. Authorization for rental of SGDs for a trial use period or long-term rental will be limited to one device per month.

(P) Requesting purchase of an SGD at the end of a trial use period.

(1) When requesting purchase of an SGD at the end of a trial use period, the provider must submit:

- (a) A completed "Prior Authorization" form (JFS 03142), and;
- (b) Documentation of the effectiveness of the SGD/evaluation of the outcome of the trial use period,; and
- (c) Certification, dated and signed by the evaluating speech-language pathologist, and other members of the evaluation team if applicable, that the SGD being requested appropriately meets the recipient's needs, and there are no known factors which prevent the recipient's successful utilization of the SGD.

If further evaluation is necessary at the end of a trial use period, the evaluating speech-language pathologist may submit a prior authorization request for the reimbursement of additional months of rental. Such a request must document the need for further evaluation.

(2) When requesting authorization for purchase subsequent to rental:

(a) The amount requested for payment should be the provider's usual and customary charge for the SGD; and

(b) The amount of payment previously authorized for the rental, and the rental dates ("From" and "To"), should be listed on the prior authorization form.

When a rental device is the same make and model as the SGD that is subsequently authorized for purchase, all rental payments made by the department for that rental device will be deducted from the purchase payment authorized by the department.

(Q) Repair and replacement.

(1) Repair.

Medicaid reimbursement for repairs and modifications (including upgrades) is available for no more than one SGD per recipient. Reimbursement may be provided for repair or modification of an SGD not purchased by the department only if that SGD is determined by the department to be necessary to meet basic communication needs in accordance with this rule.

(See rule 5101:3-10-08 of the Administrative Code regarding reimbursement for the repair of equipment.) If requesting authorization for the repair (including battery pack replacement) of an SGD, the documentation listed in paragraphs (Q)(1)(a) to (Q)(1)(e) of this rule must be submitted. If requesting authorization for the modification (including software upgrade) of an SGD, the documentation listed in paragraphs (Q)(1)(a) to (Q)(1)(f) of this rule must be submitted.

(a) Prior authorization form (JFS 03142).

(b) Specify components to be repaired and/or replaced. If requesting a battery, include date of last battery replacement.

(c) SGD serial number and the date the SGD was purchased (specify funding source).

(d) Physician's prescription (see paragraph (G) of this rule).

(e) For the repair (not including modification or upgrade) of an SGD not purchased by the department, a licensed speech-language pathologist must certify in writing that the recipient's SGD is being used by the recipient to meet basic communication needs. The SGD provider may maintain such a certification on file for submission with any requests for repair (not including modification or upgrade). This certification must be updated annually.

(f) For a modification or upgrade, the evaluating licensed speech-language pathologist shall specify the component to be upgraded, describe how the current component does not meet the recipient's basic communication needs, and describe how the SGD with the upgraded component will meet the recipient's basic communication needs.

(2) Replacement of a recipient-owned SGD will be authorized only if it is determined by the department that the current SGD does not meet the recipient's basic communication needs in accordance with this rule, regardless of the age of the current equipment, and the current SGD cannot be modified or repaired to meet basic communication needs. If the current SGD can be modified or repaired, replacement will only be considered when modification or repair of the current equipment is judged by the department to be more costly than replacement. A request for prior authorization for replacement of a recipient-owned SGD must meet all the requirements specified in paragraphs (G) to (N) of this rule. In general, reimbursement is limited to a maximum of one SGD in five years per recipient.

(3) A description, model number, and the condition of a recipient's current equipment must be specified on a request for prior authorization of additional or replacement equipment. (See rule 5101:3-10-05 of the Administrative Code regarding duplicate and conflicting equipment.)

HISTORY: Eff 9-10-93; 12-10-93; 12-29-95 (Emer.); 3-21-96; 10-1-04

Rule promulgated under: RC 119.03

Rule authorized by: RC 5111.02

Rule amplifies: RC 5111.01, 5111.02

R.C. 119.032 review dates: 07/16/2004 and 10/01/2009

# Medicare

Department of Health & Human Services (DHHS) / Centers for Medicare & Medicaid Services (CMS)

## Program Integrity Manual

Standardized process the contractors use to provide services as directed by CMS and DHHS.  
Local Medical Review Policy (LMRP).

### Contractor Information

<b>Contractor Name</b>	AdminaStar Federal, Inc.
<b>Contractor Number</b>	00635
<b>Contractor Type</b>	DMERC

### LMRP Information

<b>LMRP Database ID Number</b>	L11514	
<b>LMRP Title</b>	Speech Generating Devices	
<b>Original Policy Effective Date</b>	For services performed on or after 07/01/2001	
<b>Revision Effective Date</b>	For services performed on or after 04/01/2004	
<b>Contractor's Policy Number</b>	SGD	
<b>AMA CPT / ADA CDT Copyright Statement</b>	CPT codes, descriptions and other data only are copyright 2003 American Medical Association (or such other date of publication of CPT). All Rights Reserved. Applicable FARS/DFARS Clauses Apply. CDT-4 codes and descriptions are © 2003 American Dental Association. All rights reserved.	
<b>CMS National Coverage Policy</b>	CMS Pub. 100-3, Medicare National Coverage Determinations Manual, Chapter 1, Sections 50.1, 280.1.	
<b>Primary Geographic Jurisdiction</b>	DC IN MI OH WI	IL MD MN VA WV
<b>Oversight Region</b>	Region V	
<b>CMS Consortium</b>	Midwest	
<b>DMERC Region LMRP Covers</b>	Region B	

## Medicare SGD General Information

For any item to be covered by Medicare, it must:

1. be **eligible** for a defined Medicare benefit category,
2. be reasonable and necessary for the **diagnosis or treatment of illness** or injury or to improve the functioning of a malformed body member, and
3. **Meet all other applicable Medicare statutory and regulatory requirements.** For the items addressed in this medical policy, the criteria for "reasonable and necessary" are defined by the following indications and limitations of coverage and/or medical necessity.

For an item to be covered by Medicare, a written signed and dated order must be received by the supplier before a claim is submitted to the DMERC. If the supplier bills for an item addressed in this policy without first receiving the completed order, the item will be denied as not medically necessary.

### **7 Criteria**

A speech generating device (E2500, E2508 - E2511, E2502 - E2506) is covered when all of the following criteria (1-7) are met:

1. Prior to the delivery of the SGD, the patient has had a **formal evaluation of their cognitive and communication** abilities by a speech-language pathologist (SLP). The formal, written evaluation must include, at a minimum, the following elements:
  - a) Current communication impairment, including the type, severity, language skills, cognitive ability, and anticipated course of the impairment;
  - b) An assessment of whether the individual's daily communication needs could be met using other natural modes of communication;
  - c) A description of the functional communication goals expected to be achieved and treatment options;
  - d) Rationale for selection of a specific device and any accessories;
  - e) Demonstration that the patient possesses a treatment plan that includes a training schedule for the selected device;
  - f) The cognitive and physical abilities to effectively use the selected device and any accessories to communicate;
  - g) For a subsequent upgrade to a previously issued SGD, information regarding the functional benefit to the patient of the upgrade compared to the initially provided SGD; and,
2. The patient's medical condition is one resulting in a **severe expressive speech impairment**; and,

3. The patient's speaking needs **cannot be met using natural communication methods**; and,
4. Other **forms of treatment have been considered and ruled out**; and,
5. The patient's speech impairment **will benefit from the device ordered**; and,
6. A copy of the SLP's **written evaluation and recommendation have been forwarded to the patient's treating physician prior to ordering** the device; and,
7. The SLP performing the patient evaluation **may not be an employee of or have a financial relationship with the supplier of the SGD**.

**If one or more of the SGD coverage criteria 1-7 is not met, the SGD will be denied as not medically necessary.**

1. Codes E2500, E2508 - E2511, and E2502 - E2506 perform the same essential function - speech generation. Therefore, **claims for more than one SGD will be denied as not medically necessary**.
2. **Laptop computers, desktop computers, PDAs** or other devices that are not dedicated SGDs **are noncovered because** they do not meet the definition of durable medical equipment (DME).
3. **Software (E2511)** that enables a laptop computer, desktop computer or PDA to function as an **SGD is covered as an SGD**; however, installation of the program or technical support are **not separately** reimbursable.

#### ACCESSORIES:

Accessories (E2599) for E2500, E2508, E2510, and E2502 - E2506 are covered if the basic coverage criteria (1-7) for the base device are met and the medical necessity for each **accessory is clearly documented in the formal evaluation by the SLP**.

### Documentation Requirements

Section 1833(e) of the Social Security Act precludes payment to any provider of services unless "there has been furnished such information as may be necessary in order to determine the amounts due such provider" (42 U.S.C. section 1395l(e)). It is expected that the patient's medical records will reflect the need for the care provided. The patient's medical records include the physician's office records, hospital records, nursing home records, home health agency records, records from other healthcare professionals and test reports. This documentation must be available to the DMERC upon request.

**An order for all items must be signed and dated by the treating physician, kept on file by the supplier,** and made available to the DMERC upon request. Items billed to the DMERC before a signed and dated order has been received by the

supplier must be submitted with an EY modifier added to each affected HCPCS code.

Suppliers must add a KX modifier to codes E2500, E2508 - E2599, and E2502 - E2506 only if all of the coverage criteria in the "Indications and Limitations of Coverage and or Medical Necessity" section of this policy have been met. If the requirements for the KX modifier are not met, the supplier may submit additional documentation with the claim to justify coverage, but the KX modifier must not be used.

When codes E2511 - E2599 are billed, the claim must include a narrative description of the item, the manufacturer, the model name or number (if applicable), and information justifying the medical necessity for the item. This information must be included with the claim if submitted hard copy or transcribed into the narrative field of an electronic claim.

Refer to the Supplier Manual for more information on documentation requirements.

### Other Comments

Speech generating devices (SGDs) are defined as speech aids that provide individuals with severe speech impairment the ability to meet their functional speaking needs.

Speech-language pathologists (SLPs) are licensed health professionals educated at the **graduate level** in the study of human communication, its development and its disorders. **The SLP must hold a Certificate of Clinical Competence (CCC) in speech-language pathology from the American Speech-Language-Hearing Association.**

#### **Clinical Criteria and Need for AAC**

1. Patient has a communication disability with a diagnosis of severe Dysarthria, apraxia, and/or aphasia?
2. The patient's communication needs that arise in the course of current and projected daily activities <b>cannot be met</b> using natural communication methods?
3. The patient requires a speech output communication device to meet their functional communication goals?
4. The patient possesses the linguistic capability to formulate language (messages) independently?
5. The patient will produce messages most effectively and efficiently using spelling?
6. The patient will require a speech-generating device with extensive language storage capacity and rate enhancement features?
7. The patient will access the speech-generating device most effectively and efficiently by means of a physical contact direct selection technique, such as with a finger, other body part, stylus, hand held pointer, head stick or mouth stick.
8. The individual will access the speech-generating device most effectively and efficiently by means of an electronic accessory that permits direct selection?
9. The patient will access the AAC device most effectively and efficiently by means of an indirect selection technique?
10. The patient has the ability and the care provider support to use an electronic speech-generating device.
<b>11. The patient lives at home.</b>

## Coding Information CPT/HCPCS Codes

The appearance of a code in this section does not necessarily indicate coverage.

### HCPCS MODIFIERS:

EY - No physician or other licensed health care provider order for this item or service

KX - Specific required documentation on file

### SGD HCPCS CODES:

E2500	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, LESS THAN OR EQUAL TO 8 MINUTES RECORDING TIME	\$
E2502	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, GREATER THAN 8 MINUTES BUT LESS THAN OR EQUAL TO 20 MINUTES RECORDING TIME	\$
E2504	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, GREATER THAN 20 MINUTES BUT LESS THAN OR EQUAL TO 40 MINUTES RECORDING TIME	\$
E2506	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, GREATER THAN 40 MINUTES RECORDING TIME	\$
E2508	SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, REQUIRING MESSAGE FORMULATION BY SPELLING AND ACCESS BY PHYSICAL CONTACT WITH THE DEVICE	\$
E2510	SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, PERMITTING MULTIPLE METHODS OF MESSAGE FORMULATION AND MULTIPLE METHODS OF DEVICE ACCESS	\$
E2511	SPEECH GENERATING SOFTWARE PROGRAM, FOR PERSONAL COMPUTER OR PERSONAL DIGITAL ASSISTANT	\$
E2512	ACCESSORY FOR SPEECH GENERATING DEVICE, MOUNTING SYSTEM	\$
E2599	ACCESSORY FOR SPEECH GENERATING DEVICE, NOT OTHERWISE CLASSIFIED	\$

## Revision History Explanation

Section 1833(e) of the Social Security Act precludes payment to any provider of services unless "there has been furnished such information as may be necessary in order to determine the amounts due such provider" (42 U.S.C. section 1395l(e)). It is expected that the **patient's medical records will reflect the need for the care provided.** The patient's medical records include the physician's office records, hospital records, nursing home records, home health agency records, records from other healthcare professionals and test reports. This documentation must be available to the DMERC upon request.

- **Why physician needs to have a copy of the report in their possession.**

An order for all items must be signed and dated by the treating physician, **kept on file by the supplier**, and made available to the DMERC upon request. Items billed to the DMERC before a signed and dated order has been received by the supplier must be submitted with an EY modifier added to each affected HCPCS code.

Suppliers must add a KX modifier to codes E2500, E2508 - E2599, and E2502 - E2506 only if all of the coverage criteria in the "Indications and Limitations of Coverage and or Medical Necessity" section of this policy have been met. If the requirements for the KX modifier are not met, the supplier may submit additional documentation with the claim to justify coverage, but the KX modifier must not be used.

When codes E2511 - E2599 are billed, the claim must include a narrative description of the item, the manufacturer, the model name or number (if applicable), and information justifying the medical necessity for the item. This information must be included with the claim if submitted hard copy or transcribed into the narrative field of an electronic claim.

Refer to the Supplier Manual for more information on documentation requirements.

<p>Revision Effective Date: 04/01/2004            HCPCS CODES AND MODIFIERS:            Added: E2500, E2508 – E2512, E2599            Deleted: K0615, K0616, K0617, K0541, K0543 – K0547            INDICATIONS AND LIMITATIONS OF COVERAGE:            Replaced deleted codes with new codes.            CODING GUIDELINES:            Replaced deleted codes with new codes.            DOCUMENTATION REQUIREMENTS:            Replaced deleted codes with new codes.</p>	<p>Revision Effective Date: 04/01/2003            HCPCS CODES AND MODIFIERS:            Added: EY            INDICATIONS AND LIMITATIONS OF COVERAGE:            Moved Definitions to ILCMN section.            Added standard language concerning coverage of items without an order.            DOCUMENTATION REQUIREMENTS:            Added standard language concerning use of the EY modifier for items without an order.</p>
<p>Revision Effective Date: 07/01/2003            HCPCS CODES AND MODIFIERS:            Deleted: K0542            Added: K0615, K0616, K0617</p>	<p>The revision date listed below is the approximate date the revision was published and not necessarily the effective date for the revision.</p> <p>06/01/2002 – Replaced the ZX modifier with KX modifier. Corrected code K0546 to K0547 for mounting hardware in the Coding Guidelines section.</p>

**Ohio GAC for Speech-Language Pathology and Audiology**  
**2009 Speech AdHoc Committee for the Ohio Department of Jobs and Family Services (ODJFS)**  
**Funding of Speech-Generating Devices (SGD)**

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<b>Problem</b>	<b>Barrier Type</b> <i>Law-Reg./Policy/ Practice/Reimbursement</i>	<b>Key Word</b> <i>Mount not covered, Time, Software</i>	<b>Submitted by</b> <i>Name of Person</i>	<b>Contact Information</b> <i>(Email and phone, address or anonymous)</i>