MSA MEDICAL SERVICES ADMINISTRATION

Bulletin

Michigan Department of Health and Human Services

Bulletin Number: MSA 17-18

Distribution: Durable Medical Equipment Providers, Speech-Language Pathologists, Occupational Therapists, Physical Therapists, Practitioners, Medicaid Health Plans

Issued: June 1, 2017

Subject: Changes to Speech Generating Device (SGD) Policy

Effective: July 1, 2017

Programs Affected: Medicaid, Healthy Michigan Plan, and Children's Special Health Care Services (CSHCS)

This policy applies to Medicaid Fee-for-Service (FFS). Medicaid Health Plans (MHP) must provide the full range of covered services described in this policy at a minimum, and may choose to provide services over and above those specified. For beneficiaries enrolled in an MHP, the provider must check with the beneficiary's health plan for prior authorization requirements.

The purpose of this bulletin is to inform providers of changes to the Medicaid SGD policy effective July 1, 2017. Other terms used interchangeably with SGD include augmentative and alternative communication (AAC) device or augmentative communication device (ACD). For purposes of this policy references to SGD will be used to mean SGD, AAC or ACD.

Medicaid covers medically necessary SGDs for beneficiaries of all ages. Additionally, Medicaid beneficiaries under 21 years of age and Healthy Michigan Plan beneficiaries may be eligible for an SGD as a habilitative benefit when determined medically necessary (Refer to the Early and Periodic Screening, Diagnosis and Treatment [EPSDT] and Healthy Michigan Plan chapters of the Medicaid Provider Manual for additional information).

I. New SGD Definition

Speech generating devices are defined as durable medical equipment (electric or nonelectric) that provide an individual with a severe speech impairment, who is unable to communicate using natural means (e.g., spoken, written, gestures, sign language), the ability to meet his or her basic functional communication needs.

II. Additions to SGD Standards of Coverage

To be considered for coverage, documentation must substantiate medical need for beneficiaries whose needs cannot be met using natural communication methods and who also demonstrate the comprehension and physical skills necessary to communicate using the requested device. An SGD will be considered medically necessary when supporting documentation demonstrates all of the following:

- The prognosis for developing and using oral speech as a primary method of communication is considered guarded.
- The requested SGD is an integral part of the communication plan of care.
- The beneficiary will be able to use the device in all environments he/she frequents (e.g., home, school, job, etc.).

Software intended for augmentative communication purposes may be considered upon review of documentation supporting medical necessity. If the beneficiary intends to download augmentative communication software onto his/her personal laptop, computer, or iPad, it is the responsibility of the beneficiary and/or his/her legal guardian to check with the vendor of the personal device for licensing, compatibility, repair, warranty and proprietary information.

III. Eye Control Standards of Coverage

An eye control is a type of mechanism that helps the beneficiary access the SGD. The eye control may or may not be integrated within the SGD. Eye control will be covered when all of the following apply:

- All other methods to operate the SGD have been evaluated and ruled out and the eye control is the most appropriate method that provides a functional level of communication (speed, accuracy, etc.).
- Documentation specifies medical, functional and physical necessity that supports the need for the eye control.
- The evaluation(s) has documented evidence of the beneficiary's ability to physically activate the system and demonstrate meaningful use of the device with minimal assistance from others.

IV. Noncovered

The Michigan Department of Health and Human Services (MDHHS) does not cover the following:

- Items that are not medical in nature or dedicated durable medical equipment (e.g., personal tablets, computers, iPads, iPhones, etc.).
- Software to play games, create spreadsheets or documents or are not specific to augmentative communication.
- Environmental control units

- More than one SGD per beneficiary
- Registering the device
- Extended warranties
- SGDs used solely for education, vocational or recreational purposes. An SGD is intended to be the primary source of communication. It is expected that the beneficiary will be able to use the device in all environments he/she frequents (e.g., home, school, job, etc.).
- Replacements based on manufacturer recommended replacement schedules.
- SGD requests for devices that surpass the beneficiary's current and reasonably foreseeable communication abilities and needs.
- Separate billing for interfaces, cables, adapters or interconnects and switches (with the exception of accessing switches) necessary to interface with the SGD.
- Requests for replacement due to new technology when the beneficiary's current SGD continues to meet his/her medical and functional needs.

V. Evaluation Components

An objective evaluation (using objective functional baseline measures and/or standardized testing) of the beneficiary's receptive and expressive communication abilities by a speech-language pathologist (SLP) in conjunction with other applicable disciplines (e.g., occupational therapist, physical therapist, psychologists, and seating specialist, etc.) as needed, has been performed and the SLP has documented the following:

- The beneficiary's functional ability to use the device throughout their daily activities.
- The consideration of alternative access and positioning devices, as appropriate.
- The device is appropriate to the beneficiary's current comprehension, abilities and skills.
- The beneficiary demonstrates the cognitive, physical, visual and hearing skills necessary to communicate using the requested device.
- The SGD is the least costly device that meets the beneficiary's basic communication needs (in the beneficiary's home and in their community). Include in the evaluation:

    - supporting documentation substantiating the requested device as the least costly alternative that meets the beneficiary's current functional needs.

- Assessment of the beneficiary on more than one device, by more than one manufacturer and document why the requested device is more appropriate than the other device(s). Include the following in the evaluation:

    - device(s) evaluated;
    - the beneficiary's performance on each device evaluated;
    - the device requested (brand, make/model, and type); and
    - reasons why other evaluated devices did not meet the beneficiary's needs.

- A trial period using the requested device must be provided for initial device authorization requests. The trial period must be at least one month in length (the SLP may submit a prior authorization request for up to three months). The SLP must document a description of the trial period with the requested device, including length of trial, settings, outcome, and additional training needs identified.

VI. Supporting Documentation

The following documentation must be submitted with the prior authorization request and be current within the last 180 days:

- The physician order with the diagnosis directly related to the beneficiary's communication deficit. The order must be based on the SLP's evaluation of the beneficiary's communication abilities and medical needs.
- The speech and language evaluation results.
- Documentation must include the date of onset, progress made and a comprehensive summary of the beneficiary's communication goals. (Refer to criteria outlined in the Outpatient Therapy chapter, Speech Therapy section).
- The evaluation must include assessment by a physical therapist (PT) or occupational therapist (OT) to address functional mobility and postural control.
- SLP's documentation of hearing and vision status. A copy, if available, of the hearing (Audiologist) or vision (Ophthalmologist or Optometrist) test if the beneficiary has had a hearing or vision test within the past 12 months.
- A plan of care (POC) identifying other disciplines involved in the care and goals for therapy and training. For beneficiaries under the age of 21 attending school, the POC must include other disciplines and parents as appropriate (i.e., OT, PT, psychologist, school therapist, etc.).
- Documentation for modifications/upgrades must describe the changes in the beneficiary's physical, medical, cognitive, vision or hearing status that necessitates the need for the requested modifications/upgrades.

A video of the beneficiary using the SGD and/or eye control is a useful tool in establishing the beneficiary's ability to use either item, but is not required. A video may be sent with the prior authorization request, if all of the following are met:

- The beneficiary or beneficiary's legal guardian has dated and signed an authorization for the video documentation as additional documentation of the beneficiary's ability to use either device;
- The video is current within the past 12 months; and
- The provider encrypts the video prior to sending it in with the prior authorization request (following HIPAA compliance regulations).

VII. Additions to Prior Authorization Requirement Section

- Trial(s) require prior authorization

Providers have six months from the prior authorization approval date to provide the SGD. After six months a new prior authorization request must be submitted.

VIII. Follow-up Services

Provision of speech therapy services for training following the purchase of an SGD is expected to occur within the 12 months following the beneficiary's receipt of the device (refer to the Speech Therapy section of the Outpatient Therapy Chapter and the Medicaid Code Rate and Reference file for prior authorization and coverage parameters). During this time, the speech therapist and the SGD provider are required to ensure that a support team is in place to assist the beneficiary and/or their family with all follow-up SGD needs and therapy.

IX. Additions to Repairs Section

Repairs for SGDs may be covered only after the warranty expires. Technological improvements and upgrades are not considered repairs and must not be requested as such. The prior authorization request for repair must include:

- Documentation from the SLP (or if not currently receiving speech services, a physician, a PT or OT, or teacher) confirming the current device is used by the beneficiary on a regular basis and continues to meet the beneficiary's needs;
- Part number(s), description(s), manufacturer name, Healthcare Common Procedure Coding System (HCPCS) codes; and
- Warranty information and catalog number(s) for the part number(s) to be used for the repair.

Repairs must extend the useful lifetime of the SGD by at least one year from the date of the repair request.

X. Additions to Replacements Section

Replacements may be covered when there has been a significant medical/functional change in the beneficiary's ability to use the SGD, or the device is no longer repairable, or the cost of repairs exceed the cost of replacement. Limits for replacement are based on medical/functional need and the operating condition of the beneficiary' current device. Manufacturer suggested replacement schedules are not considered a reason for replacement.

A. Replacement with an *Identical* SGD

Clinical confirmation from the SLP, PT or OT that the SGD continues to meet the beneficiary's needs and the beneficiary's ability to use the SGD must be submitted with the prior authorization request for replacement of an identical SGD.

B. Replacement with a *Different* Type of SGD

A new speech and language evaluation must be provided when requesting replacement of the beneficiary's current device with a different type of device. The evaluation must include a statement indicating why and how the current SGD no longer meets the beneficiary's functional communication needs. In addition, all other standards of coverage requirements must be met for coverage consideration.

Replacement requests due to loss, damage or theft must include the police or fire marshal report, as applicable, and a plan to prevent recurrence. MDHHS does not cover replacement of SGDs due to misuse or abuse.

XI. Addition to Payment Rules

MDHHS will apply the trial period rental to the purchase of the SGD. For SGD device(s) approved for a trial period and ruled out (by the SLP and the beneficiary, and/or legal guardian, DME, etc.) at some point during the trial period (first, second or third month), MDHHS will reimburse the SGD provider for the period of time the device was trialed (Refer to the Medical Supplier Database and Medicaid Code Rate and Reference tool for specific HCPCS codes and rental rates).

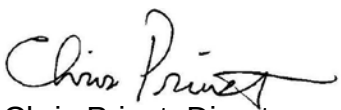
Manual Maintenance

Retain this bulletin until the information is incorporated into the Michigan Medicaid Provider Manual.

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Health and Human Services, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mail at ProviderSupport@michigan.gov. When you submit an e-mail be sure to include your name, affiliation, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

Approved



Chris Priest, Director
Medical Services Administration