

Distribution: Medical Suppliers 01-05
Hearing and Speech Centers 01-03

Issued: November 1, 2001

Subject: New Procedure Codes for Augmentative Communication Devices (ACD's); New Procedure Code for ACD Evaluations

Effective: February 1, 2002

Programs Affected: Medicaid and Children's Special Health Care Services

The Department of Community Health (DCH) is committed to simplifying the Medicaid billing process by working to establish uniform billing processes for Medicaid providers to use. This includes adopting claim formats routinely used by Medicare and other insurers. In keeping with this effort, the procedure code for Augmentative Communication Device (ACD) evaluations must be changed to the Current Procedural Terminology (CPT) code. The current procedure codes and modifiers for ACDs must be changed to new Level II Health Care Financing Administration Common Procedure Coding System codes (HCPCS) and modifiers.

New Procedure Code for ACD Evaluation

Effective for dates of service on and after February 1, 2002, Hearing and Speech Centers must use procedure code **92597** when billing for ACD evaluations. **There are no other changes in policy or parameters for coverage of this service.** Therefore, a quantity of one must be billed for each **hour** required for the beneficiary's evaluation. A maximum of six hours will be reimbursed for an ACD evaluation. The MSA-1653-C (Augmentative Communication Device Evaluation Form) must be completed by the evaluating speech-language pathologist and must accompany the prior authorization request for the ACD.

New Procedure Codes and Modifiers for ACDs

Effective for dates of service on and after February 1, 2002, Medical Suppliers must use new Level II HCPCS procedure codes and modifiers when billing for ACDs. Coverage for ACDs continues to require prior authorization. The new procedure codes and descriptions are listed in the following table.

- For a purchase, use the **NU** modifier.
- For a rental, use the **RR** modifier.
- For repair or replacement, use the **RP** modifier.

The MM modifier for Modification or Upgrades of ACDs will no longer be used. Providers will be reimbursed the lesser of the Medicaid fee screen or the provider's usual and customary charge minus any third party payment. For repair or replacement, services will be individually priced.

New Procedure Codes and Descriptions for ACDs

HCPCS Level II Procedure Codes	Descriptions
K0541	Speech generating device, digitized speech using pre-recorded messages, less than or equal to 8 minutes recording time
K0542	Speech generating device, digitized speech using pre-recorded messages, greater than 8 minutes recording time
K0543	Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device
K0544	Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access
K0545	Speech generating software program, for personal computer or personal digital assistant
K0546	Accessory for speech generating device, mounting system
K0547	Accessory for speech generating device, not otherwise classified

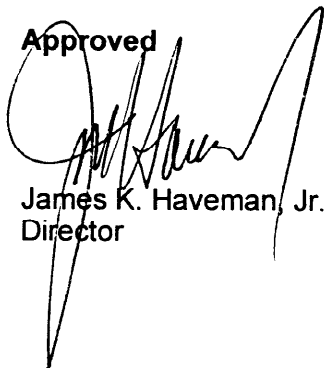
Manual Maintenance

Retain this bulletin for future reference.

Questions

Any questions regarding this bulletin should be directed to: Provider Inquiry, Medical Services Administration, P.O. Box 30479, Lansing, Michigan 48909-7979, or e-mail at ProviderSupport@state.mi.us. When you submit an e-mail, be sure to include your name, affiliation, and a phone number so you may be contacted if necessary. Providers may phone toll free 1-800-292-2550.

Approved



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Director



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