OHCA Guidelines

Medical Procedure:	*Evaluation for prescription for speech-generating augmentative and alternative communication device; face-to-face with the patient
Implementation Date:	July 1, 2017
Review/Revision Date:	
Chief Medical Officer (CMO) Signature/Date:	FOR THE CMO 6/27/2017
Director Medical Authorization and Review (MAR) Signature/Date:	6-27-17
Author Signature/Date:	Julie Kuyper, RN, CPC 6/27/17

* This document is not a contract, and these guidelines do not reflect or represent every conceived situation. Although all items contained in these guidelines may be met, this does not reflect, or imply, any responsibility of this agency or department to change the plan provision to include the stated service as an eligible benefit.

☒ New Criteria ☐Revision of Existing Criteria

Summary	
Purpose:	To provide guidelines to assure medical necessity and consistency in the prior authorization process.

Definitions:

Speech Generated Device (SGD) assessment services are necessary when evidence suggests individuals have communication impairments associated with their body structure/function and/or activities/participation that might justify the need for an SGD system. SGD Assessment is prompted by referral, by the individual's speech-language, communication, educational, vocational, social, and/or health needs, or following completion of a speech-language assessment that is sensitive to cultural and linguistic diversity. (ASHA Preferred Practice Patterns)

Disability – According to the World Health Organization (WHO), "disability" is an umbrella term, covering impairments, activity limitations, and participation restrictions. An impairment is a problem in body function or structure; an activity limitation is a difficulty encountered by an individual in executing a task or action; while a participation restriction is a problem experienced by an individual in involvement in life situations.

CPT Codes Covered: 92607, 92608; see CPT Manual for definition of codes.
Non Covered Items: None identified

Approval Criteria:

I. **GENERAL**

A. Medical Necessity must be met. All documentation submitted to request services or substantiate previously provided services must demonstrate, through adequate

medical records, evidence sufficient to justify the member's needs for the service in accordance with the **OAC 317:30-3-1(f)**.

B. Speech Generating Device (SGD) evaluations are covered for the pediatric population (ages 0-20 at the time of evaluation) when it is medically appropriate.

C. The evaluation process must consist of:
   a. An evaluation completed by the speech-language pathologist (SLP); with any recommendations for specific Speech Generated Device (SGD) made by the SLP. (Although related disciplines may assist with the evaluation; e.g., the Physical Therapist may assist in making positioning recommendations); specific device recommendations and intervention recommendations must be made by a speech-language pathologist.
   b. Include relevant case history and review of previous assessment(s), diagnoses, and treatment options.
   c. Discuss barriers and limitations in areas that are considerations in device selection including but not limited to speech, oral motor skills, language, cognition, physical skills, vision, and hearing.
   d. The SGD selection process should be based on a fair and unbiased trial process (regardless of funding source). The report must include trials for a minimum of three different devices/applications. The actual device recommended need not be the exact model trialed, but must be similar enough to justify the recommendations for the device recommended.
   e. Each device trialed must be discussed in detail with justification and rationale given for ruling out device(s) and likewise provided for the device selected including specific information on the SGD recommended by the SLP.
   f. The DME request must include a live-action DVD of the member using the recommended device or a comparable device during the trial period. Please note; still photos, flash drives, or CDs are not acceptable and the request will **NOT** be processed if these are submitted.
   g. Recommendations must include specific information on the speech-generating device recommended by the SLP.
   h. A disclosure by the SLP completing the evaluation is recommended stating there is no financial relationship between the provider and the SGD manufacturer. Evaluations completed by representatives or consultants employed by vendors or manufacturers of SGD's are not acceptable.

II. DOCUMENTATION REQUIRED FOR EVALUATION FOR SPEECH-GENERATING AUGMENTATIVE AND ALTERNATIVE COMMUNICATION DEVICE:

A. Supporting evidence must include an order written by a contracted qualified health professional (M.D., D.O., P.A., C.N.P., A.R.N.P.) requesting a SGD with the evaluation completed within 90 days of the request; **AND**

B. Clinical documentation which is relevant to the request and supports the evaluation(examples include but are not limited to: documentation of absence or extremely limited natural speech, treatment history that reflects limited to no progress in acquiring functional spoken speech, supportive notes that progressive or degenerative disease is present or having a condition that will lead to the loss of natural speech, extremely poor intelligibility); **AND**

C. The request must also include a live-action DVD of the member using the recommended device (or a comparable device during the trial period). Still photos, flash drive, e-mail attachments or CDs are not acceptable.

D. A completed HCA-61 Therapy Prior Authorization Request form.

III. INDICATIONS:

A. Service must be "linked" to an ICD-10-CM diagnosis code which should be supported in the clinical documentation. Diagnoses impacting communication may include but are not limited to: autism, apraxia, intellectual delay, Down syndrome, traumatic brain injury, muscular dystrophy, cerebral palsy, velopharyngeal disorders, and expressive language disorder.

Denial Criteria: Request outside the guidelines.

Approval Period: 90 Days

References:

1. Oklahoma Health Care Authority; Policies & Rules, OAC 317: 30-3-1; 317:30-3-65.5; 317:30-5, Part 17.
2. http://www.asha.org/Practice/reimbursement/medicaid/Medicaid-Toolkit-Medical-Necessity/
3. http://www.asha.org/uploadedFiles/practice/reimbursement/mednecfifinal3.pdf
4. http://sig12perspectives.pubs.asha.org/article.aspx?articleid=2479629
5. http://www.asha.org/Events/convention/handouts/2011/Rush-Helling/
6. http://www.asha.org/Events/convention/handouts/2013/1387-Rush/
7. http://www.aactechconnect.com/wpcontent/uploads/2011/02/McBri dePerspectives1.pdf
8. http://www.asha.org/policy/PP2004-00191.htm#sec1.3.26
9. https://rerc-aac.psu.edu/
10. Binger, C., Ball, L., Dietz, A., Kent-Walsh, J., Lasker, J., Lund, S., ... Quach, W. (2012). Personnel roles in the AAC assessment process. Augmentative & Alternative Communication, 28(4), 278–288
11. Dietz, A., Quach, W., Lund, S., K., & McKelvey, M. (2012). AAC assessment and clinical-decision making: The impact of experience. Augmentative & Alternative Communication, 28(3), 148–159.