



<b>Department:</b>	Medical Management	<b>Original Approval:</b>	09/26/2018
<b>Policy #:</b>	MM167	<b>Last Approval:</b>	09/26/2018
<b>Title:</b>	Speech Generating Devices (Augmentative Communication Devices)		
<b>Approved By:</b>	UM Committee		

## REQUIRED CLINICAL DOCUMENTATION FOR REVIEW

1. Assessment made by the ordering physician and speech-language pathologist (SLP)
2. Recent clinical records from ordering physician supporting the need for the device.
3. Formal evaluation from licensed speech-language pathologist (within 3 months of the request) must include the following:
  - 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 beneficiary 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. The SLP performing the evaluation may not be an employee of or have a financial relationship with the supplier of the Speech Generating Device (SGD)

## BACKGROUND

None.

## DEFINITIONS

None.

## INDICATIONS/CRITERIA

For both Medicare and Apple Health Members:

The CMS Noridian [Local Coverage Determination \(LCD\): Speech Generating Devices \(SGD\) \(L33739\)](#) are used to determine medical necessity.

Speech generating devices are considered medically necessary to treat a members permanent severe expressive speech disability including but not limited to anarthria, aphasia, aphonia, apraxia or dysarthria when all of the following criteria are met:

1. The member has had a formal evaluation of cognitive and communication abilities by a speech-language pathologist (SLP) within 3 months of the request. The evaluation must include all the elements listed under Required Clinical Documentation; and
2. The member’s medical condition is one resulting in a severe expressive speech impairment; and
3. The member’s speaking needs cannot be met using natural communication methods; and
4. The member’s speech impairment will benefit from the device ordered; and
5. Other forms of treatment have been considered and ruled out and the documentation must include an explanation of why the alternatives are not satisfactory; and
6. There are no equally effective but less costly alternatives available.
7. A copy of the SLP’s written evaluation and recommendation have been forwarded to the member’s treating physician prior to ordering the device; and
8. There must be evidence of support of extended care (including a treatment plan with a training schedule for the recommended device) by the referring SLP after an initial 60 days.

Other medically necessary features of the speech generating device include the capability to generate email, text, or phone messages to allow the member to “speak” or communicate remotely, as well as the capability to download updates to the covered features of the device from the manufacturer or supplier of the device.

Only 1 SGD or speech generating software program at a time is considered medically necessary per member.

Multi-lingual modules for SGDs are considered not medically necessary.

### Notes:

<b>Medicaid Members</b>	<i>Continue to criteria for approval below.</i> <a href="#">Local Coverage Determination (LCD): Speech Generating Devices (SGD) (L33739)</a>
<b>Medicare Members</b>	<a href="#">Local Coverage Determination (LCD): Speech Generating Devices (SGD) (L33739)</a>

**If one or more of the SGD coverage criteria 1-8 is not met, the SGD will be denied as not reasonable and necessary.**

## **REPLACEMENT**

- Replacement of any speech generating device must meet relevant criteria for medical necessity, including prior authorization if required for similar new equipment.
- Any requests for speech generating device replacement must include documentation of a current (within 3 months) face-to-face evaluation by the treating SLP, as applicable, showing medical need for the device by the member.
- CHPW does not pay for the replacement of equipment, devices, or supplies which have been sold, gifted, lost, broken, destroyed, or stolen as a result of the client's carelessness, negligence, recklessness, deliberate intent, or misuse unless:
  - Extenuating circumstances exist that result in a loss or destruction of equipment, devices, or supplies, through no fault of the client that occurred while the client was exercising reasonable care under the circumstances; or
  - Otherwise allowed under specific HCA program rules.

## **SPECIAL CONSIDERATIONS**

As long as the speech-generating device is limited to use by a person with a severe speech impairment and is primarily used for the purpose of generating speech, it is not necessary for a speech-generating device to be dedicated only to speech generation to be considered DME. Desktop computers, laptop computers, pagers, personal digital assistants (PDAs), portable multi-media players (e.g., iPod), smart phones, and tablet devices (e.g., Galaxy, iPads, Kindle), or other devices that are not dedicated SGDs are not covered because they do not meet the definition of DME because they are useful in the absence of illness and injury. Please check benefit plan descriptions for details.

Software that enables a laptop computer, desktop computer, or PDA to function as a SGD is considered an SGD; however, installation of the program or technical support is not separately reimbursable under the medical benefit.

Internet or phone services or any modification to a member's home to allow use of the speech generating device are not covered because such services or modifications could be used for non-medical equipment such as standard phones or personal computers. In addition, specific features of a speech generating device that are not used by the individual who has a severe speech impairment to meet his or her functional speaking needs are not considered medically necessary. This would include any computing hardware or software not necessary to allow for generation of audible/verbal speech, email, text or phone messages, such as hardware or software used to create documents and spreadsheets or play games or music, and any other function a computer can perform that is not directly related to meeting the functional speaking communication needs of the patient, including video communications or conferencing.

Accessories and upgrades for the SGD are considered medically necessary if the basic medical necessity criteria are met and the medical necessity for each accessory is clearly documented in the formal evaluation by the SLP.

## LIMITATIONS/EXCLUSIONS

For a subsequent upgrade to a previously issued SGD, information regarding the functional benefit to the beneficiary of the upgrade compared to the initially provided SGD

Please refer to a product line's certificate of coverage for benefit limitations and exclusions for these services:

PRODUCT LINE	LINK TO CERTIFICATE OF COVERAGE
MEDICARE ADVANTAGE	<a href="http://healthfirst.chpw.org/for-members/resource-library/handbooks-and-guides">http://healthfirst.chpw.org/for-members/resource-library/handbooks-and-guides</a>
WASHINGTON APPLE HEALTH	<a href="http://chpw.org/our-plans/apple-health/">http://chpw.org/our-plans/apple-health/</a>
INTEGRATED MANAGED CARE	<a href="http://chpw.org/our-plans/apple-health/">http://chpw.org/our-plans/apple-health/</a>

## Citations & References

CFR	
WAC	WAC 284-43-2050
RCW	
Contract Citation	<input checked="" type="checkbox"/> WAH
	<input checked="" type="checkbox"/> IMC
	<input checked="" type="checkbox"/> MA
Other Requirements	
NCQA Elements	

## Revision History

Revision Date	Revision Description	Revision Made By
09/17/2018	Policy created and moved from DME policy.	LuAnn Chen, MD



	Changed AH criteria from MCG to align more closely with Medicare. Eliminate rental vs purchase	
09/17/2018	Approved	UM BH Subcommittee
09/20/2018	Approved	UM Medical Subcommittee
09/26/2018	Approved	UM Committee