

## OHCA Guideline

<b>Medical Procedure Class:</b>	Evaluation for Speech-Generating Device
Initial Implementation Date:	July 2017
Last Review Date:	May 2025
Effective Date:	June 2, 2025
Next Review/Revision Date:	June 2028
<p>* This document is not a contract, and these guidelines do not reflect or represent every conceivable 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.</p>	
<input type="checkbox"/> New Criteria <input checked="" type="checkbox"/> Revision of Existing Criteria	
<b>Summary</b>	
<b>Purpose:</b>	To provide guidelines to assure medical necessity and consistency in the prior authorization process.
<b>Definitions</b>	
<p><b>Amyotrophic Lateral Sclerosis (ALS):</b> A progressive nervous system disease that affects nerve cells in the brain and spinal cord, causing loss of muscle control, often called Lou Gehrig's disease.</p> <p><b>Disability:</b> 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</p> <p><b>Keyguards:</b> A plastic or metal cover that matches a specific keyboard, with the guard in place, someone with poor motor control can push a key without inadvertently selecting nearby keys.</p> <p><b>Licensed Qualified Clinician:</b> May include a fully licensed Speech-Language Pathologist as described below OR a Speech language pathology Clinical Fellow who has completed the necessary educational requirements and work experience necessary for the Certificate or has completed the academic program and is acquiring supervised work experience to qualify for the Certificate of Clinical Competence'</p> <p><b>Qualified health professional:</b> A medical doctor (MD), osteopathic doctor (DO), physician's assistant (PA), certified nurse practitioner (CNP), or an advanced practice registered nurse (APRN) who is currently contracted with Sooner Care.</p>	
<p><b>Speech Language Pathologist (SLP):</b> Speech Language Pathologist (SLP): Fully licensed, Master's degree, ASHA certified speech language pathologist holding the Certificate of Clinical Competence in Speech-Language Pathology.</p> <p><b>Speech-Generating Device (SGD):</b> Devices considered augmentative in nature, used to supplement existing speech and alternative when used in place of speech that is absent or non-functional. Durable medical equipment that provides an individual who has a severe speech impairment with the ability to meet his or her functional speaking needs. SGDs are devices that generate speech and are used solely by the individual who has a severe speech impairment or whose natural speech is absent or nonfunctional.</p>	

Description
<p>Evaluation services may be necessary to address the needs of individuals with significant, complex communication disorders resulting in the absence of functional, natural speech or significantly reduced natural speech.</p>
CPT Codes Covered Requiring Prior Authorization (PA)
<p>92607 Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient, first hour.</p> <p>92608 Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient, each additional 30 minutes</p>
Approval Criteria
<p><b>I. GENERAL</b></p> <p>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 <b>OAC 317:30-3-1(f)</b>.</p> <p>B. The request for an SGD evaluation is submitted through the Prior Authorization Process as described below. An SGD evaluation for the adult and pediatric population requires an approved Prior authorization.</p> <p>C. Service must be linked to an ICD-10-CM diagnosis code supported in the clinical documentation. Diagnoses impacting communication and support the possible need for an evaluation for a SGD may include but are not limited to:</p> <ol style="list-style-type: none"> <li>1. Autism</li> <li>2. Apraxia</li> <li>3. Intellectual impairment</li> <li>4. Down syndrome</li> <li>5. ALS</li> <li>6. Traumatic Brain Injury (TBI)</li> <li>7. Muscular Dystrophy</li> <li>8. Cerebral Palsy</li> <li>9. Velopharyngeal Disorders</li> <li>10. Expressive Language Disorder</li> </ol>

## **II. INDICATIONS**

The evaluation process:

- A. An evaluation completed by the speech-language pathologist (SLP) with any recommendations for specific Speech Generating Device (SGD) made by the SLP. (Although related disciplines may assist with the evaluation, e.g., the Physical Therapist may assist with positioning recommendations, specific device recommendations and intervention recommendations must be made by a speech-language pathologist.
- B. The evaluation must include a relevant case history and review of previous assessments(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. Consideration and discussions for any appropriate adaptive techniques or equipment to address potential barriers and limitations should also be addressed (including but not limited to device mounting equipment, adaptive switches and keyguards).
- E. 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. Device trials must include three different systems/platforms; three models of the same device do not satisfy the requirement for a three-device trial. The actual device recommended need not be the exact model trialed but must be similar enough to justify the recommendations for the device requested.
- F. Each device trialed must be discussed in detail with justification and rationale given for ruling out device(s) and likewise, rationale provided for the device selected, including specific information and requirements for the SGD recommended.
- G. Recommendations must include specific information on the speech-generating device and any medically necessary accessories recommended by the SLP.
- H. A disclosure by the evaluating SLP is recommended, stating there is no financial relationship between the SLP and the SGD manufacturer. Evaluations completed by representatives or consultants employed by vendors or manufacturers of SGDs are not acceptable.

## **III. DOCUMENTATION**

Prior Authorization request for the SGD evaluation must include *all* the following documentation.

- A. A signed and dated order, referral, or prescription for a SGD written by an OHCA-contracted qualified medical professional (MD, DO, PA, CNP, APRN). The order must be signed within 90 days of the evaluation; AND
- B. Clinical documentation which is relevant to the request and supports medical necessity for this evaluation. Examples include but are not limited to documented:
  - 1. Absence of natural speech,
  - 2. Extremely limited natural speech,
  - 3. Treatment history reflecting little to no progress acquiring functional speech,
  - 4. Progressive or degenerative disease or condition which will result in deterioration or loss of speech,
  - 5. Illness or injury resulting in loss of speech; AND
- C. Full discussion of devices trialed, ruled out, and rationale for selection of recommended device as described in **II. Indications** above; AND

- D. A completed HCA-61 Therapy Prior Authorization Request form; AND
- E. Visit notes from the member's treating physician.

#### IV. PURCHASE

- A. Requests for the purchase of a speech-generating device should be submitted through an OHCA-contracted DME vendor and include *all the above* documentation.
- B. Refer to Communication AAC Devices PA Overview for details on this process, located on the OKHCA website.

**Note: Additional information may be requested.**

#### Continuation Criteria

- I. Prior Authorization request for an evaluation for a speech-generating device may be approved for up to 90 days.
- II. Request outside this guideline will be referred for medical director review.

#### References

1. Oklahoma Health Care Authority; Policies & Rules, OAC 317: 30-3-1; 317:30-3-65.5; 317:30-5, Part 17
2. ASHA Practice Portal/Professional Issues/Augmentative and Alternative Communication
3. 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
4. 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.
5. Fishman, Iris Guidelines for Teaching Speech-Language Pathologists About the AAC Assessment Process <https://doi.org/10.1044.aac20.3.82>
6. Helling, Celeste R., and Jamila Minga. Developing an Effective Framework for the Augmentative and Alternative Communication Evaluation Process <https://doi.org/10.1044/aac23.2.91>
7. <http://www.asha.org/Practice/reimbursement/medicaid/Medicaid-Toolkit-Medical-Necessity/>
8. <http://sig12perspectives.pubs.asha.org/article.aspx?articleid=2479629>
9. <https://rerc-aac.psu.edu/>
10. <https://www.asha.org/PRPSpecificTopic.aspx?folderid=8589942773&section=References>
11. [https://www.asha.org/PRPSpecificTopic.aspx?folderid=8589942773&section=Key\\_Issues](https://www.asha.org/PRPSpecificTopic.aspx?folderid=8589942773&section=Key_Issues)
12. <https://www.asha.org/Practice-Portal/Professional-Issues/Augmentative-and-Alternative-Communication/>
13. <http://okhca.org/providers.aspx?id=14671>
14. <https://www.asha.org/nic/>
15. <https://asha.zoom.us/rec/play/75Ukc7v8-z43SdLAtQSDVv8vW43pLq6s0yINrvJZnU62AHQCMwavYeQWarcPPJu2Z0RqMbmGY5GScY7x?autoplay=true&startTime=1585093951000>