

## OHCA Guidelines

<b>Medical Procedure:</b>	* Therapeutic Services for the use of speech generating devices (SGD), including programming and modification
<b>Implementation Date:</b>	July 1, 2017
<b>Review/Revision Date:</b>	
<b>Chief Medical Officer (CMO) Signature/Date:</b>	<i>[Signature]</i> 6/21/2017 <i>Fathy MD</i>
<b>Director Medical Authorization and Review (MAR) Signature/Date:</b>	<i>[Signature]</i> 6-26-17
<b>Author Signature/Date:</b>	<i>[Signature]</i> 6/26/17
* 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	
<b>Purpose:</b>	To provide guidelines to assure medical necessity and consistency in the prior authorization process.

Definitions:
<p><b>Speech Generated Device (SGD)</b> 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)</p> <p>Therapeutic services for use of an SGD is prompted by "referral, mandates, and/or by the results of an AAC assessment and are sensitive to cultural and linguistic diversity." (ASHA Preferred Practice Patterns).</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>

**CPT Codes Covered:** 92609; see CPT Manual for definition of codes.

**Non-Covered Items:** This code cannot be used in the absence of the patient and applies only to therapeutic services provided to the patient regarding programming and/or modification of the patient's SGD.

**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. Therapeutic services for use of an SGD requirements:
  - a. Must be specific to the individual and his/her SGD.
  - b. Can **NOT** be provided without the individual's presence.
  - c. Only include medically necessary therapeutic services designed to help the individual understand and use the SGD effectively.
  - d. CPT code 92609 can **NOT** be used for treatment goals which can be accomplished **WITHOUT** an SGD but can only be used for treatment goals regarding the device itself.
- D. Documentation of therapy sessions must include:
  - a. In accordance with Provider Letter 2014-13, parent/caregiver involvement is required at a minimum of 50 percent of the member's (15 and younger) treatment sessions. Involvement of the parent/caregiver includes, but is not limited to; direct participation in the member's session, instructional methods and practice assignments relayed by email or telephone, or instructional methods and practice assignments documented in a notebook along with data collection and parent/caregiver signatures. Documentation should clearly indicate: the method by which the parent/caregiver was instructed (e.g. in person, electronically, etc.), what goals and objectives were targeted; and how the parent/caregiver was educated to reinforce, support and, in general, carry out the treatment plan outside of the therapy session. The parent's/caregiver's understanding should be assessed for further teaching accomplished outside of the therapy session. Services provided through the public school system are not included in this policy.
  - b. Subjective information that details parental involvement, factors contributing to progress or lack thereof and location of therapy.
  - c. Objective, descriptive information linked to long and short-term goals that include accuracy and level of skilled involvement provided by the professional.
  - d. Interpretation of the information above that states how the subjective influences objective information.
  - e. Plan for next session based on information above.
- E. Frequent changes of therapists within or the same group should be avoided at all costs as it impacts continuity of care and may negatively impact a child's ability to make progress. Any changes of therapists should be reported and rationale given.
- F. Treatments are expected to be evidence-based and result in significant, functional improvement in a reasonable and generally predictable period of time, or are necessary for the establishment of a safe and effective maintenance program.
- G. The complexity of the therapy and the patient's condition must require the judgment and knowledge of a licensed qualified clinician practicing within the scope of practice for that service. Services that do not require the performance or supervision of a qualified clinician are not skilled and are not considered reasonable or necessary therapy services, even if they are performed or supervised by a qualified professional.

H. Any information regarding discharge or transfer of services should be included in the daily clinical documentation.

**II. DOCUMENTATION REQUIRED FOR THERAPEUTIC SERVICES FOR THE USE OF SPEECH GENERATING DEVICES (SGD), INCLUDING PROGRAMMING AND MODIFICATION:**

- A. An order written by a contracted qualified health professional (M.D., D.O., P.A., C.N.P., A.R.N.P.) requesting therapeutic services for a SGD including programming and modification, this order will be for up to one year; **AND**
- B. Clinical documentation which supports the requested service including written documentation that the service will be provided for the member's SCG (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. A signed parental consent form within the previous 30 days; **AND**
- 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. Examples of such diagnoses which may indicate the need for an evaluation for a speech-generating device 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.
- B. Clinical Indications for intervention: "Individuals of all ages, varied diagnostic categories, and severity levels receive AAC intervention services when prior assessment indicates candidacy for an AAC system." (ASHA Preferred Practice Patterns).

**Denial Criteria:** Request outside the guidelines.

**Approval Period:** Up to one year.

**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/mednecfinal3.pdf>
4. <http://www.asha.org/policy/>
5. <http://www.asha.org/policy/PP2004-00191.htm>
6. <http://www.who.int/topics/disabilities/en/>
7. <http://www.jhsph.edu/research/centers-and-institutes/womens-and-childrens-health-policy-center/publications/cshcn-MedicalNecessity.pdf>
8. <http://www.asha.org/Practice-Portal/Clinical-Topics/Autism/Family-Centered-Practice/>
9. <http://ajslp.pubs.asha.org/article.aspx?articleid=1757632>
10. <http://www.asha.org/Research/EBP/Introduction-to-Evidence-Based-Practice/>

11. <http://www.asha.org/Practice/reimbursement/medicare/Examples-of-Documentation-of-Skilled-and-Unskilled-Care-for-Medicare-Beneficiaries/>
12. <http://www.asha.org/Code-of-Ethics/>
13. <http://leader.pubs.asha.org/article.aspx?articleid=1788368>
14. <http://leader.pubs.asha.org/article.aspx?articleid=2600865>