



# SPEECH GENERATING DEVICES BENEFIT COVERAGE STANDARD

**Note:** Capitalized terms within this Benefit Coverage Standard, which do not refer to the title of a benefit, program or organization, have the meaning specified within the *Definitions* section, found on page 10.

what does 'speech generating software' mean and what is covered?  
depending on answer, may need to add 'vocabulary programs',  
'access programs'

## BRIEF COVERAGE STATEMENT

Colorado Medicaid covers Speech Generating Devices (SGDs), accessories and Speech Generating Software (Software). SGDs allow a client with an Expressive Speech Language Disorder to express thoughts or ideas through an alternative means.

## SIMILAR BENEFITS ADDRESSED IN OTHER BENEFIT COVERAGE STANDARDS

- None

## ELIGIBLE PROVIDERS

All Referring, Prescribing, Recommending, and Rendering providers must be enrolled with Colorado Medicaid and maintain all applicable professional certifications and licensing.

### REFERRING/PRESCRIBING PROVIDER

- Physician (MDs and DOs) **is this ok?? DME companies are telling us only MDs can sign Rx's**
- Physician Assistants
- Advanced Practice Nurses

### RECOMMENDING PROVIDERS

- Speech-Language Pathologist (SLP)

**Note:** Client must receive a referral from a Referring Provider to be evaluated by an SLP for any SGD, accessory or Software.

### RENDERING PROVIDERS

- DME Supplier

**Note:** The Referring and Recommending Provider cannot be an employee of or have a financial relationship with the Rendering Provider.



## ELIGIBLE PLACES OF SERVICES

- Eligible Provider's Office

**Note:** If client is in a facility that receives daily Medicaid reimbursement, such as an inpatient hospital or nursing facility, medical supplies must be provided by the facility. Exceptions are specified in Colorado Medical Assistance Program rule at 10 CCR 2505-10 §8.590.2.B.

## ELIGIBLE CLIENTS

All Colorado Medicaid eligible clients, who meet the medical indications listed within this Benefit Coverage Standard, may receive an SGD, accessory and Software, when Medically Necessary.

Clients are eligible to receive an SGD, accessory and Software when they meet the following criteria:

- The client's medical condition is one resulting in a **'severe expressive communication impairment'**
- Other forms of treatment have been considered and ruled out; and
- The client's speech impairment will benefit from the recommended SGD, accessory or Software; and **expressive communication impairment**
- When the SGD, accessory and Software are recommended by an SLP after an evaluation.

**Note:** Refer to *Prior Authorization* section of this Benefit Coverage Standard for evaluation requirements.

## SPECIAL PROVISION: EXCEPTION TO POLICY LIMITATIONS FOR CLIENTS AGED 20 AND YOUNGER

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) is a federal Medicaid program that requires the state Medicaid agency to cover services, products, or procedures for Medicaid clients ages 20 and younger if the service is Medically Necessary health care to correct or ameliorate a defect, physical or mental illness, or a condition (health problem) identified through a screening examination (includes any evaluation by a physician or other licensed clinician). EPSDT covers most of the medical or remedial care a child needs to improve or maintain his/her health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems.

EPSDT does not require the state Medicaid agency to provide any service, product, or procedure that is:

- Unsafe, ineffective, or experimental/investigational.
- Not medical in nature or not generally recognized as an accepted method of medical practice or treatment.



Service limitations on scope, amount, duration, frequency, and/or other specific criteria described in clinical coverage policies may be exceeded or may not apply as long as the provider documentation shows how the service, product, or procedure will correct or improve or maintain the recipient’s health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems.

## COVERED SERVICES

The types of SGDs, accessories and Software that may be covered by Colorado Medicaid are listed below.

### SPEECH GENERATING DEVICES (SGD)

**delete 'therapeutically'**

SGDs provide multiple methods of message formulation and are used therapeutically to establish, develop, or maintain the ability to communicate functional needs. These devices or aids are electronic and computer based and can generate synthesized (computer-generated) and/or digitized (natural human) speech output.

**Note:** Colorado Medicaid covers one SGD, unless and until a new device is approved and replaces it.

### DIGITIZED SPEECH GENERATING DEVICES

Digitized SGDs, ~~sometimes referred to as “whole message” speech output devices,~~ use words or phrases that have been recorded by someone other than the client for playback, when commanded by the client. Digitized SGDs use pre-recorded (natural human) messages with various length recording times.

- Digitized SGDs are a benefit when a client does not possess, in the determination of the SLP, ~~the cognitive or physical ability,~~ and or Potential, to use a synthesized SGD.

**replace with 'digitized SGDs are a benefit when the recommending SLP deems it to be most appropriate;**

### SYNTHESIZED SPEECH GENERATING DEVICES

Synthesized Speech Generating Devices (SGDs) utilize technology that allows input from the client in order to generate speech. These devices are not limited to pre-recorded messages; they allow the client to create unique messages. Synthesized - rather than Digitized - SGDs may be prescribed to clients:

- Who have the cognitive or physical ability and Potential to operate the device as intended; or
- Who are able to cultivate the cognitive or physical ability or Potential to operate the device as intended within a one year time frame; or **not understanding this?**
- That require an accessory, such as eye gaze, that is only compatible with a Synthesized SGD.

SLPs may recommend one of the following two types of Synthesized SGDs, based on the client’s ability to operate the device:

- An SGD that formulates messages through letters and requires direct selection with a keyboard or touch screen; or



- An SGD that formulates messages through multiple methods of message creation and multiple methods of device access.

insert after 'touch screen technology'---'and when needed, interfaces that accomodate scanning as an

Tablet Computers **access method'**

In this Benefit Coverage Standard, “tablet computer” refers to a portable, integrated SGD, contained in a single panel, which utilizes touch screen technology as the primary input for operation. As technology advances and becomes available, other primary-input capabilities developed for Tablet Computers will be considered, e.g. operation by eye gaze/eye control.

- Tablet Computers are a benefit ~~only if~~ they are utilized as an SGD. **'when they are'**
- Tablet Computer prior authorization requests must specify that:
  - The device will be used as an SGD; and
  - The client or client’s caretaker/representative, acknowledges and agrees to use the device as an SGD.
- Prior authorization requests:
  - Must be submitted using the designated code and modifier, found in the DME and Supplies Billing Manual on the Colorado Department of Healthcare and Policy website at colorado.gov/hcpf.
  - Must also include all SLP recommended accessories and Software.

SPEECH GENERATING SOFTWARE **'communication software'**

Colorado Medicaid covers Software that supports recommended SGDs. Colorado Medicaid also covers Software for approved Client Pre-owned SGDs.

**'communication software'**

- The appropriate Software must be determined by the SLP, during the evaluation, and the supporting diagnosis must be documented; and
- The recommended Software must be compatible with the recommended or approved SGD.

**'communication software'**

ACCESSORIES

Colorado Medicaid covers accessories for recommended SGDs. Colorado Medicaid also covers accessories for approved Client Pre-owned SGDs.

Accessories include, but are not limited to:

- Replacement lithium ion batteries;
- Mounting systems designated for securing the SGD within reach of the client;
- Safety and protection accessories designated to maintain the life expectancy of the device;
- Alternate access methods required by client's medical condition; **'alternative access peripherals' (i.e., switches, switch interfaces)**
- Non-electric communication boards.

**not an accessory and not sure what this refers to/means?**



Note: Approval of accessories or Software for a Client Pre-owned SGD, will only be considered if the SGD is no greater than two years old.

REPAIR AND REPLACEMENT

Colorado Medicaid covers repair and replacement of SGDs, accessories and Software, including Client Pre-owned SGDs, accessories and Software.

REPAIR

Repairs to an SGD, accessory or Software do not require a referral, evaluation or recommendation by an SLP, or a prescription.

Labor and replacement parts may be covered when:

- The SGD, accessory or Software is no longer covered by warranty; and
The cost of the repair does not exceed 60% of the cost of replacing the SGD, accessory or Software.

REPLACEMENT

The minimum replacement timeline for an SGD, accessory or Software is five years.

Replacement may be covered if:

- The SGD, accessory or Software is not functioning correctly and is Non-Repairable;
Free Software updates are not considered to be replacements, repairs or upgrades; or
The operating system can no longer support Software updates.

Exceptions

Replacement will be considered sooner than five years if:

- A client's medical condition changes to the extent that the provided device cannot effectively be used or modified to meet the client's Medical Needs.
The SGD, accessory or Software is lost or stolen;
The SGD, accessory or Software is Damaged;



- A quote for the cost to fix the current SGD, accessory or Software must be provided with the prior authorization request (PAR) for verification of Non-Repairable status;  
or (is this correct given above info re: NOT needing a rx for repairs??)

A replacement for an SGD, accessory or Software that was lost or stolen, or that has Non-Repairable damage, must be a duplicate of the original product. If discontinued and no longer available: don't you want/need an updated report from an SLP??

- Documentation from the manufacturer must be provided in the PAR stating that the SGD, accessory or Software has been discontinued; and
- The SGD, accessory or Software must be replaced with the closest make or model available.

### Client Pre-owned

As well as meeting the above repair or replacement coverage criteria, the initial repair and replacement of a Client Pre-owned SGD, accessory or Software must include the following:

- A referral from the Referring Provider; and
- An evaluation and recommendation by an SLP; and
- The make, model, serial number and approximate age of the SGD; and
- A list of Client Pre-owned SGD related accessories and Software.

**Note:** If accessories or Software are approved for a Client Pre-owned SGD, a replacement SGD will not be covered for a minimum of three years unless the replacement exceptions apply. Subsequent repairs or replacements to an approved Client Pre-owned SGD, accessory or Software follow regular repair or replacement guidelines.

## NON-COVERED SERVICES AND GENERAL LIMITATIONS

- Accessories and Software that do not assist with the operation or protection of, or that are unrelated to, the recommended or approved SGD, are not covered.
- PARs and claims for more than one SGD within a five year period will be denied as a duplication of service, unless one of the above replacement exceptions apply.
- Once an SGD is replaced due to loss, theft or Non-Repairable damage, a new SGD will not be covered for a minimum of five years unless the above replacement exception criteria regarding changes to a client's medical condition applies.
- Tablet Computers used solely as Digitized SGDs, and not used in conjunction with an accessory, such as eye gaze (which may require the use of a Synthesized SGD), are not covered. (why would this not be covered??? and what are you meaning??)
- Replacement SGDs, accessories and Software will not be covered if the current SGD, accessory and Software can be Repaired.
- If damage to the SGD, accessory or Software is due to a computer virus acquired through use of the internet, neither repair nor replacement will be covered within the five year minimum replacement timeline, or three year minimum replacement timeline for an approved Client Pre-owned SGD, accessory or Software. we think this needs to be omitted; as all devices have internet capabilities and updates to the SGDs/software can only be obtained by downloading from the internet, directly to the table<sup>6</sup>



- Advancement in technology or the availability of an upgraded version of an SGD, accessory or Software, is not a covered reason for replacement.

## NON-COVERED ACCESSORIES AND SOFTWARE

Include, but are not limited to, the following:

- Printers
- Laptop or desktop computers
- Other portable, electronic devices (such as a smart phone), not otherwise specified above
- Modems, routers or other items used for internet utility services
- Internet, phone or data services
- Accessories that are not generally accepted by the Rendering Provider community to have a primary purpose of protecting, stabilizing or accessing the SGD
- Software that has not been recommended by the SLP or that is educational or organizational in purpose
- Multiple Software with duplicative functionality
  - Exceptions may be made on a case-by-case basis if the client needs to transition from existing Software to different Software.

## PRIOR AUTHORIZATION REQUIREMENTS

Prior to delivering an SGD, accessory or Software to the client, a prior authorization request (PAR) must be submitted by the Rendering Provider and approved by Colorado Medicaid's Designated Review Entity.

- The PAR is a determination of Medical Necessity only; claims and billing processes are not considered in the PAR determination. Refer to the DME and Supplies Billing Manual and the current Fee Schedule, on the Colorado Department of Healthcare Policy and Financing website at [colorado.gov/hcpf](http://colorado.gov/hcpf), for billing information.
- The written evaluation described below, and the recommendation(s) therein, must be approved and signed by the Referring Provider.
- Documentation submitted with the PAR can be no older than six months prior to the PAR submission date.
- There is no required format, form or questionnaire for the documentation that must accompany a PAR.

## REQUIRED DOCUMENTATION

The following documentation is required for new requests, replacements due to change in medical condition, and the initial repair or replacement of a Client Pre-owned SGD, accessory or Software:



- A referral, written by a Referring Provider; and
- A written evaluation by the SLP; and
- A recommendation by the SLP, for the specific SGD, accessory or Software; and
- A prescription, written by the Prescribing Provider; and
- A quote or invoice obtained by the Rendering Provider for the requested SGD, accessory and Software.

The following documentation is required for repairs; replacements due to loss, theft, or Non-Repairable damage; and subsequent repairs of a Client Pre-owned SGD, accessory or Software:

- A quote or invoice obtained by the Rendering Provider for the repair, SGD, accessory, or Software.
- Make, model and serial number of the SGD.

**Note:** Please refer to the above *Replacement* section for additional information regarding situation-specific required documents or statements.

#### WRITTEN EVALUATION

Written evaluations must include a formal evaluation of the client's cognitive and communication abilities by an SLP.

The written evaluation must support the recommendation(s) made and include:

- Current communication impairment, including the type, severity, language skills, cognitive ability, and anticipated course of the impairment; and
- History of communication-related therapies; and
- Affirmation that the client's speaking and daily communication needs could not be met using other natural modes of communication such as sign language or written communication; and
- Description of the functional communication goals expected to be achieved, such as:
  - Ability to communicate medical needs;
  - Ability to express basic needs;
  - Ability to provide feedback on treatment or therapy programs;
  - Prevention of secondary impairments;
  - Independence and personal safety; and;
- Description of treatment options; and
- SLP must observe the client using - on a trial basis - a minimum of three SGDs from at least two separate manufacturers, and more than one Software program;
  - Description of trials, including how each device and Software met, or failed to meet, the client's cognitive and physical abilities and Functional and Expressive Communication needs; and;



- Medical rationale and justification for selection of the specific SGD, accessory and Software;
  - Evidence that the client has the cognitive and physical abilities, and shows a Potential, to operate the recommended or approved SGD, accessories, and Software to communicate; and;
- For a subsequent upgrade or modification to a previously approved SGD, information regarding the functional benefit to the client of the upgrade compared to the initially provided SGD, accessory or Software; and
- A statement that the recommended device is capable of - or can be modified to - meet anticipated course of impairment; and
- A statement that affirms that the SGD, accessory or Software will be used as, or in conjunction with, an SGD, and that the client or client's caretaker/representative acknowledges and agrees with the usage requirement.

## BILLING GUIDELINES FOR PROVIDERS

Any training provided by Rendering Providers is included in the reimbursement for the device.

Training may be billed by the SLP. **this does NOT make sense because the SGD manufacturer is paid by Medicaid for the DME**

All SGDs requested, with the exception of Tablet Computers, must be listed and coded by Medicare's Pricing, Data Analysis and Coding contractor (PDAC) and the assigned PDAC code must be provided on the claim form.

- For information on how to bill Tablet Computers that have not been assigned a code by the PDAC, and for all other billing information, refer to the DME and Supplies Billing Manual on the Colorado Department of Healthcare Policy and Financing website at [colorado.gov/hcpf](http://colorado.gov/hcpf).



## DEFINITIONS

All the terms within this Benefit Coverage Standard are not necessarily part of the Speech Generating Devices benefit but are mentioned within the body of this document and are defined below. These definitions are only applicable within the scope of this Benefit Coverage Standard.

TERM	DEFINITIONS FOR THIS BENEFIT COVERAGE STANDARD
Colorado Medicaid	Colorado Medicaid is a free or low cost public health insurance program that provides health care coverage to low-income individuals, families, children, pregnant women, seniors, and people with disabilities. Colorado Medicaid is funded jointly by the federal and state government, and is administered by the Colorado Department of Health Care Policy and Financing.
Colorado Medicaid Purchased SGD, accessory or Software	An SGD, accessory or Software purchased through Colorado Medicaid
Client Pre-owned	An SGD, accessory, or Software not purchased through Colorado Medicaid.
Digitized Speech Generation Devices	Speech generating devices that use words or phrases that have been pre-recorded <del>by someone other than the client,</del> for playback, when commanded by the client. (Pre-recorded natural human speech)
Durable Medical Equipment	Durable Medical Equipment (DME) means Medically Necessary equipment prescribed by a physician that can withstand repeated use, serves a medical purpose, and is appropriate for use outside of a medical facility.
Expressive Communication	Expressive Communication is the ability to <del>verbally</del> communicate language to, for example, make requests, give information and label things.
Functional Communication	Functional Communication is the most basic of communication in which one can get their basic wants and needs known.



TERM	DEFINITIONS FOR THIS BENEFIT COVERAGE STANDARD
Medical Necessity, Medically Necessary, Medical Need	Medical Necessity is defined in Colorado Medical Assistance Program rule at 10 C.C.R. 2505-10, § 8.076.1.8. See also 10 C.C.R. 2505-10, § 8.280 for children age 20 and younger.
Non-Repairable	Cannot be fixed or cannot be fixed for 60% or less of the total cost of replacement.
Potential	Likelihood that client will adopt technology to the extent that it is used for the purpose for which it is prescribed.
Prescribing Provider <i>we've heard from SGD manufacturers that the rx must be signed by a physician</i>	A Prescribing Provider is a licensed or certified individual that can write a prescription for medical care, such as therapy, medications or equipment.
Recommending Provider	SLP that conducts evaluation and recommends appropriate SDG, accessory or Software.
Referring Provider	A Referring Provider is a physician or advanced practice nurse that recommends a specialist for a client's area of need.
Rendering Provider <i>and makes the recommendation for SGD to a</i>	A Rendering Provider is the <del>company or</del> individual that provides medical care, such as therapy <del>or DME to a</del> Colorado Medicaid member.
Repairable	Can be fixed for 60% or less of the total cost of replacement.
Severe Speech Language Disorder <i>does NOT make sense, need to separate severe speech disorder from expressive communication impairment</i>	Any condition that severely inhibits Expressive Communication, including, but not limited to, severe dysarthria, apraxia, aphasia, or a laryngectomy.



TERM	DEFINITIONS FOR THIS BENEFIT COVERAGE STANDARD
Speech Generating Device (SGD) and are used as tools for expressive communication by individuals who have complex communication needs due to a variety of medical conditions.	SGDs <del>provide multiple methods of message formulation and are used therapeutically to establish, develop, or maintain the ability to communicate functional needs.</del> These devices or aids are electronic and computer based and can generate synthesized (computer-generated) and/or digitized (natural human) speech output.
Speech-Language Pathologist, Speech-Language Pathology	Speech-Language Pathologists (sometimes called speech therapists) and Speech-Language Pathology is defined in the Colorado Revised Statutes at C.R.S. 25.5 12-43.7, § 103
Synthesized SGD	Speech output devices that allow input from the client in order to produce computer-generated speech.
Tablet Computers	A portable, integrated speech generating device, contained in a single panel, which utilizes touch screen technology as the primary input for operation.

**LEGAL REFERENCES**

REGULATION	REFERENCE
10 C.C.R. 2505-10, § 8.076.1.8.	Medical Necessity Definition
10 C.C.R. 2505-10, § 8.280	Early Periodic Screening, Diagnostic and Treatment Provisions
C.R.S. 12-43.7, § 103	Definition of Speech-Language Pathology and Speech-Language Pathologist



## POLICY IMPLEMENTATION/REVISION INFORMATION

ORIGINAL EFFECTIVE DATE: JUNE 28, 2013

### ***Revision Information***

#### Revision 1

Date:

Section Revised: Title

Change: Changed title from Augmentative and Alternative Communication Devices (AACDs) to Speech Generating Devices.

#### Revision 2

Date:

Section Revised: Eligible Providers

Change: Added Recommending Providers

#### Revision 3

Date:

Section Revised: Eligible Clients

Change: Added special provision for EPSDT.

#### Revision 4

Date:

Section Revised: Covered Services

Change: Added Repair and Replacement sub-section under Covered Services. It defines Repairable vs. Non-repairable; gives replacement time lines and limits; and establishes policy exceptions for changes to medical condition, loss, theft or damage. Expanded coverage to include repair and replacement of Client Pre-owned SGDs, accessories and Software and for purchase of accessories and Software to support Client Pre-owned SGDs.

#### Revision 5

Date:

Section Revised: Covered Services

Change: Specified that a client must not only be able but also must have the Potential to operate a device as intended.

#### Revision 6

Date:

Section Revised: Non-Covered Services and General Limitations

Change: Limited coverage of duplicative SGDs and Software.

#### Revision 7

Date:

Section Revised: Prior Authorization Requirements



Change: Added documentation requirement for Client Pre-owned devices.

Revision 8

Date:

Section Revised: Billing Guidelines

Change: Added Billing Guidelines section, which specifies that PDAC coding must be used when requesting all AACDs except Tablet Computers and directed Rendering Providers to the DME and Supplies Billing Manual for direction on billing Tablet Computers.

Revision 9

Date:

Section Revised: Definitions

Change: Added Definitions section.