

# OHCA Guideline

<b>Medical Procedure Class:</b>	Therapeutic services for the use of a speech device
Initial Implementation Date:	
Last Review Date:	
Effective Date:	April 15, 2021
Next Review/Revision Date:	April 2024
* 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.	
<input type="checkbox"/> New Criteria <span style="float: right;"><input checked="" type="checkbox"/> Revision of Existing Criteria</span>	
<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>AAC Intervention:</b> Augmentative and Alternative Communication is the skilled services required to provide the individual with the ability to functionally use a speech-generating device (SGD).</p> <p><b>AAC system:</b> Augmentative and Alternative Communication system of any method of communication that does not require or use an individual's natural speech. An AAC system may be low tech (e.g., gestures, writing, a picture board), or high tech (use of an electronic speech-generating device, or SGD). For purposes of the OHCA guidelines, the term AAC system is used to refer to a speech-generating device (SGD).</p> <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 to 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>Speech Language Pathologist (SLP):</b> Fully licensed, Master's degree, ASHA certified speech language pathologist holding the Certificate of Clinical Competence in Speech-Language Pathology.</p>	

**Qualified health professional:** 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.

**Speech-Generating Device (SGD):** 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.

#### Description

Therapeutic services for use of speech-generating devices (SGDs) encompass skilled services provided by the speech-language pathologist in assisting an individual in using their SGD and/or modifying or programming it for their use. This service requires face-to-face contact with the member.

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. Devices or systems which are not considered speech-generating devices are excluded from use with this code.

#### CPT Codes Covered Requiring Prior Authorization (PA)

92609 Therapeutic services provided by the clinician for use of speech-generating devices, including programming and modifications as necessary. Code can only be used for treatment goals regarding the device itself and may not be used for treatment goals which can be accomplished without the 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. Therapeutic services for an SGD is covered for the adult and pediatric population when medically appropriate.
- C. Therapeutic services for use of an SGD must be specific to the individual and the device.
  - 1. SGD therapeutic services cannot be provided without the individual being present.
  - 2. Prior Authorization (PA) only includes medically necessary therapeutic services designed to help the individual understand and use the SGD effectively.
- D. Speech therapy session documentation must include:
  - 1. Objective, descriptive information linked to long and short-term goals that include accuracy and level of skilled involvement provided by the professional.
  - 2. Interpretation of the information above that states how subjective factors and observations influence objective information.
  - 3. Plan for next session based on information above.
  - 4. Frequent changes of therapists within 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.

5. Treatments are expected to be evidence-based and result in significant, functional improvement in a reasonable and generally predictable period or are necessary for the establishment of a safe and effective maintenance program.
6. 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.
7. Any information regarding discharge or transfer of services should be included in the daily clinical documentation.

## II. 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:
  1. Autism
  2. Apraxia
  3. Intellectual delay
  4. Down syndrome
  5. Traumatic brain injury (TBI)
  6. Muscular Dystrophy
  7. Cerebral Palsy
  8. Velopharyngeal disorders
  9. Expressive Language Disorder
  10. Amyotrophic Lateral Sclerosis (ALS)
- 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).

## III. DOCUMENTATION

- Prior Authorization (PA) requests for therapeutic services for the use of a speech device must include **all** the following documentation.
- A. A signed and dated order from a contracted qualified health professional (MD, DO, PA, CNP, APRN); AND
  - B. Clinical documentation supporting the requested service (including but not limited to, findings from evaluation for SGD, documentation of treatment results, progress summary if continued services are requested, diagnosis); AND
  - C. Verification that the member has access to his/her own SGD, including a description of the device itself; AND
  - D. A signed parental consent form for members <18 years old; AND

E. A completed HCA-61 Therapy Prior Authorization Request form found on the [www.OKHCA.org](http://www.OKHCA.org) website.

Note: Additional information may be requested.

#### **Continuation Criteria**

- I. Prior Authorization for therapeutic services for an SGD may be approved for up to one year.
- 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. <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>
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15. [http://www.asha.org/practice/reimbursement/coding/coding\\_faqs\\_slp/](http://www.asha.org/practice/reimbursement/coding/coding_faqs_slp/)
16. <https://doi.org/10.1044/leader.BML22022017.36>
17. <https://www.tandfonline.com/doi/full/10.3109/07434618.2015.1064163G>