

**New York State Medicaid  
Speech Generating Device  
And Related Accessories  
Guidelines**

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## I. Introduction

The purpose of these guidelines is to provide detailed coverage criteria for speech generating devices and accessories for all stake holders so that medically necessary equipment is provided to Medicaid beneficiaries in a timely manner in compliance with applicable policies. These guidelines are the product of collaboration with practitioners, therapists, medical equipment providers, advocates and NYS Medicaid medical review staff, utilizing state and national standards and are the basis for compliance with applicable Medicaid policies.

Written comments and feedback on this document are welcome and may be directed to the OHIP mailbox at [OHIPMedPA@health.state.ny.us](mailto:OHIPMedPA@health.state.ny.us)

## II. Coverage Guidelines for Speech Generating Devices (SGD's) and Related Accessories

Speech generating devices are considered a form of [Augmentative Communication Systems \(ACS\)](#) or [Communication Devices](#). Speech Generating Devices and related accessories are covered when the following guidelines and criteria are met.

A beneficiary is eligible for a SGD when their ability to communicate using speech and/or writing is insufficient for normal conversation and when it has been demonstrated that a SGD will allow the individual to improve their communication to a functional level not achievable without the ordered device. Devices must be useful and medically necessary in the beneficiary's customary environments. Evidence that the prescribed SGD is the least costly form of ACS is a required component of the comprehensive evaluation.

Speech Generating Devices and related accessories are covered when NYS Medicaid's minimum coverage criteria have been met and the ordered SGD is [dedicated](#); or in the case of [non-dedicated](#) devices when one of the following is met; a) a SGD software/program is being ordered for use on beneficiary owned equipment (e.g.: laptop, tablet) as a less costly alternative to meet the beneficiary's functional communication needs, or b) the ordering practitioner establishes, with documentation of treatment failure with dedicated devices, that no available forever dedicated device meets the beneficiary's medical needs. Non dedicated devices (excluding SGD software/programs) are not eligible for coverage when the intention is to unlock the device for uses other than communication or for use by individuals other than the beneficiary for which the SGD was ordered. Medicaid provides funding for only one SGD concurrently (e.g.: dedicated SGD or a communication software/program).

Within this policy, the term SGD also describes Speech Generating Device software/programs. While the software/program is a covered benefit when all other coverage criteria are met, the installation and technical support of the program on a non-dedicated device is not separately reimbursable. Additionally, funding (e.g.: repair, support, purchase) of the device itself (e.g.: laptop, tablet) is not a covered benefit as it is not primarily medical in nature and does not meet the definition of durable medical equipment.

SGD's should be rented initially until such time the documentation establishes the coverage criteria for purchase of a device has been met. Documentation must include a detailed description of the beneficiary's trial of the SGD, addressing the ability to functionally communicate with the device while demonstrating proficiency in accessing and using the device to meet communication needs in all customary environments. Purchase should not be pursued until such time the documentation, including trial results, demonstrates functional and proficient use of the device in the beneficiary's customary environments. When pursuing alternate access components (e.g.: head switch, eye gaze) or SGD software/programs, documentation of a successful trial is also required. The length of trial for alternate access components or software/programs should be sufficient length to demonstrate functional and proficient use of the component/software to allow the beneficiary to meet their communication needs in all customary environments. Rental fees include all the necessary components, including but not limited to, mounting systems, appropriate switches, access components, guards, and software

necessary for an effective trial period. Rental is not required if the ordered SGD is a replacement of same/similar equipment and Medicaid's coverage criteria for purchase are met.

Repairs will not be funded when the minimum coverage criteria for SGD's are not met.

DMEPOS providers of SGD's are expected to a) be knowledgeable about the items they dispense and provide information to the individuals about the use and care of the item; and b) assist the physician and SLP in coordinating training/education on the device; and c) provide information regarding warranty services and uphold the terms of the warranty; and d) are responsible for any needed replacements or repairs that are due to defects in quality and workmanship.

The reimbursement for a new SGD includes all necessary batteries, power source components, software, and any type carrying case.

All documentation of medical necessity must be kept in the ordering practitioner's clinical file and the DMEPOS provider's file.

The SLP performing the evaluation of the beneficiary may not be an employee or have any financial relationship with the SGD supplier. There must be a signed and dated attestation by the supplier that the licensed/certified medical professional (LCMP) has no financial relationship with the supplier.

### III. General Clinical Documentation requirements

Documentation, at minimum, must include the following:

- Physician order which includes specifications for the device and related accessories/components being ordered. The prescription for rental of a device should also include the necessary therapy and training required to assess the beneficiary's ability to meet their functional communication needs. The ordered device and related accessories should provide the beneficiary with the ability to attain a level of functional communication consistent with his/her physical, language, and cognitive abilities.
- For the purchase of a new device (initial or replacement), a formal evaluation report ([see section IV](#)) completed by a licensed Speech Language Pathologist (SLP). The SLP may work in conjunction with other disciplines such as Physical Therapists, Occupational Therapists, or seating specialists as needed. All clinicians contributing to part of or all of the comprehensive evaluation must provide their name, credentials, license number, date of evaluation/report, signature, and contact information.
- For modifications to an existing device that meets NYS Medicaid's coverage guidelines, including the addition of components or alternate access methods, an abbreviated evaluation, at minimum, by a Licensed SLP is required. If an abbreviated evaluation is provided, it should address at minimum, the beneficiary's current communication abilities and needs, changes in the beneficiary's communication and/or medical status warranting the change in equipment, and evidence that the requested component(s), including any required trials, resulted in an increased level of functional communication and a reduction of disability not available with the current components.
- For repairs to an existing device that meets NYS Medicaid's coverage guidelines, the ordering practitioner or evaluating therapist must document the specific problem(s) with the device and how it impacts the function of the device. When repair is required due to accidental or non-accidental trauma to the device, the SLP or ordering Physician must provide a statement indicating the cause of damage and what reasonable measures will be taken to prevent a recurrence.

## **IV. Evaluation Report Guidelines**

This guideline outlines the basic components of the written evaluation report for SGD's. The SLP should write a detailed narrative which addresses all of the major sections. The SLP may include other relevant information to justify the medical need for the requested device and related accessories.

### **1. Pertinent Background Information**

- Medical diagnosis
- Significant medical history and medications
- Communication disorder(s)/diagnosis and severity of diagnosis
- Past speech/spoken language treatment
- Consumer's history, vocational status
- Living environment

### **2. Speech, Language and Communication Abilities**

- Speech and language skills
  - Comprehension
  - Production
- Prognosis for significant speech improvement
- Current communications skills through multiple modes (e.g., interaction ability with gestures, vocalizations, etc.)
- Cognition as related to SGD uses (e.g. cognitive-language pre-skills evident; cause and effect). Documentation to establish cognitive level allows for functional and appropriate use of the device. Results of formal cognitive functioning testing.
- Associated behaviors needing consideration (e.g. attitude/motivation, memory, ability to focus/attention to task, reasoning skills, learning, concept/vocabulary knowledge)
- Reading, writing and spelling skills

### **3. Limitations of Current System and Communication Needs**

- Summary of the limitations of current methods of communication (e.g. inadequate ability to express known vocabulary)
- Communication environments during a typical day
- Primary communication partners, including special challenges (e.g. visual impairment, wheelchair user, second language) and exchange needs (e.g. group, face to face)
- Message modes (e.g. attention getter, print, telephone)
- Consumer preferences (e.g. consumer opinions about devices and peripherals)
- Communication needs over next two years (e.g. large vocabulary access, spelling capability, communication with groups)

#### **4. Sensory Functioning**

- Visual ability as related to SGD system (e.g. visual tracking abilities, acuity for symbol size, material on screens)
- Auditory ability as related to SGD system (e.g. speech feedback)

#### **5. Postural and Motor Abilities**

- Mobility status (e.g. ambulatory, wheelchair user-manual/power)
- Primary postures/positions across a typical day and % of time in position (e.g. wheelchair, bed, stander)
- Information on positioning needs with regard to the communication device should be included (trunk and head position; needed supports)
- Need for integration of mobility related equipment with communication system (e.g. with walker, power wheelchair controls)

#### **6. Access/Selection Techniques**

- Description of optimal selection technique(s), the physical movement(s) used and any pointer, guards, etc. needed (e.g. direct selection with light pointing via head movements; group-item scanning, size of symbol needed to scan accurately)
- Ability to use selection technique(s) (e.g. movement quality, range of motion, endurance)
- Need for multiple techniques in device (e.g. progressive disease; use in chair/bed)
- Optimal placement and set-up of system (e.g. optimal height and angle of device/manual display, mounting system(s), optimal switch site(s))
- Alternative access methods explored, length of trial/training, education/training provided, and specific reason(s) why ruled out

#### **7. Symbol Form**

- Ability to use various graphic and auditory symbol forms (e.g. photographs, line drawings, spoken letters or words for auditory scanning, sight words, alphabet for spelling)
- Optimal symbol form(s) for current use
- Other symbol form(s) expected to be needed in the next 2 years

#### **8. Vocabulary Storage and Rate Enhancement Techniques**

- Vocabulary storage/rate enhancement techniques considered (e.g. semantic and letter coding; pages/pop-up pages; word prediction)
- Ability to use specific techniques under consideration
- Rate/storage options deemed appropriate



## **9. Delineation of Features of Communication System**

Summarize required device features. This may include, but is not limited to;

- Memory needs for vocabulary storage
- Symbol form(s)
- Communication output(s) (e.g. paper printer, visual display(s), digitized or synthesized speech, etc.)
- Selection technique(s) and related adaptations (e.g. direct selection with medium sized keyboard; keyguard)
- Mounting system and stabilizers (e.g. mount to hold device; switch)
- Vocabulary storage and rate enhancements techniques (e.g. levels; word prediction)
- Portability (e.g. weight, size)
- Durability (as related to environment, mounting, transportation, etc.)
- Special needs (e.g. integration with other technologies such as computer or power wheelchair, ability to interface with environmental controls)

## **10. Communication Systems Considered and Ability To Functionally Utilize**

- Communication devices considered as related to needed features
- Comparisons of systems' capabilities as related to user needs
- Optimal device from among those considered; how this meets communication needs and it's components for meaningful communication
- Discussion of the less costly alternative devices (including SGD software/programs for beneficiary owned equipment and lower level devices) pursued with specific justification why they were ruled out. Include results of any trials including length of trial, education/training provided, and specific reason(s) why they were ruled out
- If possible, consumer's opinion of SGD device selected
- Include data collected on simulated/trial device

## **11. Goals and Trial Results**

- Functional communication goals (time framed, measurable, and functional) prior to trial and goals achieved at the completion of the trial. Must include quantitative measures of functional communication outcomes and goals.
- Length of trial, location(s) of trial, frequency/duration of use during trial period
- Long term goals should be provided when the minimum coverage criteria are met and the beneficiary's plan of care calls for a more advanced level of proficiency in the future (e.g.: first time users, children).

## **12. Environmental Supports**

- Capacity and need of family/caregivers/staff/friends to assist in care and maintenance of SGD device (e.g. charging; daily set-up)
- If applicable, need of family/caregivers/staff/friends to participate in necessary training and facilitate use of SGD device
- Availability of clinical support in the consumers immediate area

### **13. Communication System Ordered**

- Documentation as to how this system meets the beneficiary's medical needs for functional communication in all customary environments.
- Description of device and all components and accessories
- Benefits to user over other possible systems
- Intended location(s), frequency, and duration of use
- Indication of purchase or rental with statement of justification

### **14. Implementation and Follow-up Plan**

- Initial treatment plan for implementing use of device. This may include but is not limited to: (Include the name of person/agency currently responsible for services if possible; if not provide a plan for establishing these services)
  - Initial set-up of system (e.g. initial check, setting up mounting system)
  - Establishing and implementing a treatment plan (e.g. goals for language and communication; device operations)
  - Initial vocabulary analysis and selection, display lay-outs and programming
  - Training significant partners (e.g. care and maintenance, facilitating interaction)
- If rental is indicated, include goal plan initiated at the beginning of the rental period and objective measures achieved upon completion
- Probable modifications within ordered system that will require future funding (e.g. switch for individual with ALS, additional memory)
- Agency/Individual responsible for follow-up evaluation and recommendations

### **15. Upgrade or Replacement of a Previously Provided Device**

- Upgrading devices is considered when an unanticipated change occurs in the beneficiary's needs, capabilities, or potential for communication. When upgrading devices, the documentation must establish what significant changes have occurred in the beneficiary's physical or linguistic abilities, or social environment, and how these changes impact the beneficiary's ability to functionally communicate with the current SGD. The documentation must address the specific improvement in functional communication and reduction of disability to be achieved by the ordered device that cannot be achieved with the current device.
- When replacing an existing device with same or similar, the documentation must establish the reason(s) why the existing device is no longer medically appropriate and why replacement is required.

### **16. Signatures**

- The speech language pathologist must sign the evaluation and provide his/her license number and pertinent contact information.
  - All other professionals directly involved in the evaluation should sign and provide their license numbers, NPI, and contact information.

## V. General Coverage and Payment Rules

1. The coverage and payment rules below are especially applicable to the provision of Durable Medical Equipment. They do not represent the entirety of Medicaid coverage and payment rules. Applicable regulations and policies for submission, coverage, and payment are located in [Title 18 of the New York Codes, Rules and Regulations \(NYCRR\)](#), specifically Parts 505.5 (DME), 513.4 (Prior Approval), 518 (Recovery of Payments and Overpayments) and the [DME Provider Manual](#):
2. SGD is categorized as durable medical equipment (DME) and is covered under the Home Health Benefit of the Medicaid (MA) State Plan.

## VI. Definitions

Augmentative Communication Systems: A composite of communications components that may include, but are not limited to, communication devices, manual signs, and communication strategies.

Communication Devices: A general term used to describe a primary unit such as communication software/programs, speech generating device, manual board, or electro larynx, and accessories including but not limited to application programs, language symbols, interfaces, overlays, cables, and mounts.

Dedicated Speech Generating Device (DSGD): Devices used as a medically necessary speech aid that is designed, manufactured, and utilized for the sole purpose of generating speech, primarily and customarily used for medical purposes, provides an individual who has a severe speech impairment with the ability to meet functional speaking needs, and is used solely by the individual who has a severe speech impairment. The device is only intended to perform speech generating functions for the life of the device and cannot be altered by the average consumer to perform non-speech generating functions. DSGD's may have digitized speech output using pre-recorded messages with defined recording times or may have synthesized speech output, which requires message formulation by spelling and device access by physical contact with the device-direct selection technique or multiple methods of device access.

Non Dedicated Speech Generating Device (non-DSGD): Devices with one or more of the following characteristics;

- a. The capability (locked or unlocked) of running software for purposes other than speech generation (e.g.: devices that can also run word processing package, an accounting program, or perform other non medical functions); or
- b. Laptop computers, desktop computers, tablet computers, cell phones, or personal digital assistants, which may be programmed to perform the same function as a speech generating device, and are therefore not primarily medical in nature and do not meet the regulatory definition of [Durable Medical Equipment](#); or
- c. A device that is useful to someone without severe speech impairment.

Speech Generating Device Software: Programs used on a laptop computer, desktop computer, tablet, cell phone, or personal digital assistant (PDA) that enable the user to improve their communication to a functional level.