NORTH Dakota Be Legendary. | Health & Human Services	**SPEECH GENERATING DEVICE** Service Authorization: Yes CMN Required: No
DURABLE MEDICAL EQUIPMENT MANUAL	COVERAGE AND LIMITATION CRITERIA AND POLICIES
EFFECTIVE: MARCH 2007	REVISED: November 2023

Indications and limitations of coverage and medical appropriateness:

Coverage allowed if ALL the following conditions are present:

1. Member has a severe expressive speech and alternative natural communication methods such as writing, or sign language are not feasible or are inadequate for that individual's daily functional communication needs; **and**
2. Prior to delivery of the speech generating device the member has had a formal evaluation of their cognitive and language abilities by a speech-language pathologist (SLP) that supports the request device; **and**
3. Speech language pathologist (SLP) Evaluation must include the following.
    - The member's functional ability to use the device throughout their daily activities.
    - The device is appropriate to the member's current comprehension, abilities, and skills.
    - The member demonstrates the cognitive, physical, visual, and hearing skills necessary to communicate using the requested device.
    - A description of the member's postural, mobility, and motor status, including optimal positioning, integration of mobility with the requested device.
    - A trial period using the requested device must be provided for initial device authorization requests. The SLP must document a description of the trial period with the requested device, including length of trial, settings, outcome, and additional training needs identified.
    - Assessment of the member on at least three dedicated speech generating devises, by more than one manufacturer and document why the requested devices are more appropriate than the other device(s). Include the following:
        - ❖ Device(s) evaluated; **and**
        - ❖ Member's performance on each device evaluated; **and**
        - ❖ The device requested (brand, make/model, and type); **and**
        - ❖ Reasons why other evaluated devices did not meet the member's needs.
    - The member has demonstrated the ability to use the requested device and accessories for functional communication with multiple individuals in multiple settings within the trial while conveying varying message types without being fully dependent on prompting or assistance in producing the communication as evidenced by a data-driven device trial showing that skills can be demonstrated repeatedly over time, beyond a single instance or evaluation session.

- Documentation that device is configured to limit use to the purpose of communication only.
- Signed and dated attestation the that they have no financial relationship with the requesting SGD provider or SGD manufacturer.

Speech Generating Device Accessories:

1. Eye Control/Eye Gaze Accessory - An eye gaze accessory should be considered only after all other methods of accessing the SGD have been evaluated and ruled out. The recommendation for an eye gaze accessory must be based on an assessment by the SLP and if meets all the following.
   - Scanning and head pointing systems have been tried repeatedly over time (within a single evaluation session or in several sessions) were ruled out as not appropriate.
   - The member demonstrates abilities to use eye gaze technology beyond cause-and-effect activation, simple eye tracking activities, and learning tools. A recent vision assessment may be required.
   - The member has the physical ability to activate the system and demonstrate meaningful/functional use of the device without being fully dependent on prompting or assistance in producing the communication.
   - A data driven objective trial with the requested eye gaze access device has occurred.
   - Documentation shows that other eye gaze access devices from multiple manufacturers have been considered.
   - The member can use the eye gaze technology to communicate significantly beyond the capabilities of a light technology eye gaze system such as an eye gaze board or E-Tran system with less partner assistance.
   - A PT and/or OT with assistive technology (AT) experience has explored the member's positioning needs and head control abilities and all potential less costly access methods, including non-voice output eye gaze boards.
2. Mounts - used to secure SGDs for access and safety. One mount is allowed when documentation supports it meets the member's needs in all customary environments.

Repairs:

- An invoice listing parts and labor from the manufacturer for the cost of the repairs. The decision whether to repair or replace a device is determined by North Dakota Medicaid as will pay for repairs/modifications up to 75% of replacement cost.

- When repair is 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.

Billing Guidance:

The professional services related to the communication systems, assessment, therapy, and follow-up monitoring services must be billed as speech-language therapy.

Limited to one every seven years.

Documentation Requirements:

- Prescribing physician/practitioner note within 90 days of SA requested start date. Must address the clinical need.
- A physician's prescription required showing referral for evaluation for speech generating device dated **prior** to speech evaluation.
- IEP.
- Speech/language evaluation – no earlier than 6 months prior to submission.

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Be Legendary.

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DURABLE MEDICAL EQUIPMENT MANUAL

COVERAGE AND LIMITATION CRITERIA AND POLICIES

EFFECTIVE: MARCH 2007

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EFFECTIVE: March 2007	REVISED: November 2023

SPEECH GENERATING DEVICE

Date Revised	Revisions
June 2017	Reviewed and reformatted. Added clarification for documentation requirements.
November 17, 2023	Reviewed and reformatted. Add new logo. Add coverage criteria listed below. **Indications and limitations of coverage and medical appropriateness:** Coverage allowed if ALL the following conditions are present: 3. Member has a severe expressive speech and alternative natural communication methods such as writing, or sign language are not feasible or are inadequate for that individual's daily functional communication needs; **and** 4. Prior to delivery of the speech generating device the member has had a formal evaluation of their cognitive and language abilities by a speech-language pathologist (SLP) that supports the request device; **and** 3. Speech language pathologist (SLP) Evaluation with the following documentation requirements: • The member's functional ability to use the device throughout their daily activities.

- The device is appropriate to the member's current comprehension, abilities, and skills.
- The member demonstrates the cognitive, physical, visual, and hearing skills necessary to communicate using the requested device.
- A description of the member's postural, mobility, and motor status, including optimal positioning, integration of mobility with the requested device.
- A trial period using the requested device must be provided for initial device authorization requests. The SLP must document a description of the trial period with the requested device, including length of trial, settings, outcome, and additional training needs identified.
- Assessment of the member on at least three dedicated speech generating devises, by more than one manufacturer and document why the requested devices are more appropriate than the other device(s). Include the following:
  - ❖ Device(s) evaluated; **and**
  - ❖ Member's performance on each device evaluated; **and**
  - ❖ The device requested (brand, make/model, and type); **and**
  - ❖ Reasons why other evaluated devices did not meet the member's needs.
- The member has demonstrated the ability to use the requested device and accessories for functional communication with multiple individuals in multiple settings within the trial while conveying varying message types without being fully dependent on prompting or assistance in producing the communication as evidenced by a data-driven device trial showing that skills can be demonstrated repeatedly over time, beyond a single instance or evaluation session.
- Documentation that device is configured to limit use to the purpose of communication only.
- Signed and dated attestation the that they have no financial relationship with the requesting SGD provider or SGD manufacturer.

SGD Accessories:

3. Eye Control/Eye Gaze Accessory - An eye gaze accessory should be considered only after all other methods of accessing the SGD have been evaluated and ruled out. The recommendation for an eye gaze accessory must be based on an assessment by the SLP and if meets all the following.
    - Scanning and head pointing systems have been tried repeatedly over time (within a single evaluation session or in several sessions) were ruled out as not appropriate.
    - The member demonstrates abilities to use eye gaze technology beyond cause-and-effect activation, simple eye tracking activities, and learning tools. A recent vision assessment may be required.
    - The member has the physical ability to activate the system and demonstrate meaningful/functional use of the device without being fully dependent on prompting or assistance in producing the communication.
    - A data driven objective trial with the requested eye gaze access device has occurred.
    - Documentation shows that other eye gaze access devices from multiple manufacturers have been considered.
    - The member can use the eye gaze technology to communicate significantly beyond the capabilities of a light technology eye gaze system such as an eye gaze board or E-Tran system with less partner assistance.
    - A PT and/or OT with assistive technology (AT) experience has explored the member's positioning needs and head control abilities and all potential less costly access methods, including non-voice output eye gaze boards.

4. Mounts are used to secure SGDs for access and safety. One mount is allowed when

	documentation supports it meets the member's needs in all customary environments. **Repairs:** • An invoice listing parts and labor from the manufacturer for the cost of the repairs. The decision whether to repair or replace a device will be based on a determination of which will be most cost effective as North Dakota Medicaid will pay for repairs up to 75% of replacement cost. • When repair is 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. Changed Documentation Requirements bullet one 60 to 90. Deleted Documentation Requirements bullet five: Physician's statement or Therapists evaluation.