

Affected Programs: BadgerCare Plus, Medicaid

To: Medical Equipment Vendors, Occupational Therapists, Physician Clinics, Physicians, Rehabilitation Agencies, Speech and Hearing Clinics, Speech-Language Pathologists, Therapy Groups, HMOs and Other Managed Care Programs

New Coverage Policy for Digitized Speech Generating Devices

This *ForwardHealth Update* establishes new coverage policy for digitized speech generating devices effective for dates of service on and after May 1, 2017.

General Coverage Information

ForwardHealth covers the purchase and repair of digitized speech generating devices for members with severe expressive speech impairment when alternative natural communication methods are not feasible or are inadequate for an individual's daily functional communication needs. Digitized speech generating devices use recorded speech output instead of synthesized or computerized speech output. Covered digitized speech generating devices are specifically identified by Healthcare Common Procedure Coding System (HCPCS) procedure codes E2500, E2502, E2504, and E2506.

Effective for dates of service (DOS) on and after May 1, 2017, ForwardHealth no longer requires prior authorization (PA) for purchase of digitized speech generating devices. The life expectancy of the devices is three-years. The policy for synthesized speech generating devices has not changed. Refer to the Durable Medical Equipment (DME) Index on the ForwardHealth Portal at www.forwardhealth.wi.gov/ for PA requirements and life expectancy for synthesized speech generating devices.

Note: ForwardHealth does not reimburse for rental of digitized speech generating devices.

For information regarding speech and language pathology therapy services following the purchase of a speech generating device, refer to Speech and Language Pathology Services Directly Following the Purchase of a Speech Generating Device topic (topic #16637) in Services Requiring Prior Authorization chapter of the Prior Authorization section of the Therapies: Physical, Occupational, and Speech and Language Pathology service area of the ForwardHealth Online Handbook.

Prior Authorization

Effective for DOS on and after May 1, 2017, PA is no longer required for purchase of digitized speech generating devices.

Approved PA requests continue to be required for:

- Devices dispensed by out-of-state providers.
- Replacements within the three-year life expectancy.
- Repairs of digitized speech generating devices when the billed amount is more than \$300.

Note: Out-of-state providers and vendors who do not have border-status enrollment with Wisconsin Medicaid are required to meet ForwardHealth's guidelines for PA approval of DME. For information on submitting PA

requests for DME, refer to the Prior Authorization Request Form Completion Instructions for Durable Medical Equipment topic (topic #1832) in the Forms and Attachments chapter of the Prior Authorization section of the Durable Medical Equipment service area of the Online Handbook.

Procedure Codes

When submitting claims and PA requests, if applicable, for digitized speech generating devices or repairs, providers are required to indicate the appropriate HCPCS procedure code from the following list:

- E2500 (Speech generating device, digitized speech, using pre-recorded messages, less than or equal to 8 minutes recording time)
- E2502 (Speech generating device, digitized speech, using pre-recorded messages, greater than 8 minutes but less than or equal to 20 minutes recording time)
- E2504 (Speech generating device, digitized speech, using pre-recorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time)
- E2506 (Speech generating device, digitized speech, using pre-recorded messages, greater than 40 minutes recording time)
- V5336 (Repair/modification of augmentative communicative system or device [excluding adaptive hearing aid])

Documentation Requirements

ForwardHealth requires that billing providers maintain the following documentation in their medical records:

- The prescription must be retained for five years from the DOS as outlined in the Prescriptions topic (topic #1766) in the Covered Services and Requirements chapter of the Covered and Noncovered Services section of the Durable Medical Equipment service area of the Online Handbook
- Date-of-delivery documentation must include written confirmation of delivery of the product or service as outlined in the Dates of Service topic (topic #19238) and the Documentation Requirements for Date of Delivery topic (topic #19257) under Medical Records in the Documentation chapter of the Provider Enrollment

and Ongoing Responsibilities section of the Durable Medical Equipment area of the Online Handbook

- A formal evaluation of the member's communication abilities by a speech-language pathologist (SLP) must include documentation and confirm all of the following:
 - ✓ The member has a severe expressive speech impairment and alternative natural communication methods are not feasible or are inadequate for that individual's daily functional communication needs.
 - ✓ The member has a documented speech impairment that will benefit from the device.
 - ✓ The member has the relevant skills to functionally use the selected device.
 - ✓ The member possesses a treatment plan that includes a training schedule for the selected device.
 - ✓ The rationale for a specific device, including how its features match the member's communication needs and skills.

Repairs

ForwardHealth continues to cover repairs after the manufacturer's warranty expires. Prior authorization is required for repairs when the billed amount is more than \$300. Extended warranties are not covered.

Reimbursement

Effective for DOS on and after May 1, 2017, digitized speech generating devices will have a maximum allowable fee. For the current reimbursement rate and allowable provider types for digitized speech generating devices, refer to the interactive maximum allowable fee schedule available on the Portal.

Providers are reminded that delivery or set-up charges for equipment as a separate service are noncovered per Wis. Admin. Code § DHS 107.24(5)(h).

Information Regarding Managed Care Organizations

This *ForwardHealth Update* contains fee-for-service policy and applies to services members receive on a fee-for-service basis only. For managed care policy, contact the appropriate managed care organization. Managed care organizations are

required to provide at least the same benefits as those provided under fee-for-service arrangement.

The *ForwardHealth Update* is the first source of program policy and billing information for providers.

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Medicaid Services, the Wisconsin Department of Health Services (DHS). The Wisconsin AIDS Drug Assistance Program and the Wisconsin Well Woman Program are administered by the Division of Public Health, DHS.

For questions, call Provider Services at 800-947-9627 or visit our website at www.forwardhealth.wi.gov/.

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