



Update

June 2019

No. 2019-16

Affected Programs: BadgerCare Plus, Medicaid

To: Home Health Agencies, Individual Medical Supply Providers, Medical Equipment Vendors, Occupational Therapists, Personal Care Agencies, Pharmacies, Physician Clinics, Physicians, Rehabilitation Agencies, Speech and Hearing Clinics, Speech-Language Pathologists, Therapy Groups, HMOs and Other Managed Care Programs

Revised Coverage and Prior Authorization Policy for Synthesized Speech-Generating Devices

This *ForwardHealth Update* announces revised coverage and prior authorization (PA) policy for synthesized speech-generating devices (SGDs). Synthesized SGDs use computer-generated speech output instead of, or in addition to, recorded speech output to improve members' communication abilities.

Coverage Policy

ForwardHealth covers the rental, purchase, and repair of dedicated synthesized SGDs when PA criteria are met. The device must improve a member's communication ability when alternative natural communication methods are not feasible or are inadequate to meet the member's functional communication needs within routines.

PA is required for the following:

- Purchase of a dedicated synthesized SGD
- Purchase of accessories, mounting systems, and software for synthesized SGDs
- Rental periods longer than 90 days
- Repairs of synthesized SGDs when the billed amount is more than \$300

Effective for dates of services (DOS) on and after July 1, 2019, ForwardHealth has revised synthesized SGD purchase and rental PA approval criteria and added two new **optional** forms based on state and national best practices to support speech-language pathologists in providing required

documentation to the durable medical equipment (DME) provider for PA submission to ForwardHealth. The two new optional forms are provided to support speech-language pathologists in meeting content requirements. Speech-language pathologists can alternatively complete a report(s) in a format of their choosing with the required content found on the optional forms.

At the time that the speech-language pathologist recommends an SGD and relevant accessories for rental or purchase for a member, they will complete a report(s) with required content or the two new optional forms:

- Prior Authorization/Speech-Generating Device Skills and Needs Profile Attachment, F-02494 (07/2019)
- Prior Authorization/Speech-Generating Device Purchase Recommendation Attachment, F-02493 (07/2019)

ForwardHealth recommends that members undergo a trial period (also referred to as loaner or rental period) with the synthesized SGD. The speech-language pathologist may recommend a trial period up to 90 days before making a recommendation for an SGD purchase. Requests for trials greater than 90 days require PA. This trial period is not required prior to submitting a PA for the purchase; however, the trial period is recommended as it allows the member to demonstrate progress related to targeted SGD communication skills during and outside of treatment

sessions and within targeted interactions (e.g., with a caregiver or other team members). Documented progress during the trial period can help substantiate the medical necessity of the SGD purchase request.

Note: In limited circumstances (e.g., a member with amyotrophic lateral sclerosis), once the speech-language pathologist confirms the match between the SGD and member skills and the member demonstrates proficiency with the device, the speech-language pathologist should consider recommending purchase of the SGD without further trial of the device or additional therapy.

PA Approval Criteria

PA requests for rental or purchase of a synthesized SGD, accessories, mounting systems, and software may be approved if **all** the following criteria are met:

- The member has a functional communication need as a result of a congenital, acquired, or progressive neurologic disorder(s) or condition(s).
- The member's current functional speech and/or language status is inadequate for expressing needs and supporting age-appropriate participation within daily situations.
- The SGD is intended to be solely dedicated for communication, following relevant standards for DME.
- The speech and language pathology documentation reflects at least **one** of the following three criteria:
 - ✓ Member demonstrates improvement in multiple skills targeted during ongoing treatment and/or during the rental/trial period. Targeted skills may include language skills (e.g., vocabulary, syntax), social and relevant interaction skills (e.g., communicative functions), operational skills (e.g., on/off, page navigation), context requirements (e.g., frequency or types of cues), and communicating ability with communication partners and situations.
 - ✓ The member uses the recommended SGD to re-establish communication skills demonstrated with a previous or current SGD that is not working, is

unreliable, or no longer meets their needs without requiring treatment or a trial period.

- ✓ Member history demonstrates age-appropriate receptive and expressive language skills, but an acquired disability has reduced or eliminated speech as a means of expression. The member demonstrates proficiency using the recommended SGD without requiring treatment or a trial period.
- The features of the requested SGD are documented to match the member's skills and needs and a less costly SGD would not equally support communication success, opportunities for communication development, and/or communication efficiency.
- The recommended accessories, mounting system, access adaptations, and software are documented to match the member's skills and needs and maximize access to the SGD in different situations (may include documentation from an occupational or physical therapist participating in the SGD evaluation).

PA Submission

The SGD vendor is required to submit the following documentation to ForwardHealth when requesting PA for rental of synthesized SGD or purchase of synthesized SGDs, accessories, mounting systems, or software:

- A completed Prior Authorization Request Form (PA/RF), F-11018 (05/13)
- A completed Prior Authorization/Durable Medical Equipment Attachment (PA/DMEA), F-11030 (07/12)
- A prescription
- If applicable, documentation of face-to-face visits (Refer to the Face-to-Face Prior Authorization Requirement topic [topic #21037] of the Services Requiring Prior Authorization chapter of the Prior Authorization section of the Durable Medical Equipment service area of the ForwardHealth Online Handbook on the ForwardHealth Portal at www.forwardhealth.wi.gov/.)
- Manufacturer name and product name for the device, accessories, and mounting system
- Manufacturer's suggested retail price (MSRP) for SGD accessories and hardware (**not required** for procedure codes E2508 or E2510)

- Recommendation by a speech-language pathologist for the requested device. (This information may be recorded on the Prior Authorization/Speech-Generating Device Purchase Recommendation Attachment form or equivalent.)
- Recommendations for skilled treatment following the purchase of the SGD or rationale explaining why skilled treatment is not required following purchase of the SGD
- A copy of the member's individualized education plan (IEP) when a purchase is being requested for a school-age child (ages 3–21) or the member's Individual Family Service Plan when a purchase is being requested for a child under age 3 who is participating in the Birth to 3 Program to corroborate the member's assessed needs

PA Forms

The Prior Authorization/Speech-Generating Device Skills and Needs Profile Attachment and the Prior Authorization/Speech-Generating Device Purchase Recommendation Attachment forms were created to support submission of all required clinical information needed for PA adjudication. Speech-language pathologists can alternatively complete the report(s) in a format of their choosing with the required content.

PA requests will be returned if the required content is missing from the Prior Authorization/Speech-Generating Device Member Skills and Needs Profile Attachment, Prior Authorization/Speech-Generating Device Purchase Recommendation Attachment, or submitted report(s).

Replacement Prior to Product Life Expectancy

ForwardHealth will continue to cover the replacement of SGD with PA prior to the end of its designated life expectancy when medically necessary. A product's anticipated life expectancy can be found in the DME Index on the Portal.

Life expectancy is measured by the date the item is delivered to the member, not the age of the item. The documentation

submitted with the PA request is required to meet the approval criteria for a synthesized SGD. In addition, the documentation must support that the current SGD meets one of the following criteria:

- The SGD cannot be repaired based on documented attempts to repair the device.
- The SGD does not meet the current or changing needs of the member.
- The SGD does not provide features that are necessary for the member's communication.

Reimbursement

Synthesized SGDs have a maximum allowable fee. For information regarding the maximum allowable fees, refer to the interactive maximum allowable fee schedules on the Portal.

Effective for DOS on and after July 1, 2019, the following accessories are included in the purchase of an SGD and are not separately reimbursable at the time of initial purchase:

- AC adapters
- All applicable software programs
- Batteries
- Battery chargers
- Nonintegrated keyboards
- Protective case or covers

Effective for DOS on and after July 1, 2019, ForwardHealth will manually price accessories, mounting systems, and software for synthesized SGDs on the PA at 80 percent of the MSRP.

Documentation Retention

Providers are reminded that they must follow documentation retention requirements found in the Medical Records topic (topic #202) of the Documentation chapter of the Provider Enrollment and Ongoing Responsibilities section of the Durable Medical Equipment service area of the Online Handbook. Providers are required to produce and/or submit the documentation to ForwardHealth upon request.

ForwardHealth may deny or recoup payment for services that fail to meet this requirement.

Information Regarding Managed Care Organizations

This *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 (MCO). MCOs are required to provide at least the same benefits as those provided under fee-for-service arrangements.

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/.

P-1250

ATTACHMENT

Prior Authorization/Speech-Generating Device Skills and Needs Profile Attachment Instructions

(A copy of the “Prior Authorization/Speech-Generating Device Skills and Needs Profile Attachment Instructions” is located on the following pages.)

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**FORWARDHEALTH
PRIOR AUTHORIZATION / SPEECH-GENERATING DEVICE SKILLS AND
NEEDS PROFILE ATTACHMENT INSTRUCTIONS**

ForwardHealth requires certain information to enable the programs to authorize and pay for medical services provided to eligible members.

ForwardHealth members are required to give providers full, correct, and truthful information for the submission of correct and complete claims for reimbursement. Per Wis. Admin. Code § DHS 104.02(4), this information should include, but is not limited to, information concerning enrollment status, accurate name, address, and member ID number.

Under Wis. Stat. § 49.45(4), personally identifiable information about program applicants and members is confidential and is only used for purposes directly related to ForwardHealth administration such as determining eligibility of the applicant, processing prior authorization (PA) requests, or processing provider claims for reimbursement. Failure to supply the information requested by the form may result in denial of PA or payment for the service.

INSTRUCTIONS: Under Wis. Admin. Code § DHS 106.02(9)(e), the provider is solely responsible for the truthfulness, accuracy, timeliness, and completeness of PA requests. The provider is responsible for submitting sufficient information to support the medical necessity of the requested equipment or supplies. If the space provided is not sufficient, attach additional pages for the provider's responses and/or an occupational or physical therapy report if available. All speech-generating devices (SGDs) must be prescribed by a physician. Refer to the applicable service-specific publications for service restrictions and additional documentation requirements.

The speech-language pathologist is required to complete the Prior Authorization/Speech-Generating Device Skills and Needs Profile Attachment form and the Prior Authorization/Speech-Generating Device Purchase Recommendation Attachment form, F-02493, or to submit a speech and language pathology (SLP) report documenting the same content as the two attachments. The speech-language pathologist is required to submit the completed forms or documentation to the SGD vendor with any additional required documentation attachments. The SGD vendor may submit the forms and any required documentation by fax to ForwardHealth at 608-221-8616 or by mail to the following address:

ForwardHealth
Prior Authorization
Ste. 88
313 Blettner Blvd.
Madison, WI 53784

The provision of services that are greater than or significantly different from those authorized may result in nonpayment of the billing claim(s).

SECTION I – MEMBER INFORMATION

Element 1: Name – Member

Enter the member's last name, followed by their first name and middle initial. Use Wisconsin's Enrollment Verification System (EVS) to obtain the correct spelling of the member's name. If the name or the spelling of the name on the ForwardHealth ID card and the EVS do not match, use the spelling from the EVS.

Element 2: Member ID Number

Enter the member ID. Do not enter any other numbers or letters.

Element 3: Date of Birth – Member

Enter the member's date of birth in mm/dd/ccyy format.

SECTION II – SERVICE INFORMATION

Element 4: Medical Diagnosis

Enter the member's medical diagnosis.

Element 5: Treatment Diagnosis

Enter the member's treatment diagnosis.

Element 6: Member's/Family's Native Language

Enter the member's or the member's family's native language.

Element 7

Check the appropriate box to indicate whether or not the member is a dual language learner. If yes, specify the languages.

Element 8: Date(s) or Range of Dates Needed for Completion of the Skills and Needs Profile

Enter the date(s) or range of dates that were needed to complete the skills and needs profile.

SECTION III – BACKGROUND INFORMATION

Element 9

Enter who referred the member for evaluation and why.

Element 10

Briefly describe the member's living situation.

Element 11

List the member's relevant medical history.

Element 12

Check the appropriate box to indicate whether or not the member has previously received SLP services focusing on alternative and augmentative communication (AAC). If yes, describe the timeframe and location of previous treatment and the reason that the current SGD skills and needs profile is needed.

Element 13

Include additional background information or history if applicable. For instance, discuss any other pertinent SLP services the member has received in the past or is currently receiving, and discuss how the provider will coordinate services with other providers. Attach the Individualized Family Service Plan (IFSP) for Birth to 3 Program-aged members if applicable. Attach the Individualized Education Program (IEP) for school-aged members (3–21 years old) if applicable.

SECTION IV – CONFIRMING NEED FOR SGD EVALUATION

Element 14

Check all the boxes that apply to the member. Include additional information confirming the member's need for an SGD evaluation if applicable.

SECTION V – EVALUATION OF SKILLS RELEVANT TO COMMUNICATING USING AN SGD

Element 15

Check all the boxes that describe the member's speech skills. Include additional information regarding speech skills if applicable.

Element 16

Check all the boxes that describe the member's receptive language skills. Include additional information regarding receptive language skills if applicable.

Element 17

Check all the boxes that describe the member's expressive language skills. Briefly describe the member's vocabulary status and grammatical skills/language complexity. Include additional information regarding expressive language skills if applicable.

Element 18

Check all the boxes that describe the member's communication skills. Include additional information regarding communication skills if applicable.

Element 19

Check all the boxes that describe the member's cognitive skills. Include additional information regarding cognitive skills if applicable.

Element 20

Check all the boxes that describe the member's learning style and context requirements related to SGD use. Include additional information regarding learning style and context requirements if applicable.

Element 21

Check the box that describes the member's hearing skills. Include additional information regarding the member's hearing status if applicable.

Element 22

Check **one** of the boxes to describe the member's vision skills. Include additional information regarding the member's vision skills if applicable.

Element 23

Check **one** of the boxes to describe the member's fine motor skills. Attach a report from an occupational therapist or physical therapist if applicable. Include additional information regarding fine motor status if applicable.

Element 24

Check all the boxes that describe the member's gross motor skills/mobility/positioning. Attach a report from the occupational therapist or physical therapist if applicable.

SECTION VI – RECOMMENDATIONS

Element 25

Include recommendations following the completion of the skills and needs profile in the space provided. Recommendations should include whether or not the member will need additional treatment and/or a trial period using the SGD.

SECTION VII – AUTHORIZED SIGNATURE

Element 26: SIGNATURE AND CREDENTIALS – Speech-Language Pathologist

Enter the signature and credentials of the speech-language pathologist.

Element 27: Date Signed

Enter the month, day, and year the form was signed (in mm/dd/ccyy format).

ATTACHMENT 2 PRIOR AUTHORIZATION/SPEECH-GENERATING DEVICE SKILLS AND NEEDS PROFILE ATTACHMENT

(A copy of the “Prior Authorization/Speech-Generating Device Skills and Needs Profile Attachment” form is located on the following pages.)

**FORWARDHEALTH
PRIOR AUTHORIZATION / SPEECH-GENERATING DEVICE SKILLS AND
NEEDS PROFILE ATTACHMENT**

INSTRUCTIONS: Type or print clearly. Before completing this form, read the Prior Authorization/Speech-Generating Device Skills and Needs Profile Attachment Instructions, F-02494A. Providers may refer to the Forms page of the ForwardHealth Portal at www.forwardhealth.wi.gov/WIPortal/Subsystem/Publications/ForwardHealthCommunications.aspx?panel=Forms for the completion instructions.

The speech-language pathologist is required to complete the Prior Authorization/Speech-Generating Device Skills and Needs Profile Attachment form and the Prior Authorization/Speech-Generating Device Purchase Recommendation Attachment form, F-02493, or to submit a speech and language pathology (SLP) report documenting the same content as the two attachments. The speech-language pathologist is required to submit the completed forms or documentation to the speech-generating device (SGD) vendor with any additional required documentation attachments. The SGD vendor may submit the forms and any required documentation by fax to ForwardHealth at 608-221-8616 or by mail to ForwardHealth, Prior Authorization, Suite 88, 313 Blettner Boulevard, Madison, WI 53784.

SECTION I – MEMBER INFORMATION

1. Name – Member (Last, First, Middle Initial)

2. Member ID Number

3. Date of Birth – Member (mm/dd/ccyy)

SECTION II – SERVICE INFORMATION

4. Medical Diagnosis

5. Treatment Diagnosis

6. Member's / Family's Native Language

7. Is the member a dual language learner?

Yes No

If yes, specify languages. _____

8. Date(s) or Range of Dates Needed for Completion of the Skills and Needs Profile

SECTION III – BACKGROUND INFORMATION

9. Who referred the member for evaluation and why?

10. Briefly describe the member's living situation.

11. List the member's relevant medical history.

-
12. Has the member previously received SLP services focusing on alternative and augmentative communication (AAC)? Yes No

If yes, describe the timeframe and location of previous treatment and the reason that the current SGD skills and needs profile is needed.

-
13. Include additional background information or history if applicable. For instance, discuss any other pertinent SLP services the member has received in the past or is currently receiving, and discuss how the provider will coordinate services with other providers. Attach the Individualized Family Service Plan (IFSP) for Birth to 3 Program-aged members if applicable. Attach the Individualized Education Program (IEP) for school-aged members (3–21) if applicable.

SECTION IV – CONFIRMING NEED FOR SGD EVALUATION

14. Check all boxes that apply to the member.

- Member is unable to address communication needs, including those related to health, safety, and communication with all partners, using speech alone.
- Member is unable to effectively communicate to address a range of communicative purposes.
- Member's current functional speech and/or language status is inadequate for supporting age-appropriate participation in daily situations.
- Member previously benefited from using an SGD, but it is not working or is no longer meeting the member's needs.

List the SGD previously used. _____

Report on attempts to repair the SGD and outcomes (if applicable). _____

- Member is unable to advance expressive language skills using speech alone (for example, expand vocabulary, syntax, pragmatic skills).

Other: _____

Include additional information confirming the member's need for an SGD evaluation if applicable.

SECTION V – EVALUATION OF SKILLS RELEVANT TO COMMUNICATING USING AN SGD

15. Check all boxes that describe the member's speech skills.

- Member has no speech or has limited speech.
- Member speaks but has limited intelligibility.
- Member is intelligible; however, spoken words do not match situations, reducing comprehensibility (for example, echolalia).

Include additional information regarding speech skills if applicable.

16. Check all boxes that describe the member's receptive language skills.

- Member has an acquired disability but has retained age-typical receptive language skills. (If this box is checked, skip to Element 17.)
- Member follows _____-step directions within physical capabilities during meaningful situations.
- Member has completed standardized testing appropriate for age and diagnosis.
List test, test date, and results if applicable. _____
- Member responds to named objects, people, or other verbal stimuli within daily routines.
- Member selects pictures, line drawings, and/or printed words on tablets, phones, computers, or environmental signs or in printed material.
- Member demonstrates an understanding of categories or basic concepts.
- Member's performance is observed within academic or work tasks.
- Member experiences barriers to demonstrating receptive language skills (for example, motor or sensory impairment).

Include additional information regarding receptive language skills if applicable.

17. Check all boxes that describe the member's expressive language skills.

- Member's history demonstrates age-appropriate expressive language skills, but an acquired disability has reduced or eliminated speech as a means of expression.
- Member demonstrates communicative intent.
- Member uses expressive language for the following communicative purposes:
 - Requesting Greeting Gaining Attention Commenting
 - Providing Information Protesting Initiation Termination Other _____

Briefly describe the member's vocabulary status and grammatical skills/language complexity.

Include additional information regarding expressive language skills if applicable.

18. Check all boxes that describe the member's communication skills.

- Member currently uses nonlinguistic expressive modalities, including:
 - Vocalizations Gestures Pointing Body Language / Facial Expression
 - Leading People Eye Gaze Behaviors Other _____
- Member currently uses linguistic expressive modalities, including:
 - Spoken Word Approximations Spoken Words _____
 - Text (Reading / Writing) _____ Other _____
- Member has demonstrated use of linguistic expressive modalities via AAC, including:
 - Enhanced Natural Gestures Sign Language / Approximations _____
 - Partner-Assisted Scanning Low-Tech Books / Boards
 - Photos Line Drawings From AAC Symbol Set (For Example, SymbolStix, Boardmaker PCS)
 - Picture Exchange Communication System (PECS) Visual Supports / Schedules
 - Single / Sequential Message Communicators
 - Digitized SGD With Communication Grid _____
 - Tablet-Based System With Communication Application _____
 - Synthesized SGD _____
 - Other _____

Include additional information regarding communication skills if applicable.

19. Check all boxes that describe the member's cognitive skills.

- Member has age-typical cognitive skills. (If this box is checked, skip to Element 20.)
 - Member's ability to demonstrate cognitive skills is reduced due to barriers (for example, communication, physical, sensory).
 - Member demonstrates understanding of cause and effect.
 - Member has joint attention.
 - Member demonstrates anticipation of routine events and activities.
 - Member demonstrates engagement in pretend play within physical capabilities.
 - Member is literate or has other academic or work-related skills. (For example, provider may include the member's reading level or observations related to cognition that are observed or reported in the member's academic or work setting, such as attention to tasks or ability to follow directions.) Describe the skills. _____
-
- Member demonstrates the ability to learn operational features (for example, navigating between screens, selecting choices, turning on and off) of SGD or technologies offering similar features, such as computers, tablets, or phones.

Include additional information regarding cognitive skills if applicable.

20. Check all boxes that describe the member's learning style and context requirements related to SGD use.

- Member does not require any special context requirements for learning to use an SGD.
- Member requires or benefits from visual cues/supports.
- Member requires or benefits from verbal cues.
- Member can control environmental distractions.
- Member can use the selected SGD to reduce known distractors.
- Member requires or benefits from picture/symbol supports/symbol schedules.
- Member requires or benefits from most-to-least cuing hierarchies.
- Member requires or benefits from least-to-most cuing hierarchies.
- Member requires or benefits from task structures.
- Other _____

Include additional information regarding learning style and context requirements if applicable.

21. Check the box that describes the member's hearing skills.

- Member has adequate hearing to understand spoken words.
- Member has a hearing impairment.
- Member's hearing status requires selection and implementation of appropriate SGD features. Describe the member's status and whether or not they use hearing aids or have cochlear implants. _____

- Member has a hearing impairment that requires language to be presented using a visual modality (for example, sign language, visual symbols) in order to develop receptive language skills and/or understand language. If applicable, describe the visual supports that are used with the member. _____

Include additional information regarding the member's hearing status if applicable.

22. Check **one** of the following boxes to describe the member's vision skills.

- The member has no concerns related to use of vision for communication using an SGD.
- The member's vision status requires selection and implementation of appropriate SGD features. Describe the features and/or implementation approaches needed. _____

Include additional information regarding the member's vision skills if applicable.

23. Check **one** of the following boxes to describe the member's fine motor skills. (Attach report from occupational therapist or physical therapist if applicable.)

- The member has adequate fine motor skills to access the SGD without modifications.
- The member's motor/physical impairments require selection and implementation of appropriate access features and accessories for SGD. Describe how impairments impact the member's ability to select symbols on the SGD or any features that will assist the member with symbol selection. _____

Include additional information regarding fine motor status if applicable.

24. Check all boxes that describe the member's gross motor skills/mobility/positioning. Attach report from occupational therapist of physical therapist if applicable.

- Member independently ambulates.
- Member is able to carry SGD.
- Portability/transport accommodations are needed for SGD. Describe the accommodations needed. _____

- Member requires the use of specialized seating and positioning equipment and mobility aids (for example, a wheelchair) that will require consideration of mounting systems. Describe the equipment needed. _____

SECTION VI – RECOMMENDATIONS

25. Include recommendations following completion of the skills and needs profile in the space provided. Recommendations should include whether or not the member will need additional treatment and/or a trial period using the SGD.

SECTION VII – AUTHORIZED SIGNATURE

26. SIGNATURE AND CREDENTIALS – Speech-Language Pathologist	27. Date Signed
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ATTACHMENT 3 PRIOR AUTHORIZATION/SPEECH-GENERATING DEVICE PURCHASE RECOMMENDATION ATTACHMENT INSTRUCTIONS

(A copy of the “Prior Authorization/Speech-Generating Device Purchase Recommendation Attachment Instructions” form is located on the following pages.)

**FORWARDHEALTH
PRIOR AUTHORIZATION / SPEECH-GENERATING DEVICE
PURCHASE RECOMMENDATION ATTACHMENT INSTRUCTIONS**

ForwardHealth requires certain information to enable the programs to authorize and pay for medical services provided to eligible members.

ForwardHealth members are required to give providers full, correct, and truthful information for the submission of correct and complete claims for reimbursement. Per Wis. Admin. Code § DHS 104.02(4), this information should include, but is not limited to, information concerning enrollment status, accurate name, address, and member ID number.

Under Wis. Stat. § 49.45(4), personally identifiable information about program applicants and members is confidential and is only used for purposes directly related to ForwardHealth administration such as determining eligibility of the applicant, processing prior authorization (PA) requests, or processing provider claims for reimbursement. Failure to supply the information requested by the form may result in denial of PA or payment for the service.

INSTRUCTIONS: Under Wis. Admin. Code § DHS 106.02(9)(e), the provider is solely responsible for the truthfulness, accuracy, timeliness, and completeness of PA requests. The provider is responsible for submitting sufficient information to support the medical necessity of the requested equipment or supplies. If the space provided is not sufficient, attach additional pages for the provider's responses and/or an occupational therapy (OT) or physical therapy (PT) report if available. All speech-generating devices (SGDs) must be prescribed by a physician. Refer to the applicable service-specific publications for service restrictions and additional documentation requirements.

The speech-language pathologist is required to complete the Prior Authorization/Speech-Generating Device Skills and Needs Profile Attachment form, F02494, and the Prior Authorization/Speech-Generating Device Purchase Recommendation Attachment form, or to submit a speech and language pathology (SLP) report documenting the same content as the two attachments. The speech-language pathologist is required to submit the completed forms or documentation to the SGD vendor with any additional required documentation attachments. The SGD vendor may submit the forms and any required documentation by fax to ForwardHealth at 608-221-8616 or by mail to the following address:

ForwardHealth
Prior Authorization
Ste. 88
313 Blettner Blvd.
Madison, WI 53784

SECTION I – MEMBER INFORMATION

Element 1: Name – Member

Enter the member's last name, followed by their first name and middle initial. Use Wisconsin's Enrollment Verification System (EVS) to obtain the correct spelling of the member's name. If the name or the spelling of the name on the ForwardHealth ID card and the EVS do not match, use the spelling from the EVS.

Element 2: Member ID Number

Enter the member ID. Do not enter any other numbers or letters.

Element 3: Date of Birth – Member

Enter the member's date of birth in mm/dd/ccyy format.

SECTION II – SERVICE INFORMATION

Element 4: Medical Diagnosis

Enter the member's medical diagnosis.

Element 5: Treatment Diagnosis

Enter the member's treatment diagnosis.

Element 6

Check the appropriate box to indicate whether or not the member has received SGD treatment following completion of the skills and needs profile. If yes, list the start date, the end date, and the frequency of the treatment sessions.

Element 7

Check the appropriate box to indicate whether or not the member has participated in an SGD trial. If yes, list the start date and end date of the trial.

SECTION III – DOCUMENTATION OF SGDS CONSIDERED BUT RULED OUT

Element 8

Describe any SGD options considered but ruled out during the skills and needs profile assessment, treatment sessions, or the trial period. If relevant, highlight why other SGD options were eliminated from further consideration for the member, including less costly alternatives.

SECTION IV – RECOMMENDED SGD AND DESCRIPTION OF FEATURE MATCH

Element 9

List the name and manufacturer of the SGD hardware. Describe feature match (for example, portability, durability, battery life, size of display).

Element 10

List the SGD software. Describe feature match (for example, symbols, navigation, and display features such as static or dynamic display, visual scene, grid, list, symbol size, spacing, and number on display).

Element 11: Language System / Organization / Page Set

Select all options that apply, and describe feature match to the selected options.

Element 12: Access Method, Settings, and Accessories

Select all options that apply, and describe switches, switch placement, and type of scanning. If "Other" is checked, describe feature match with recommended access methods, settings, and accessories. Attach OT or PT reports if relevant.

Element 13

List adaptations, accessories, or mounts if relevant. Describe feature match to the identified options. Attach OT or PT reports if relevant.

SECTION V – SUMMARY OF PROGRESS DOCUMENTED AS A RESULT OF TREATMENT OR TRIAL PERIOD

Complete this section if "Yes" is checked for either Element 6 or Element 7.

Element 14

Provide details necessary to document how the member's ability to communicate improved with the use of the SGD. Include documentation of the SGD trial period here. Documentation should target:

- How the member communicated at the start of treatment with the SGD. Examples of documentation may include, but are not limited to: baselines of established goals, frequency and types of cues, activity selection, or activity structure for targeted SGD use.
- How the member currently communicates with the device. Examples of documentation may include, but are not limited to: measureable change from baseline performance, changes in frequency and types of cues, changes in

activity selection or activity structure, examples of generated messages, interactions with caregivers/family members or school staff and care providers, or other situations relevant to the treatment implemented.

SECTION VI – SGD PURCHASE RECOMMENDATION WITHOUT THE NEED FOR SGD TREATMENT OR A TRIAL PERIOD

Complete this section if “No” was checked for both Elements 6 and 7.

Note: Complete this section once the SGD and accessories (if relevant) have been matched to the skills and needs of the member and the member has demonstrated relevant skills using the SGD.

Element 15

Provide documentation of relevant skills for the member to use the SGD. Documentation should target:

- Relevant skills, including language skills (for example, vocabulary, syntax), social skills (for example, communicative functions), and operational skills (on/off, navigation).
- Relevant context requirements (for example, frequency or types of cues), including examples of messages produced as part of completion of the skills and needs profile. If relevant, include rationale for not requiring SGD treatment or a trial period to confirm recommendation (for example, degenerative diagnosis, history of using an SGD).

SECTION VII – SUPPORT FOR RECOMMENDED SGD AND DOCUMENTATION OF TREATMENT NEEDS

Element 16

Document evidence that the family and/or team members are able to provide essential supports relevant to the SGD matched to the member’s skills and needs, including specific examples of use in the home, school, and community with cue levels if applicable.

Element 17: Recommendations for SLP Treatment Following Placement of Recommended SGD

Select all that apply. Either provide rationale for why the member does not require treatment following placement of the SGD, or provide or attach a treatment plan if treatment following placement of the SGD is recommended. If the member receives Birth to 3 services or school-based services, attach the Individual Education Plan or Individual Family Services Plan (IFSP).

SECTION VIII – AUTHORIZED SIGNATURE

Element 18: SIGNATURE AND CREDENTIALS – Speech-Language Pathologist

Enter the signature and credentials of the speech-language pathologist.

Element 19: Date Signed

Enter the month, day, and year the form was signed (in mm/dd/ccyy format).

**ATTACHMENT 4
PRIOR AUTHORIZATION/SPEECH-GENERATING
DEVICE PURCHASE RECOMMENDATION
ATTACHMENT**

(A copy of the “Prior Authorization/Speech-Generating Device Purchase Recommendation Attachment” form is located on the following pages.)

**FORWARDHEALTH
PRIOR AUTHORIZATION / SPEECH-GENERATING DEVICE
PURCHASE RECOMMENDATION ATTACHMENT**

INSTRUCTIONS: Type or print clearly. Before completing this form, read the Prior Authorization/Speech-Generating Device Purchase Recommendation Attachment Instructions, F-02493A. Providers may refer to the Forms page of the ForwardHealth Portal at www.forwardhealth.wi.gov/WIPortal/Subsystem/Publications/ForwardHealthCommunications.aspx?panel=Forms for the completion instructions.

The speech-language pathologist is required to complete the Prior Authorization/Speech-Generating Device Skills and Needs Profile Attachment form, F-02494, and the Prior Authorization/Speech-Generating Device Purchase Recommendation Attachment form, or to submit a speech and language pathology (SLP) report documenting the same content as the two attachments. The speech-language pathologist is required to submit the completed forms or documentation to the speech-generating device (SGD) vendor with any additional required documentation attachments. The SGD vendor may submit the forms and any required documentation by fax to ForwardHealth at 608-221-8616 or by mail to ForwardHealth, Prior Authorization, Suite 88, 313 Blettner Boulevard, Madison, WI 53784.

SECTION I – MEMBER INFORMATION

1. Name – Member (Last, First, Middle Initial)

2. Member ID Number

3. Date of Birth – Member (mm/dd/ccyy)

SECTION II – SERVICE INFORMATION

4. Medical Diagnosis

5. Treatment Diagnosis

6. Did the member receive SGD treatment following completion of the skills and needs profile?

Yes No

If yes, list the start date, end date, and frequency of treatment.

Treatment Start Date _____

Treatment End Date _____

Frequency of Sessions _____

7. Has the member participated in an SGD trial?

Yes No

If yes, list the start and end date of the trial period.

Trial Start Date _____

Trial End Date _____

SECTION III – DOCUMENTATION OF SGDS CONSIDERED BUT RULED OUT

8. Describe any SGD options considered but ruled out during the skills and needs profile assessment, treatment sessions, or the trial period. If relevant, highlight why other SGD options were eliminated from further consideration for the member, including less costly alternatives.

SECTION IV – RECOMMENDED SGD AND DESCRIPTION OF FEATURE MATCH

9. Identify SGD hardware (include name and manufacturer), and describe feature match (for example, portability, durability, battery life, size of display).

10. Identify SGD software, and describe feature match (for example, symbols, navigation, and display features such as static or dynamic display, visual scene, grid, list, symbol size, spacing, and number on display).

11. Language System / Organization / Page Set (Select all that apply.)

- Phrase-Based Word-Based Text-Based
- Word Prediction Message Storage Features Bilingual Language Features
- Vocabulary Appropriate to Age and/or Cognitive Level
- Encoding Including Semantic Compaction
- Related Page Sets to Allow for Transition to More Complex Options as Language Advances

Describe feature match to selected options.

12. Access Method, Settings, and Accessories (Select all that apply.)

- Adapted Touch Screen Settings and/or Key Guards
- Direct Selection Using Finger or Hand Without Adaptations
Select One: Right Hand Left Hand Both
- Direct Selection Using Adaptations Such as Head Pointer or Head Mouse
- Eye Gaze
- Joystick or Mouse
- Scanning

Describe switches, switch placement, and type of scanning.

- Other (If Other, describe.)

Describe feature match with recommended access methods, settings, and accessories. Attach occupational therapy (OT) or physical therapy (PT) reports if relevant.

13. Identify adaptations, accessories, or mounts if relevant. Describe feature match to identified options. Attach OT or PT reports if relevant.

**SECTION V – SUMMARY OF PROGRESS DOCUMENTED AS A RESULT OF TREATMENT OR TRIAL PERIOD
(Complete this section if “Yes” is checked for either Element 6 or Element 7.)**

14. Provide details necessary to document how the member’s ability to communicate improved with the use of the SGD. Include documentation of the SGD trial period here. Documentation should target:

- **How the member communicated at the start of treatment with the SGD.** Examples of documentation may include, but are not limited to: baselines of established goals, frequency and types of cues, activity selection, or activity structure for targeted SGD use.
 - **How the member currently communicates with the device.** Examples of documentation may include, but are not limited to: measureable change from baseline performance, changes in frequency and types of cues, changes in activity selection or activity structure, examples of generated messages, interactions with caregivers/family members or school staff and care providers, or other situations relevant to the treatment implemented.
-

SECTION VI – SGD PURCHASE RECOMMENDATION WITHOUT THE NEED FOR SGD TREATMENT OR A TRIAL PERIOD (Complete this section if “No” was checked for both Elements 6 and 7.)

Note: Complete this section once the SGD and accessories (if relevant) have been matched to the skills and needs of the member and the member has demonstrated relevant skills using the SGD.

15. Provide documentation of relevant skills for the member to use the SGD. Documentation should target:

- **Relevant skills**, including language skills (for example, vocabulary, syntax), social skills (for example, communicative functions), and operational skills (on/off, navigation).
- **Relevant context requirements** (for example, frequency or types of cues), including examples of messages produced as part of completion of skills and needs profile. If relevant, include rationale for not requiring SGD treatment or a trial period to confirm recommendation (for example, degenerative diagnosis, history of using an SGD).

SECTION VII – SUPPORT FOR RECOMMENDED SGD AND DOCUMENTATION OF TREATMENT NEEDS

16. Document evidence that the family and/or team members are able to provide essential supports relevant to the SGD matched to the member’s skills and needs. Provide examples of use across environments with cue levels if applicable. (Communication logs kept during the trial period may be attached).

Home

School

Community

17. Recommendations for SLP Treatment Following Placement of Recommended SGD (Select all that apply.)

- The member does not require SGD treatment following the placement of the recommended SGD. Provide rationale for why the member does not require treatment.

- The member requires SGD treatment following the placement of the SGD to address communication needs, support participation in routines, or advance expressive language skills. Check all relevant items below and provide requested information.
 - The member will receive needed treatment as part of school-based services. The current Individual Education Plan (IEP) is attached.
 - The member will receive needed treatment through a private or medical-based SLP and an updated treatment plan is recorded below. (An updated treatment plan may be attached.) The treatment plan should include long- and short-term goals, and anticipated frequency and duration of SLP treatment following the receipt of the SGD. The speech-language pathologist should include their plan for coordination of care with other providers.

- Other:

Treatment Plan:

Note: If the member receives Birth to 3 services or school-based services, attach the IEP or Individual Family Services Plan (IFSP) to the purchase recommendation documentation.

SECTION VIII – AUTHORIZED SIGNATURE

18. **SIGNATURE AND CREDENTIALS** – Speech-Language Pathologist

19. Date Signed
