

To:
Audiologists
Home Health Agencies
HMOs and Other Managed Care Programs
Individual Medical Suppliers
Medical Vendors
Nursing Facilities
Pharmacists
Rehabilitation Agencies
Speech and Hearing Clinics
Speech and Language Pathologists/Therapists
Therapy Groups

Augmentative communication prior authorization guidelines

Wisconsin Medicaid revised the prior authorization (PA) guidelines for the rental and purchase of augmentative communication systems devices. The guidelines, which were effective February 23, 1998, include the following revisions:

- Restatement of Wisconsin Medicaid's long-standing policy regarding approval of least costly alternative that meets the recipient's functional communication and medical needs.
- Elimination of the frequency limitation and payment capitation for augmentative communication devices from the previous PA guidelines.
- Modifications to special considerations and PA policy sections.

This Update applies to fee-for-service Medicaid providers only. If you are a Medicaid HMO network provider, contact your managed care organization (MCO) for more information about their PA procedures. Coverage is the same for Medicaid recipients in both fee-for-service and managed care programs.

Wisconsin Medicaid revised the prior authorization (PA) guidelines for the rental and purchase of augmentative communication systems devices.

A copy of the revised PA guidelines is attached. The guidelines were reviewed by the appropriate professional associations. If you have questions about these PA guidelines, call Provider Services at (800) 947-9627 or (608) 221-9883.

The Wisconsin Medicaid Update is the first source for provider information including Medicaid policy and billing information.

Wisconsin Medicaid is administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For provider questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our web site at: www.dhfs.state.wi.us/medicaid.

99-B-08-063 (08-16-99)

PRIOR AUTHORIZATION GUIDELINES MANUAL

CATEGORY OF SERVICE	PROVIDER TYPE(S) AFFECTED	GUIDELINE EFFECTIVE DATE
DME Purchase (Communication Devices)	24, 26, 36, 37, 38, 44, 54, 58, 65, 78	Revised: 02/23/98 Revised: 07/01/95 Revised: 03/04/94 Revised: 01/01/94 Revised: 01/01/88

PROCEDURE/SERVICE

W6808* (TOS P) Purchase: Communicator, Including Accessories
 • Manually Priced Item

Additions/changes in this revision:

- Addition of Wisconsin Medicaid policy regarding approval of least costly alternative that meets the recipient's functional communication and medical needs.
- The DME Index Frequency Limitation has been removed
- All Communicators including accessories will referred to the fiscal agent Speech-Language Pathology Consultant

PRIOR AUTHORIZATION (PA) POLICY REFERENCES

1. The rule provisions from the following citations must be considered in adjudicating every prior authorization received:

WI Admin Code HFS 101.03(96m)(a) (b) defines medically necessary.

Wisconsin Administrative Code HFS 107.02(3)(a) through (i) provides the Department with authority to require prior authorization for covered services, procedures for prior authorization documentation, and departmental review criteria used to authorize coverage and reimbursement.

In addition, Wisconsin Administrative Code HFS 106.02(9)(a) through (g) requires providers to prepare and maintain medical and financial record keeping and documentation for all services provided recipients, and to provide such record keeping and documentation as requested by the Department in order to determine Wisconsin Medicaid coverage and reimbursement.

Effective Date: 03/04/94

Reference: 94-B-3-21 (03/04/94)
ML94-0364 (03/09/94)

CONSIDERATIONS/DISPOSITION OF PA REQUEST

Definition: A communication device is durable medical equipment, which is employed to assist an individual who has impaired expressive language skills.

I. SPECIAL CONSIDERATIONS

- A. Refer all prior authorization requests for communicators to the fiscal agent Speech-Language Pathology Consultant.
- B. If a comprehensive speech/language evaluation is not included in the request, return the request to the provider asking for that information. The evaluation, if present, must include the following, or as determined by the consultant, be returned to the provider for additional information.
 - 1) A thorough evaluation with interpretative and baseline information of the recipient's functional receptive and expressive language skills including recipient's cognitive skills required to utilize a communication device relating to attention to task, speed and accuracy of information processing, ability to attach meaning to symbols (either alone or in sequence), ability to remember symbols, retrieve them when needed, problem solve situations and use of symbols to communicate, capacity for meaningful exchange of messages. This information can be obtained through formal assessment, adapted tools, and informal measures; standardized or non-standardized.
 - 2) The date of onset of the condition which necessitates the purchase of the requested device.
 - 3) The current method of communication employed by the recipient. Include a history of all previous augmentative and alternative communication methods used in the past, and a description of all Augmentative Communication Systems (ACS) that were used or tried, and prognosis for improved functional communication with the requested device.
 - 4) Document recipient's past history pertaining to the recipient's willingness and ability to use the requested ACS.
 - 5) The results of the rental period of the requested ACS must be reported, documenting the results of the functional outcome of the diagnostic rental period. A four to eight week rental period is recommended.
 - 6) The settings in which the device will be used, the recipient's communication partners, and the assistance the recipient needs to activate and utilize the device.
 - 7) The personnel responsible for programming the device, and their knowledge and expertise in programming the device.

99-B-08-063 (08-16-99)

- C. The speech-language pathologist provides the comprehensive clinical evaluation and the communications system evaluation. Occupational therapists and physical therapists may contribute data regarding seating, mounting and switch accessibility as needed.
- D. If purchase is being requested for a school age child (3-21), a copy of the school's Individualized Educational Plan (I.E.P.) may be requested by the Speech-Language Pathology Consultant in order to best determine medical need and appropriateness.
- E. All rentals apply to purchase.

II. PRIOR AUTHORIZATION (PA) POLICY

A. Approval Criteria: All criteria must be met [(1)-(10)]

- 1) The PA request diagnosis/diagnoses must indicate that the recipient has a functional communication need as a result of a congenital, acquired, or progressive neurologic disorder(s) or condition(s). The list of diagnoses is not limited to those below.

CONGENITAL DISORDERS

Cerebral Palsy
Mental Retardation
Deaf-Blindness
Developmental Apraxia of Speech

ACQUIRED DISORDERS

Traumatic Brain Injury
Stroke/CVA
Apraxia
Dysarthria
Spinal Cord Injury
Laryngectomy
Dysphonia
Aphasia

PROGRESSIVE NEUROLOGIC DISORDERS

MS
ALS
Myasthenia Gravis
Parkinson's
Huntington's Chorea
AIDS

- 2) The recipient must have documented inadequate or unintelligible functional speech; and
- 3) The features of the requested device must be necessary to meet the functional communication needs of the recipient; and
- 4) The device requested must be appropriate for the evaluated problem areas; and
- 5) The request must document that the recipient was able to use the equipment; and
- 6) The cognitive status of the recipient must demonstrate an ability for meaningful exchange of messages; and
- 7) The device must be accessible and useful during the recipient's mobility, may include ambulation or wheelchair mobility; and

- 8) The device/system is the least costly alternative that meets the functional communication needs of the recipient; *and*
- 9) The currently used alternative or augmentation system, if available, cannot be repaired or does not meet the current or changing needs of the recipient; *and*
- 10) Documentation indicating the assistance the recipient will receive to activate and utilize the device effectively, including the individuals who will be involved.

B. Denial Criteria:

- 1) The recipient has a current workable, functioning, effective communication device; *or*
- 2) The PA request does not meet all of the approval criteria.

C. DISPOSITION OF PA REQUEST

- 1) If the PA request meets approval criteria (1)-(10), the communicator and/or accessories may be authorized.
 - (a) The fiscal agent Speech-Language Pathology Consultant will assign a modifier and manually price the PA request, at the time of authorization.
 - (b) All rental charges apply to purchase.
- 2) If the PA request does not indicate the appropriateness or medical necessity (i.e. does not meet approval criteria (1)-(10), return the request to the provider for clarification/supporting documentation.
- 3) If the PA request contains substantial documentation yet does not meet approval criteria (1)-(10), refer the request to the State Speech-Language Pathology Consultant for a determination of medical necessity and disposition.
- 4) Finally, if the PA request does not meet approval criteria (1)-(10), deny the request.

99-B-08-063 (08-16-99)

PRIOR AUTHORIZATION GUIDELINES MANUAL

CATEGORY OF SERVICE	PROVIDER TYPE(S) AFFECTED	GUIDELINE EFFECTIVE DATE
DME Rental (Communication Devices)	24, 26, 36, 37, 38, 44, 54, 58, 65, 78	Revised: 02/23/98 07/01/95

PROCEDURE/SERVICE

W6808* (TOS R) Rental, Communicator (Including Accessories)

- Manually Priced Item

Additions/changes in this revision:

- Addition of Wisconsin Medicaid policy regarding approval of least costly alternative that meets the recipient's functional communication and medical needs.
- The DME Index Frequency Limitation has been removed.
- All communicators including accessories will be referred to the fiscal agent Speech-Language Pathology Consultant.

MEDICAL POLICY STATEMENT

1. The rule provisions from the following citations must be considered in adjudicating every prior authorization received:

Wisconsin Administrative Code HFS 101.03(96m)(a) (b) defines medically necessary.

Wisconsin Administrative Code HFS 107.02(3)(a) through (i) provides the Department with authority to require prior authorization for covered services, procedures for prior authorization documentation, and departmental review criteria used to authorize coverage and reimbursement.

In addition, Wisconsin Administrative Code HFS 106.02(9)(a) through (g) requires providers to prepare and maintain medical and financial record keeping and documentation for all services provided recipients, and to provide such record keeping and documentation as requested by the Department in order to determine Wisconsin Medicaid coverage and reimbursement.

Effective Date: 03/04/94

Reference: 94-B-3-21 (03/04/94)
ML94-0364 (03/09/94)

CONSIDERATIONS/DISPOSITION OF PA REQUEST

Definition: A communication device is durable medical equipment, which is employed to assist an individual who has impaired expressive language skills.

I. SPECIAL CONSIDERATIONS

- A. Refer all prior authorization requests for communicators to the fiscal agent Speech-Language Pathology Consultant
- B. Rental of the device for diagnostic purposes is covered with PA as a separate DME service.
 - 1) A four to eight week period for trial of a device is *recommended*.
 - 2) Rental charges apply to purchase.
- C. If a comprehensive speech/language evaluation is not included in the request, return the request to the provider asking for that information. The evaluation must include the following or be returned to the provider for additional information:
 - 1) A thorough evaluation with interpretative and baseline information of the recipient's functional receptive and expressive language skills including recipient's cognitive skills required to utilize a communication device relating to attention to task, speed and accuracy of information processing, ability to attach meaning to symbols (either alone or in sequence), ability to remember symbols, retrieve them when needed, problem solve situations and use of symbols to communicate and capacity for meaningful exchange of messages. This information can be obtained through formal assessment, adapted tools and informal measures; standardized or non-standardized.
 - 2) The date of onset of the condition which necessitates the rental of the requested device.
 - 3) The current method of communication employed by the recipient including all previous augmentative and alternative communication methods used in the past and a description of all Augmentative Communication Systems (ACS) that were used or tried and prognosis for improved functional communication with the requested device.
 - 4) The settings in which the device will be used, the recipient's communication partners, and the assistance the recipient will need to activate and utilize the device.
 - 5) The personnel who will be responsible for programming the device and their knowledge and expertise required to perform the programming.
- D. The speech-language pathologist provides the comprehensive clinical evaluation and the communications system evaluation. Occupational therapists and physical therapists may contribute data regarding seating, mounting and switch accessibility as needed.

99-B-08-063 (08-16-99)

- E. If a rental is being requested for a school age child (3-21), a copy of the school's Individualized Educational Plan (I.E.P.) may be requested by the Speech-Language Pathology Consultant in order to best determine medical need and appropriateness.
- F. All rental charges apply to purchase.

II. Prior Authorization (PA) Policy**A. Approval Criteria (Initial Rental):** All criteria must be met ((1)-(8)).

- 1) The PA request must indicate that the recipient has a functional communication need as a result of a congenital, acquired or progressive neurologic disorder(s) or condition(s). This list is not limited to the diagnoses below.

CONGENITAL DISORDERS

Cerebral Palsy
Mental Retardation
Deaf-Blindness
Developmental Apraxia of Speech

PROGRESSIVE NEUROLOGIC DISORDERS

MS
ALS
Myasthenia Gravis
Parkinson's
Huntington's Chorea
AIDS

ACQUIRED DISORDERS

Traumatic Brain Injury
Stroke/CVA
Apraxia
Dysarthria
Spinal Cord Injury
Laryngectomy
Dysphonia
Aphasia

- 2) The recipient must have documented inadequate or unintelligible functional speech; *and*
- 3) The features of the requested device must be necessary to meet the functional communication needs of the recipient; *and*
- 4) The device requested must be appropriate for the evaluated problem areas; *and*
- 5) The cognitive status of the recipient must demonstrate an ability for meaningful exchange of messages; *and*
- 6) The device must be accessible and useful during the recipient's mobility, may include ambulation or wheelchair mobility; *and*
- 7) The currently used alternative or augmentation system, if available, cannot be repaired or does not meet the current or changing needs of the recipient; *and*
- 8) The device/system is the least costly alternative that meets the functional communication needs of the recipient.

B. Denial Criteria:

- 1) The recipient has a current workable, functioning, effective communication device; *or*
- 2) The PA request does not meet all approval criteria.

III. DISPOSITION OF PA REQUEST:

- A. If the PA request meets approval criteria (1)-(8), the communicator and/or accessories may be authorized for a rental period.
 - 1) The fiscal agent Speech-Language Pathology Consultant shall manually price the PA.
 - 2) All rental charges apply to purchase.
- B. If the PA request does not indicate the appropriateness or medical necessity (i.e., does not meet approval criteria (1)-(8)), return the request to the provider for clarification/supporting documentation.
- C. If the PA request contains substantial documentation yet does not meet approval criteria (1)-(8), refer the request to the State Speech-Language Pathology Consultant for a determination of medical necessity and disposition.
- D. If the PA request does not meet approval criteria (1)-(8), deny the request.