

# **Durable Medical Equipment (DME): Speech Generating Devices (SGD)**

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This section contains information about Speech Generating Devices (SGD) and services.

Per *California Code of Regulations (CCR)*, Title 22, Section 51321(g): Authorization for durable medical equipment (DME) shall be limited to the lowest cost item that meets the patient's medical needs.

Pursuant to Welfare & Institutions Code (W&I Code), Section 14105.395, the provisions contained herein have the force and effect of regulations and shall prevail over any inconsistent provisions in CCR sections relating to DME.

The "date of delivery" to the recipient is the "date of service." This means that when the recipient takes receipt of the DME item, that date is considered the "date of service." Charges for shipping and handling are not reimbursable.

Along with this section, providers should refer to additional DME information as follows:

<b>Topic</b>	<b>Provider Manual Section</b>
General policy information	<i>Durable Medical Equipment (DME): An Overview</i>
Billing guidelines and documentation requirements	<i>Durable Medical Equipment (DME): Bill for DME</i>
Billing for DME on the CMS-1500 claim form	<i>Durable Medical Equipment (DME): Billing Examples</i>
DME codes reimbursed by Medi-Cal	« <i>Durable Medical Equipment (DME): Billing Codes</i> »
Frequency limits for DME purchases	<i>Durable Medical Equipment (DME) Billing Codes: Frequency Limits</i>

## **Speech-Generating Devices**

### **Definition**

A Speech Generating Device (SGD) is an electronic or non-electronic aid or system which accommodates an expressive communication disability that precludes purposeful functional communication medically necessary to accomplish Activities of Daily Living (ADL).

## Treatment Authorization Requests (TARs)

*Treatment Authorization Requests (TARs)* for SGD-related items/services for Medi-Cal only recipients must be submitted to the TAR Processing Center.

Authorization must be obtained for purchase or rental of an SGD (HCPCS codes E1902, E2500 thru E2510) and accessories (HCPCS codes E2511 thru E2599).

## Purchases or Rentals

Rental of an SGD is allowed only if the recipient's SGD is being repaired, modified or if the recipient is undergoing a limited trial period to determine appropriateness and ability to use the SGD.

HCPCS codes E1902, E2511, E2512 and E2599 must be billed "By Report."

## Documentation

Authorization for HCPCS codes E1902 and E2500 thru E2599 requires all of the following documentation:

### Recipient Assessment:

- Medical diagnoses and significant medical history
- Visual, hearing, tactile and receptive communication impairments or disabilities, and their impact on the recipient's expressive communication, including speech and language skills and prognosis
- Current communication abilities, behaviors and skills, and the limitations that interfere with meaningful participation in current and projected daily activities
- Motor status, optimal positioning, and access methods and options, if any, for integration of mobility with the SGD(s)
- Current communication needs and projected communication needs within the next two years
- Communication partners and tasks, including any limitations in partner's communication abilities
- Communication environments and constraints that impact SGD selection and features
- Any previous treatments of communication problems, responses to treatment, and any previous use of communication devices

#### Summary of Requested SGD(s):

- Vocabulary requirements
- Representational systems
- Display organization and features
- Rate enhancement techniques
- Message characteristics, speech synthesis, printed output, display characteristics, feedback, auditory visual output, programmability, input modes and their appropriateness for use by the specific recipient
- Access techniques and strategies
- Portability and durability, and adaptability to meet anticipated needs
- Identity, significant characteristics and features
- Manufacturer's catalog pages, including cost
- Any trial period when the recipient used the recommended device(s) in an appropriate home and community-based setting that demonstrated the recipient is able and willing to use the device effectively
- An explanation of why the requested device(s) and services are the most effective and least costly alternative available to treat the recipient's communication limitations
- Whether rental or purchase of the device is the most
- cost-effective option
- Vendors
- Warranty and maintenance provisions available for the device(s) and services, if any

#### Treatment Plan:

- The expected amount of time the device will be needed, and the amount, duration and scope of any related services requested to enable the recipient to effectively use the device to meet basic communication needs
- Short-term communication goals
- Long-term communication goals
- Criteria to be used to measure the recipient's progress toward both short-term and long-term goals
- Identification of the services and providers (and their expertise and experience in rendering these services)

### Accessories

If the reimbursement rate for HCPCS codes E2511 thru E2599 (SGD accessories) is not approved on the TAR, the claim must be billed “By Report.”

### Repair

SGD repair claims must be billed with HCPCS codes E2500 thru E2599 and repair modifier RD. All the following information must be attached to the TAR:

- A statement that the labor is performed on “patient-owned equipment” in the Additional Claim Information field (Box 19) or on an attachment to the claim.
- The reason or justification for the repair service
- The labor time involved to repair the equipment in 15-minute units (HCPCS code K0739 without a modifier)
- The manufacturer’s name and catalog number for part(s) to be used

### Modification or Replacement

TARs for SGD modification or replacement must be accompanied by a completed SGD Recipient Assessment and Treatment Plan and must include justification for modification or replacement. The following reasons constitute justification for modification or repair:

- A significant change has occurred in the recipient’s current device(s).
- The recipient’s services are no longer the least costly to treat the communication limitations.
- A significant technological change in the characteristics, features, or abilities of available SGD(s) may measurably reduce the recipient’s communication limitations with the proposed modification or replacement

## **Speech-Generating Device Services**

### **Bundled Therapy Services and Recipient Assessments**

SGD-related services are billed with HCPCS codes X4310 (SGD-related bundled speech therapy services, per visit) and X4312 (SGD recipient assessment). «These services are reimbursable to California or border community licensed speech pathologists. HCPCS codes X4310 and X4312 require a *Treatment Authorization Request* (TAR), which includes a copy of the prescription from the treating practitioner attached to the TAR. Billing for HCPCS X4312 is “By Report.”»

HCPCS code X4310 is reimbursable for up to eight visits within any contiguous 12-week period for the same recipient. Dates of the speech therapy visits must be indicated on the claim.

**Note:** HCPCS code X4310 is not reimbursable for recipients younger than 21 years of age. Speech therapy services for recipients younger than 21 years of age are available through Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services, subject to authorization, where medically necessary.

HCPCS codes X4300 thru X4308 and X4320 are not reimbursable when billed for the same recipient and the same 12-week period covered by HCPCS code X4310.

Speech pathology providers may bill HCPCS code X4312 as a medically necessary service when the recipient has physical limitations that may impact the recipient's ability to use an SGD.

HCPCS code X4312 is reimbursed at the rate on the approved TAR or according to Medi-Cal "By Report" pricing if no rate is negotiated and approved on the TAR. HCPCS code X4312 is not reimbursable on the same date of service with CPT® code 92597 (evaluation for the use and/or fitting of voice prosthetic device to supplement oral speech.)

### **Physical Therapy Assessment Services**

SGD physical therapy assessment services are billed "By Report" with HCPCS code X3936 (unlisted service). Authorization is required.

### **Occupational Therapy Assessment Services**

SGD occupational therapy assessment services are billed "By Report" with HCPCS code X4118 (unlisted service). Authorization is only required for services provided in a long term care facility or rehabilitation center.

**<<Legend>>**

<<Symbols used in the document above are explained in the following table.>>

<b>Symbol</b>	<b>Description</b>
<<	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
>>	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.