Learning Objectives

• Getting evaluations for speech generating devices (SGDs) and power mobility equipment through Medical Assistance managed care

• Finding qualified providers in managed care
Roadmap

• Speech generating devices (SGDs) and power mobility equipment as covered services
• Components of a fund-able evaluation
• Qualified providers in managed care
Durable Medical Equipment (DME)

• Item or device
  – that can withstand repeated use
  – is used primarily and customarily to serve a medical purpose
  – customarily is not useful to a person in the absence of illness or injury, and
  – is appropriate for home use
Speech Generating Devices Are Covered Services

- Also known as augmentative and alternative communication (AAC) devices
- Durable medical equipment
- May also be a part of home health services or prosthetics
Mobility Devices Are Covered Services

- Motorized scooters (Power Operated Vehicles, or POV)
- Wheelchairs
- Power wheelchairs
- Complex rehabilitation technology
“Codes”

- Required for claims
- Current Procedural Terminology (CPT) are codes for services, such as evaluation
- Speech generating devices and mobility devices (and components) are coded by Healthcare Common Procedure Codes (HCPC)
  - Classified by some of their technical features
- Specialized software has codes
- Providers (vendors) know the codes
Process

• Prescription for evaluation
• Evaluation by provider who participates in network
  – Or, request to use out-of-network provider
• Health plan coverage policy (e.g., frequency of replacement)
Process (continued)

• Prescription for recommended durable medical equipment
  – Accessories and customization
• Durable medical equipment provider in network
  • Or, request to use out-of-network provider
Process (continued)

- Prior Authorization request
  - Prescription
  - Specifications
  - Provider name and information
  - Procedure code and pricing
  - Evaluation report
  - Letters of Medical Necessity
Process (continued)

• Program Exception request if prescribed item not on fee schedule or exceeds limits on fee schedule

• Appeal rights
Medically Necessary

• Service must be “medically necessary”

• Fee-for-service Medical Assistance and managed care health plans must use Pennsylvania’s “medically necessary” definition in deciding whether to approve or pay for a requested service
Medically Necessary (continued)

1. Compensable under the Medical Assistance Program and will

2. Prevent illness, condition, injury, or disability; or
   Reduce or ameliorate the effects of an illness, condition, injury or disability; or
   Help the person achieve or maintain maximum functional capacity in performing daily activities, like other Medical Assistance recipients of the same age
Communication or Mobility Equipment

• Covered service
• Medically necessary
• Fee schedule and codes
• Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)
• In-network provider
Communication or Mobility Evaluation

• Evaluations for power mobility or speech generating devices (SGDs) are covered under Medical Assistance, including managed care
  – Home Health: Physical therapy, occupational therapy, or speech-language pathology
  – In-patient therapies
  – Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)
Communication or Mobility Evaluation (continued)

- Covered service
- Medically necessary
  - Cite to and attach evaluation report in Letters of Medical Necessity
- Fee schedule and code
- Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)
- In-network provider
Communication or Mobility Evaluation (continued)

• Ordered (prescribed) by doctor
• Licensed professional in the field related to functional need (e.g., speech-language pathologist for communication, physical or occupational therapist for mobility)
• Professional familiar with the disability and range of technology that might meet needs
Communication or Mobility Evaluation (continued)

• May need to request to go out of network to find a professional qualified to meet needs
• Professional still needs to be a Medical Assistance provider
• Professional must NOT have a financial interest in selling the equipment
Communication or Mobility Evaluation (continued)

• What is the health plan “looking for” in a fund-able evaluation report?

• Obtain a copy of any clinical policy or other guidance the health plan uses when reviewing prior authorization requests

• Are there “professional standards” or appropriate practices for conducting an evaluation and developing a request?
Communication Assessment

• Appropriate professional is licensed speech-language pathologist
• Ask in-network provider
  – Familiar with augmentative and alternative communication?
  – Persons evaluated in the past (e.g., age, disability)?
  – Types of devices recommended in the past?
  – How and where do you obtain continuing education on speech generating devices?
Medicare Assessment Protocol

• Recommendations of Medicare Implementation Team (www.aac-rerc.com) for speech generating device
  – MEDICARE not Medical Assistance

• Get health plan’s policy, which may differ
  – Show medical necessity under Medical Assistance
Medicare Assessment Protocol (continued)

- Describe impairment
- Comprehensive assessment including hearing, vision, physical status, and ability to use speech generating device (including how person will access device, e.g., switch requirements)
- Language skills; linguistic impairment as it relates to ability to use device
- Cognitive skills as related to ability to use device
Medicare Assessment Protocol (continued)

- Daily functional communication needs: to get physical needs met, to carry out family and community interactions, to obtain necessary medical care, and to participate in medical decision making
- Why current needs cannot be met with “natural” methods or other low-tech or high-tech techniques (describe any tried in the assessment)
Medicare Assessment Protocol (continued)

• Functional communication treatment goals that will be met using a speech generating device

• Rationale for device selection: feature match
  – May need computer simulations or clinical trials to support selection

• List device and accessories and why medically necessary

• Describe user motivation and family support
Power Wheelchair Evaluation

• Get health plan’s coverage policy
• Health plans must follow fee-for-service Medical Assistance evaluation criteria, as found in Medical Assistance Bulletin 05-87-02, except
  – Prior authorization by health plan, not State
  – Can cover more frequently than every 3 years
Power Wheelchair Evaluation (continued)

• Medical Assistance Bulletin 05-87-02
  – Unable to ambulate
  – Unable to propel a manual wheelchair
  – When seated in the wheelchair, able to move away from potentially dangerous or harmful situations, independently
Power Wheelchair Evaluation (continued)

• Medical Assistance Bulletin 05-87-02
  – Sufficient eye/hand perceptual capabilities to operate a motorized wheelchair safely
  – Ability to start, stop, and guide the wheelchair within a reasonably confined area
  – Ability to drive the wheelchair
Power Wheelchair Evaluation (continued)

• Medical Assistance Bulletin 05-87-02
  – Environment is conducive to the use of a motorized wheelchair
    • Sufficient door, hallway, and room dimensions for the particular motorized wheelchair to turn and exit
  – Sufficient cognitive skills to understand directionality, i.e., left, right, front and back, and able to demonstrate those skills
Power Wheelchair Evaluation (continued)

• Medical Assistance Bulletin 05-87-02
  – No alternative funding sources
  – Necessity for motorized mobility
  – Capable of some activity to which the motorized wheelchair will provide access
  – Motivated to use a motorized wheelchair
Manual Wheelchair Considerations

• Example Functional Needs Assessment criteria
  • General: condition is such that person would not be able to ambulate about the home
  • Specific
    • Home provides adequate access for use of a (manual) wheelchair
    • Sufficient upper extremity function
    • Can safely use the manual wheelchair
Power Operated Vehicle Considerations

• Also known as a scooter

• Example Functional Needs Assessment criteria
  – Does not have sufficient upper extremity function to safely self-propel a manual wheelchair
  – Long-term need
  – Use will improve mobility-related activities of daily living
Power Operated Vehicle Considerations (continued)

• Example Functional Needs Assessment criteria
  – Typical environment supports the use of the power operated vehicle
  – Can safely operate the power operated vehicle, maintaining stability and position for adequate operation
  – Medically necessary alternative, not in addition, to a motorized wheelchair
**Options and Accessories**

- Demonstrate why medically necessary
- May need more justification (e.g., high risk for pressure ulcer)
- Examples: speech generating device mount, ventilator tray, cushion, controls, interface with speech generating device, power stander attachment, tilt system
Finding a Qualified Evaluator

- In managed care, must use providers in health plan’s network, but
- Network must be adequate
  - Need permission to go out of network
Finding a Qualified Evaluator (continued)

• Get help from Special Needs Unit, “DME Unit,” and Department of Public Welfare contract monitor for the health plan

• If network providers are not qualified to meet needs, request permission to use an out-of-network provider
Finding a Qualified Evaluator (continued)

• A partial listing of (self-identified) speech-language pathologists can be found at www.communicatepa.wikispaces.com

• A listing of accredited rehabilitation facilities can be found at www.qualitycheck.org/consumer/searchQCR.aspx or www.carf.org/providerSearch.aspx
Finding a Qualified Evaluator (continued)

• Contact your local Assistive Technology Resource Center
• Contact Pennsylvania’s Initiative on Assistive Technology (PIAT) at atinfo@temple.edu
Temple Institute on Disabilities

• Pennsylvania’s Initiative on Assistive Technology: 800-204-7428 (voice), 866-268-0579 (TDD), atinfo@temple.edu, www.disabilities.temple.edu/piat

• Statewide network of regional Assistive Technology Resource Centers

• Device demonstrations
Temple Institute on Disabilities

• Device loans: atlend@temple.edu, www.disabilities.temple.edu/programs/assistive/atlend

• Device reutilization

• Telecommunication Device Distribution Program (TDDP)

• iCanConnectPA
Disability Rights Network of Pennsylvania

- 1-800-692-7443 (voice)
- 1-877-375-7139 (TDD)
- intake@drnpa.org

- Follow us on Facebook
  www.facebook.com/DRNPA.org

- Sign up for alerts at www.drnpa.org
Disability Rights Network of Pennsylvania

• Publications on how to appeal a Medical Assistance denial and on assistive technology can be found at www.drnpa.org/publications
Other Resources

- Pennsylvania Assistive Technology Foundation: 888-744-1938 (toll-free voice/TDD), [www.patf.us](http://www.patf.us)

- Department of Public Welfare: 866-542-3015 or 800-433-1324 (toll-free voice), [www.dpw.state.pa.us](http://www.dpw.state.pa.us)

- Department of Insurance: 877-881-6388 (toll free), [www.ins.state.pa.us/ins](http://www.ins.state.pa.us/ins)
Contact Information

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Webinar Survey

• Please fill out our survey at http://www.surveymonkey.com/s/9BDPNZ5
or contact us for a print copy or alternative format
• More webinars in Spring 2014
Other Information

• IMPORTANT: This publication is for general informational purposes only. This publication is not intended, nor should be construed, to create an attorney-client relationship between the Disability Rights Network and any person. Nothing in this publication should be considered to be legal advice.

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Thank you!