

## COMMUNICATION PROSTHESIS PAYMENT REVIEW SUMMARY

<p><b>1. PATIENT INFORMATION</b></p> <p>Name:</p> <p>Street:</p> <p>City:                      State:                      Zip:</p> <p>Birthdate:</p> <p>Health Ins #:</p> <p>Medical Diagnosis:</p> <p>Speech Diagnosis:</p>	<p><b>5. COGNITIVE PREREQUISITES</b></p> <p style="text-align: right;">Yes      No</p> <p>a. Attempts to communicate with consistent response mode:</p> <p>b. Functional Yes/No</p> <p>c. Understands communication will cause an action to occur:</p> <p>d. Understands symbols (pics, signs, etc.) stand for verbal communication:</p> <p>e. Prognosis to develop intelligible speech:</p> <p>f. Demonstrates memory of verbal instruction:</p> <p>g. Standardized test scores (if applicable):</p>
<p><b>2. FACILITY INFORMATION</b></p> <p>Facility:</p> <p>Address:</p> <p>City:</p> <p>State:      Zip:</p> <p>Telephone:</p> <p>Physician:</p> <p>Specialty:</p> <p>Speech-Language Pathologist:</p>	<p><b>6. SELECTION OF DEVICE</b></p> <p>a. Patient's current means of communication:</p> <p>b. Other ACDs considered and rationale for elimination:</p> <p>c. Rationale for selection of specific ACD:</p> <p>d. Indicators for success with recommended ACD:</p>
<p><b>3. DEVICE INFORMATION</b></p> <p>Item Description:</p> <p>Manufacturer:</p> <p>Distributor:</p>	<p><b>7. PROGNOSIS</b></p> <p>a. Communication ability:</p> <p>b. Independence within environments:</p> <p>c. Placement in least restrictive environment:</p> <p>d. Academic ability:</p> <p>e. Vocational Training/retraining:</p>
<p><b>4. PHYSICAL STATUS PER DOCUMENTATION</b></p> <p style="text-align: right;">Adequate      Inadequate      N/A</p> <p>General Medical Status:</p> <p>Respiratory:</p> <p>Hearing:</p> <p>Vision:</p> <p>Head Control:</p> <p>Trunk Stability:</p> <p>Arm Movement:</p> <p>Ambulation:</p> <p>Seating/Positioning (for ACD use):</p> <p>Ability to access ACD (switches, etc.):</p> <p>Summary:</p>	

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Speech-Language Pathologist Signature      Date

## Augmentative Communication Evaluation Team Qualifications

### Speech-Language Pathologist

Name: \_\_\_\_\_ ABESPA License#: \_\_\_\_\_

Degree: \_\_\_\_\_ University Name & Location: \_\_\_\_\_

ASHA CCC in Speech-Language Pathology Award Date: \_\_\_\_\_

\*\*SLP must attach a list of current continuing education in AAC

(If other team members contribute their opinions for the ACD evaluation report then their qualifications are required on this form.)

### Physical Therapist

Name: \_\_\_\_\_

Degree: \_\_\_\_\_ AL License #: \_\_\_\_\_

University Name & Location: \_\_\_\_\_

### Occupational Therapist

Name: \_\_\_\_\_

Degree: \_\_\_\_\_ AL License #: \_\_\_\_\_

University Name & Location: \_\_\_\_\_

### Social Worker

Name: \_\_\_\_\_

Degree: \_\_\_\_\_ AL License #: \_\_\_\_\_

University Name & Location: \_\_\_\_\_

### Rehab Tech Specialist

Name: \_\_\_\_\_

Degree: \_\_\_\_\_ AL License #: \_\_\_\_\_

University Name & Location: \_\_\_\_\_

## Statement of Non-Affiliation

We hereby certify that we do not have a financial relationship or other affiliation with nor will we receive any other gain from a manufacturer, vendor, or sales representative of augmentative communication devices (ACDs) and their accessories.

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Speech-Language Pathologist

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Occupational Therapist

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Physical Therapist

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Social Worker

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Rehab Technology Specialist

Date: \_\_\_\_\_

## HCPCS Level 2 Codes for SGDs

- 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
- E2508** Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device
- E2510** Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access
- E2511** Speech generating software program, for personal computer or personal digital assistant
- E2512** Accessory for speech generating device, mounting system
- E2599** Accessory for speech generating device, not otherwise classified
- V5336** Repair/modification of augmentative communicative system or device (excludes adaptive hearing aid)

# Medicare and Medicaid

Two government programs to help people pay for health care – how they differ.

## Medicare

Care for People Who Are Older, Disabled, or Chronically Ill

- Administered by Federal government.
- Benefits are 100% Federal funds.
- Eligibility based on age (65 and over), disability, or chronic illness.
- Coverage is Federally mandated and generally includes hospital, outpatient, nursing home, and prescription drugs.
- No financial tests to qualify.

## Medicaid

Care for People With Limited Incomes and Resources

- Administered by States.
- Benefits are a combination of State and Federal funds.
- Eligibility based on limited income and resources.
- Coverage varies by State but generally includes most medical services prescribed by a doctor or dentist.
- Income and asset tests vary by State.

## Total Beneficiaries in Millions

54\*

Medicare

68\*

Medicaid

10\*\*

Dual Eligible



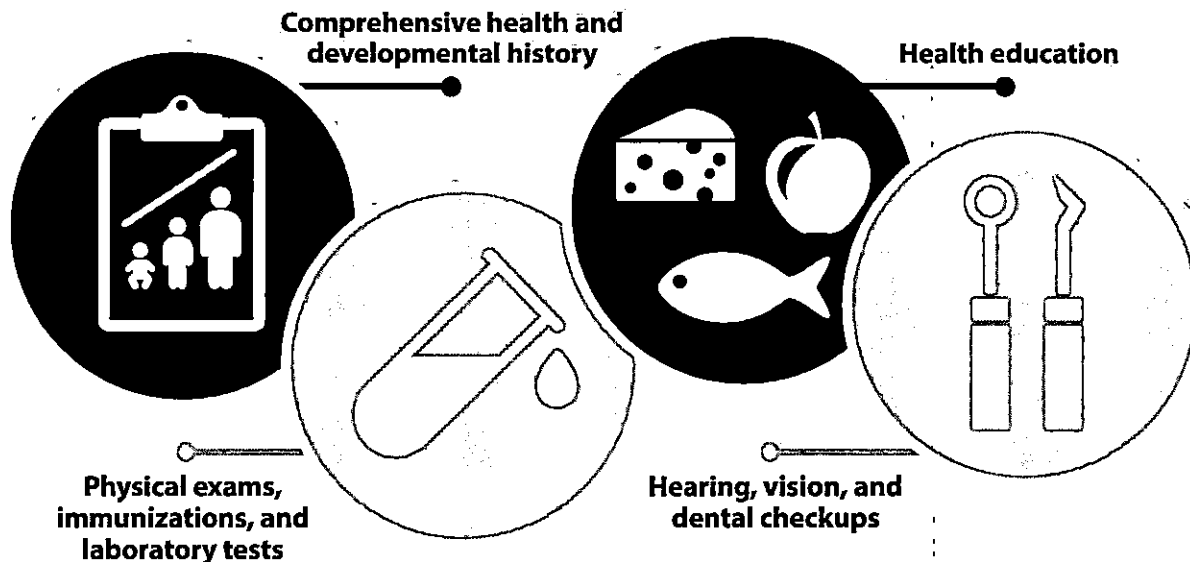
\* September 2014  
\*\* January 2014

Follow us on Twitter  #MedicaidIntegrity

# Medicaid EPSDT Benefit Keeps Children Healthy

The Medicaid Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit provides comprehensive and preventive health care services for children under age 21\* who are enrolled in Medicaid. The EPSDT benefit provides regular health and developmental exams to keep your children healthy and prevent illness or disability.

## EPSDT includes:



**E** EARLY

Assessing and identifying problems early.

**P** PERIODIC

Checking children's health at periodic, age-appropriate intervals. Recommended at:  
• 1, 2, 4, 6, 9, 12, 15, and 18 month(s) old; and  
• Age 2 and annually thereafter through age 20.\*

**S** SCREENING

Providing physical, mental, developmental, dental, hearing, vision, and other screening tests to detect potential problems.

**D** DIAGNOSTIC

Performing diagnostic tests to follow up when a risk is identified.

**T** TREATMENT

Control, correct, or reduce health problems found.



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\*Ages vary by State.