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**TO:** All County California Children's Services Program Administrators,  
Medical Consultants, and Integrated Systems of Care Division Staff

**SUBJECT:** ASSISTIVE COMMUNICATION TECHNOLOGY DEVICES AND  
RELATED SERVICES

## I. PURPOSE

The purpose of this Numbered Letter (NL) is to update and clarify California Children's Services (CCS) Program policy regarding assistive communication technology devices and related services, consolidating and updating the information from the five NLs listed above and providing guidance to CCS Programs regarding request for and authorization of:

- A. Speech pathology services.
- B. Assistive listening devices (ALDs), such as frequency modulated (FM) systems.
- C. Speech generating (SG) devices, previously described as synthesized speech augmentative communication (SSAC) devices.
- D. Aural rehabilitation (AR) services.

## II. BACKGROUND

A communication disorder is a congenital or acquired impairment affecting language, speech and/or hearing. Conditions may include problems with fluency, articulation, phonology, voice, auditory processing, pragmatics, syntax, semantics, morphology, and deafness. Speech pathology and AR services and assistive communication technology devices are benefits for many children in the CCS Program and the Medical Therapy Program (MTP).

Children with communication disorders undergo a comprehensive speech and language evaluation by a speech-language pathologist (SLP) to determine the functional extent of the disorder and to assess the potential benefit of various therapeutic interventions, including assistive technology devices, to correct or ameliorate the communication deficit.

ALDs are amplification systems designed specifically to help people hear better in a variety of difficult listening situations. ALDs can be used with a personal hearing aid, cochlear implant, or by themselves to help overcome background noise and distance from the speaker. They can be used to enhance speech understanding in large public facilities, in-group situations, or in conversational settings. There are several types of ALDs including personal amplified systems, infrared systems, loop systems, and FM systems. The FM system is the most commonly requested ALD for use by the CCS Program population and is referred to as hearing assistive technology (HAT) with direct microphone (DM) or remote microphone (RM). Many cochlear implant and hearing aid companies offer a DM option that works with Bluetooth® technology.

An SG device is an electronic or non-electronic aid or system, which accommodates an expressive communication disability that precludes purposeful functional communication medically necessary to communicate needs and wants needed to accomplish activities of daily living.

AR services are focused on the acquisition of auditory skills, and include:

- A. Teaching children to use their residual hearing.
- B. Adjusting to the use of a hearing aid, cochlear implant, or ALD.
- C. Developing lip reading skills.
- D. Working with the family to increase their skills in communicating with the child impacted by hearing impairment.

The provision of AR services is intended to guide the child through normal stages of hearing, speech, and language development, and to monitor the progress and development of these skills on an ongoing basis.

### III. POLICY

A. The assistive communication technology devices and related services described below are benefits of the CCS Program when:

1. They are documented to be medically necessary to correct, ameliorate, or maintain a beneficiary's CCS Program-eligible condition as per California Code of Regulations, Title 22, Division 2, Subdivision 7, Chapter 3, Article 2 by a CCS-paneled otolaryngologist working in a Communication Disorder Center (CDC) or Cochlear Implant Center (CIC), a physical medicine and rehabilitation specialist, or a supervising MTP physician.<sup>1,2,3</sup>
2. Evidence is provided that traditional measures have proven insufficient for the development or improvement of listening, speech, and/or language skills.
3. A rationale is provided for selection of the specific services or devices and accessories requested.
4. A description is provided of the functional communication goals expected to be achieved.
5. The beneficiary possesses the cognitive and physical abilities to use the selected device to communicate more effectively.
6. A training schedule is provided for any proposed device.
7. Services or devices are prescribed by a CCS-paneled physician or designee under the following condition. Once the supervising physician has completed the beneficiary evaluation and established a detailed care plan that includes the requested services or devices, that physician may delegate prescribing responsibility to another team member (e.g., audiologist, nurse practitioner, or physician assistant) within the CCS-approved special care center (SCC).<sup>4</sup>
8. Renewal requests are accompanied by evidence of progress towards established goals.
9. For an upgrade to a previously issued device, information is provided regarding the functional benefit of the upgrade compared to the initially provided device.

B. Speech-Language Pathology Services

Speech-language pathology services include speech and language evaluation, individual therapy, and recommendation for use of assistive technology devices designed to treat a variety of communication disorders.

1. A comprehensive speech and language evaluation must include the following

components:

- a. Thorough assessment of the child's communication ability using a standardized battery of testing. The evaluation should document the current status of the communication impairment; including the type, severity, language skills, cognitive ability, and anticipated course of the impairment.
  - b. Provision of a treatment plan with therapeutic goals that can be used to assess response to interventions. The treatment plan shall contain:
    - i. The child's baseline performance, specific objectives/goals with means of measurement, and criteria for mastery.
    - ii. Specific objectives/goals for parent education and training/home program.
    - iii. Specific recommendations for SLP or AR services and/or assistive communication technology devices.
  - c. Catalogue of all early intervention or school-based services received by the child, including services provided through the Early Start Program (children under age 3) and public school-based services (for those aged 3 years and older).<sup>5</sup> If a client is already receiving services, a careful review may identify gaps in care that are medically necessary to meet the child's needs. The intent is the CCS Program will supplement, but not duplicate, speech pathology services required to correct or ameliorate a CCS Program-eligible condition. If services are being provided, include a copy of the child's individualized education program (IEP) or individualized family service plan (IFSP).
2. Requests for ongoing speech-language therapy:
- a. Shall indicate the frequency and duration of treatment. Requests are authorized on a time-limited basis, not to exceed a six-month period.

### C. ALDs

1. Providers may request ALDs for home use by completing Attachment 1, titled "CCS Program Request for Hearing Aids and Assistive Listening Devices." ALDs become the property and responsibility of the CCS Program client. Close monitoring and evaluation of the ALD by the audiologist is necessary for future treatment plan and to ensure that the child is appropriately amplified.
2. It is important that the ALD (FM) system selected for use at home is compatible with the ALD system used at school. The child's Local Educational Agency (LEA) may request the ALD for school use. The CCS Program may

request a copy of the child's IEP or IFSP in order to ensure the use of the FM system in the school.

3. An adapter, audio shoe/boot or direct audio input (DAI) shoe may be necessary to affix the receiver to the child's hearing aid(s) and/or cochlear implant(s). FM receivers and audio shoes may be requested for use with school based ALDs in order to assure appropriate coupling to the child's hearing aid or cochlear implant with the school transmitter.

#### D. SG Devices and Accessories

The CCS Program authorizes purchase, rental, repair or modification of SG devices and accessories only when the item is medically necessary, according to the current Durable Medical Equipment (DME) NL 09-0703, or future versions of the N.L that supersede 09-0703.<sup>6</sup>

1. SG devices may be provided by a Medi-Cal-approved DME provider to both Medi-Cal and CCS-Program-only beneficiaries including MTP participants.
2. Services that may be authorized are indicated in Attachment 2, "Codes for Speech Generating Devices and Related Services."
3. Speech-language therapy services provided by a CCS-paneled speech therapist can be ordered only for the initial SG device training/orientation related to the use of an SG device.
4. A request for SG device modification and/or replacement may be approved when, in the opinion of the treating CCS-paneled otolaryngologist, either:
  - a. There has been a change in a client's medical condition and the current SG device is no longer the most appropriate to treat the client's communication limitations, or
  - b. There have been technological advancements in the available devices that would allow measurable improvement of patient communication limitations with the requested modification/replacement.
5. Rental of an SG device is allowed only if the recipient is undergoing a limited trial period to determine appropriateness and ability to use the SG device or if the recipient's SG device is being repaired or modified.

#### E. AR Services

1. AR services may be requested for a maximum six-month period as indicated in the implementation section.

- F. All assistive communication technology devices and related services shall be subject to managed care plan policies that may be no more restrictive than those of CCS.

#### **IV. POLICY IMPLEMENTATION**

- A. For children who are concurrently enrolled in the CCS Program and full-scope Medi-Cal, providers may request speech pathology services, ALDs, SG devices, and AR services as Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefits. "EPSDT" must be indicated on the Service Authorization Request (SAR) with special instructions selected from the drop-down menu as indicated below:

"EPSDT: Provider must submit claims for EPSDT on a separate claim form from any other Medi-Cal benefit item/service. Include pricing attachment, if appropriate."

- B. For children who are enrolled in CCS Program-only, providers may request speech pathology services, ALDs, SG devices, and AR services as a CCS Program benefit. Do not select EPSDT on the SAR check box.

#### **C. Speech Pathology Services**

1. These services are included in the Service Code Grouping (SCG) 04 or SCG 05 when they are provided by a CCS-paneled SLP at a CCS-approved CDC or CIC.<sup>7</sup>
2. Requests for initial evaluation for CCS Program clients who are not receiving services through a CDC or CIC may be submitted by CCS-paneled SLPs working in a CCS-approved outpatient rehabilitation SCC or MTP.
3. Authorization for speech-language treatment services:
  - a. Speech Pathology services are requested and billed as indicated in Attachment 4, "Codes for Speech and Language Supportive services for CCS Program Clients."

#### **D. ALDs**

1. ALD requests shall identify the Medi-Cal-enrolled audiologist or hearing aid dispenser as the provider.
2. SARs shall include the transmitter, microphone, receiver(s), audio shoes, battery, and charger.
3. SARs shall indicate the designated Healthcare Common Procedure Coding

System (HCPCS) service code and the number of units. Pending a code conversion to the use of national codes, ALDs are currently requested and billed using the local code Z5946.

4. The following information must be included in the request:
  - a. The name of the manufacturer and model of the requested FM system.
  - b. The name of the manufacturer and model of the FM receivers when separately requested.
5. Audio shoes or audio boots are requested either separately as hearing aid accessories or in conjunction with FM receivers.

#### E. SG Devices and Accessories

1. Requests for SG devices shall be compiled using the Medi-Cal/CCS Program SG Device Authorization Documentation Checklist (Attachment 3) to ensure that the required documentation has been provided. This checklist must be approved by the team conference of the MTP, Rehabilitation SCC, CDC, or CIC prior to SAR submission.
2. Requests for SG devices, accessories, and repairs shall be directed to a Medi-Cal-enrolled DME Provider.
3. The SAR shall provide the appropriate HCPCS code.
4. Claims submitted by the DME provider must include all of the following:
  - a. A copy of the relevant page(s) from the manufacturer's catalog, showing a detailed description of each item being billed (for new or replaced devices and/or parts).
  - b. Itemized costs of each item provided.
  - c. Labor time/hourly charge (if appropriate).

#### G. AR Services

1. Current HCPCS codes for AR are included in the SCG 04 and SCG 05.
2. Situations in which a SAR is required, shall include the appropriate HCPCS codes and units of service as indicated in Attachment 4.

If you have any questions regarding this N.L., contact [CCSProgram@dhcs.ca.gov](mailto:CCSProgram@dhcs.ca.gov).

Sincerely,

**ORIGINAL SIGNED BY**

Joseph M. Billingsley  
Assistant Deputy Director and Acting Division Chief  
For Integrated Systems of Care Division  
Health Care Delivery Systems

Attachments:

- Attachment 1: CCS Program Request for Hearing Aids and Assistive Listening Devices
- Attachment 2: Codes for Speech Generating Devices and Related Services
- Attachment 3: Medi-Cal/CCS Program SG Device Authorization Documentation Checklist
- Attachment 4: Codes for Speech and Language Supportive Services for CCS Program Clients

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<sup>1</sup> California Code of Regulations, Title 22, Division 2, Subdivision 7, Chapter 3, Article 2  
<https://regulations.justia.com/states/california/title-22/division-2/subdivision-7/chapter-3/article-2/>

<sup>2</sup> Communication Disorder Center (CDC)  
<https://www.dhcs.ca.gov/services/ccs/scc/Pages/CDCTypeC.aspx>

<sup>3</sup> Medi-Cal approved Cochlear Implant Center of Excellence (CIC)  
<https://www.dhcs.ca.gov/services/ccs/scc/Pages/Cochlear.aspx>

<sup>4</sup> Rehabilitation Special Care Center (SCC)  
<https://www.dhcs.ca.gov/services/ccs/scc/Pages/Rehabilitation.aspx>

<sup>5</sup> Early Start  
<https://www.dds.ca.gov/services/early-start/>

<sup>6</sup> CCS NLs  
<https://www.dhcs.ca.gov/services/ccs/Pages/CCSNL.aspx>

<sup>7</sup> Service Code Groupings 04 and 05  
<https://www.dhcs.ca.gov/services/ccs/cmsnet/Pages/SARTools.aspx>



### CCS Program Request for Hearing Aids and Assistive Listening Devices

Date: \_\_\_\_\_ County: \_\_\_\_\_  
Patient's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Requesting Audiologist's Name: \_\_\_\_\_  
Business Name: \_\_\_\_\_  
Location/Address: \_\_\_\_\_  
Telephone number: \_\_\_\_\_ FAX: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_  
Signature and License #: \_\_\_\_\_

Hearing aid dispenser (if other than above: \_\_\_\_\_

Business Name: \_\_\_\_\_  
Location/Address: \_\_\_\_\_  
Telephone number: \_\_\_\_\_ FAX: \_\_\_\_\_

Current amplification/system, if any: \_\_\_\_\_ Age of system: \_\_\_\_\_  
Serial Number/s: \_\_\_\_\_  
Type of hearing aid/device requested (FM, BTE, ITE, CIC etc.): \_\_\_\_\_

Fitting (circle one): Right Ear    Left Ear    Binaural  
Manufacturer: \_\_\_\_\_  
Model: \_\_\_\_\_

A current wholesale catalog page must be submitted with this request:

The following MUST be enclosed with the request:

1. Audiologist's narrative report including etiology (if known), age of onset, other contributing diagnoses, educational placement, communication mode, prior treatment and treatment plan.
2. Current audiogram including air and bone thresholds, speech detection and reception thresholds, word recognition/discrimination scores, most comfortable and uncomfortable listening levels, and/or results of other related diagnostic assessments including ABR, OAE, Tympanometry, CT scan, etc. (when available).
3. Aided results including, speech information and results of prescriptive measures.
4. Circumstances requiring the selection of the requested device.

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## Codes for Speech Generating Devices and Related Services

The services that may be authorized are:

<u>HCPCS Code</u>	<u>Description</u>	<u>Monthly Rental (\$)</u>	<u>Purchase (\$)</u>
E1902	Communication board, non-electronic AAC device	By Report	By Report
E2500	Speech generating device, digitized speech, using pre-recorded messages, less than or equal to 8 minutes recording time	34.73	391.06
E2502	Speech generating device, digitized speech, using pre-recorded messages, greater than 8 minutes but less than or equal to 20 minutes recording time	106.18	1,195.80
E2504	Speech generating device, digitized speech, using pre-recorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time	140.09	1,577.42
E2506	Speech generating device, digitized speech, using pre-recorded messages, greater than 40 minutes recording time	205.37	2,312.96
E2508	Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with device	317.58	3,576.61
E2510	Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access	600.99	6,768.25
E2511	Speech generating software program, for personal computer or personal assistant	By Report	By Report
E2512	Accessory for speech generating device, mounting system	By Report	By Report
E2599	Accessory for speech generating device, not otherwise classified	By Report	By Report

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## Medi-Cal/CCS Program Speech Generating (SG) Device Authorization Documentation Checklist

This checklist is intended to assist in assembling required information to evaluate a request for an SG device. Requirements are based on current CCS Program/MTP Durable Medical Equipment (DME) Guidelines.

### General:

- Provider information (Name, address, phone number, & Medi-Cal status/number)
- Catalog listing, prices (itemized), description/photo of item(s)

### Current Physician's Prescription:

- Specific for communication device
- Identifies significant modifications/additions to basic device

### Current Physician's Report:

- Physical findings
- Addresses communication device need

### Current Occupational Therapy Report:

- Physical findings
- AAC accessibility

### Current Speech Pathology Report:

- Physical findings
- Cognitive levels & verbal/language skills
- Why device is appropriate for cognitive level & verbal/language skills

The following items must be addressed in the MDs, OT, or speech pathologist's reports:

### Justification (initial device):

- Establish basic communication need
- Any accessories/additions to base device
- Will meet patient's communication needs for minimum of 3 years

### Justification (new/replacement/upgrade):

- Why current device no longer meets basic communication needs
- Functional opportunities new device/upgrade provides
- Any accessories/additions to base device
- Will meet patient's communication needs for minimum of 3 years

### Comparisons:

- What other devices were considered
- Why this particular device was chosen over others considered
- Is this the most cost effective method of meeting patient needs

### Trial Period:

- Documentation of daily home, school, and community usage
- Family proficiency in maintenance of device demonstrated

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### Codes for Speech and Language Supportive Services for CCS Program Clients

<b>HCPCS Code</b>	<b>Description</b>	<b>Maximum Allowance (\$)</b>
X4300	Language evaluation	66.05
X4301	Speech evaluation	66.05
X4302	Speech-language therapy (group), each patient	26.57
X4303	Speech-language therapy, individual, per hour (following procedures X4300 or X4301)	45.24
X4304	Speech-language therapy, individual, 1/2 hour	22.63
X4306	Out-of-office call (payable only for visits to the first patient receiving services at any given location on the same day)	8.27
X4308	Speech therapy preliminary evaluation, rehabilitation, SNF, ICF	33.03
X4310	Speech generating device (SGD) – related bundled speech therapy services, per visit	45.24
X4312	Speech generating device (SGD) recipient assessment	By Report
X4320	Unlisted speech therapy services	By Report
Z5944	Aural rehabilitation, ½ hour for children using alternative listening devices Can be used up to three units per day	
Z5942	Aural rehabilitation, ½ hour for children with cochlear implants Can be used up to three units per day	
Z5940	Aural rehabilitation, ½ hour, for children with hearing aids. Can be used up to three units per day	

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