

**DEPARTMENT OF HEALTH SERVICES**

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N.L.: 14-0801

Index: Medical Services Benefits: MTP

TO: ALL COUNTY CALIFORNIA CHILDREN SERVICES (CCS)  
ADMINISTRATORS AND MEDICAL CONSULTANTS,  
CHIEF/SUPERVISING THERAPISTS, MEDICAL THERAPY UNITS (MTUs)  
ADMINISTRATORS, MEDICAL AND THERAPY CONSULTANTS, AND  
STATE CHILDREN'S MEDICAL SERVICES (CMS) STAFF

SUBJECT: SYNTHESIZED SPEECH AUGMENTATIVE COMMUNICATION (SSAC)  
DEVICES (FORMERLY KNOWN AS AUGMENTATIVE/ALTERNATIVE  
COMMUNICATION (AAC) DEVICES)

### Introduction

The purpose of this numbered letter is to inform the Medical Therapy Programs (MTP) of changes in codes and terminology for SSAC devices and to restate the CCS policy and implementation guidelines for approval and authorization of SSAC devices. This Numbered Letter (NL) supercedes N.L.: 05-0397, entitled Augmentative/Alternative Communication Devices, issued May 1997.

As part of the Year 2000 Health Common Procedure Coding System (HCPCS) annual update, the Medi-Cal program has implemented changes in codes and terminology relating to AAC devices. These changes include:

- ◆ Modification of the procedure codes for billing for AAC devices to conform to the year 2000 HCPCS (national) coding structure.
- ◆ Placement of the AAC device into the category of Durable Medical Equipment (DME) Level II (national), changing the HCPCS coding from prosthetic to DME billing codes and end dated use of the prosthetic codes.
- ◆ Modification of the name from AAC to SSAC device to conform to the year 2000 HCPCS change.

County CCS programs and state regional offices shall no longer authorize SSAC or SSAC supplemental needs using Prosthetic codes X9042 (AAC Device Purchase/Rental), X9044 (AAC Device Accessories), X9046 (AAC Device Repair) and

X9048 (AAC Device Modification/Replacement). The prosthetic codes have been replaced with national and local DME codes.

## **Background**

Prior to a SSAC device becoming an approved Medi-Cal service, the payment for a SSAC device was entirely the responsibility of the CCS program. An SSAC device could be approved and authorized for a client enrolled in the MTP, based on the MTP DME Guidelines, provided that the client is also eligible for the general CCS program.

In 1997 SSAC devices became an approved Medi-Cal benefit. As instructed in NL 05-0397, requests received by MTPs for SSAC devices for Medi-Cal beneficiaries, full scope, no share of cost, with a CCS-eligible condition were to be reviewed, authorized, and/or denied by the appropriate county or regional CCS office. This policy was a change in the authorization process as these devices no longer required approval as an Early and Periodic Screening, Diagnosis and Treatment (EPSDT) supplemental service (SS) request.

## **Policy**

- A. An SSAC device, accessories, and related services may be authorized when the MTP has completed an evaluation of the SSAC device for the client enrolled in the MTP and:
  - 1. The device has been determined to meet the medical necessity criteria based on the MTP DME Guidelines, and
  - 2. The client for whom the SSAC device is to be authorized is eligible for the general CCS program when:
    - a. The parent(s) have completed CCS program eligibility requirements and have signed the CCS Program Service Agreement or,
    - b. The client is a Medi-Cal beneficiary, full scope, no share of cost or,
    - c. The client is a Healthy Families subscriber.
- B. A request for SSAC device modification and/or replacement should be considered when:
  - 1. There has been significant change in the current device usage or the device is no longer the most appropriate to treat the communication limitations, and/or

2. There have been significant technological changes in the available devices that would allow measurable improvement of patient communication limitations if the proposed modification/replacement occurred.

C. The SSAC devices may be authorized when the provider is a DME provider and:

1. is enrolled as a Medi-Cal provider (required for a client with full scope Medi-cal) or,
2. has a current and valid CGP provider number (required for a client who is not Medi-Cal eligible).

D. The services that may be authorized are:

1 SSAC Device(s) - **E1900** (Payable "By Report")

This code is to be used for either purchase of an SSAC device or for a rental. A rental SSAC device may be authorized when the patient's device is being serviced and/or repaired, but may also be used if the patient is undergoing a limited trial period to determine appropriateness and ability to use the SSAC device. Procedure code X9042 may no longer be used when authorizing an SSAC device.

2. SSAC Device Accessories - **X3266** (Payable "By Report")

This code is to be used for SSAC device-related components and accessories, including computer software programs, symbol sets, overlays, mounting devices, switches, cables and connectors, auditory, visual and tactile output devices, and necessary supplies (replacement batteries etc.). The code is also used when authorizing related training necessary for the patient to use the device to meet his/her communication needs effectively. Procedure code X9044 may no longer be used when authorizing an SSAC device accessory.

3. SSAC Device Repair - **X3268** (Payable "By Report")

This service may be authorized if justification demonstrates that the device will continue to be appropriate and meet the child's future communication needs after the repairs have been made. Procedure code X9046 may not be used when authorizing SSAC Device repairs.

4. SSAC Device Modification/Replacement- **X3270** (Payable "By Report")

This code is to be used when there is a request for modification and/or replacement of the SSAC device or for services for the purpose of updating or improving the device's technical capacity or function. Procedure code X9048 may no longer be used when authorizing SSAC Device modification or replacement.

5. SSAC Recipient Assessment - **X4312** (Payable "By Report")

This service may only be authorized when performed by a licensed speech pathologist, though they can be done in conjunction with other appropriate health care professionals acting within their scope of practice (e.g., physical or occupational therapists). No separate authorization is necessary when MTU staff, in conjunction with school speech therapy staff, can appropriately perform the assessment/evaluation.

6. SSAC -Related Speech Therapy - **X4302** Speech-Language Therapy (Individual), per one hour.

This code is to be used when related speech therapy is provided to a CCS-eligible client.

### Implementation Guidelines

- A. Requests for SSAC devices shall be 1) reviewed by the chief/supervising therapist or qualified designee for a CCS independent county, or by the CMS Branch regional office therapy consultant or designee for dependent counties and 2) approved by the MTC team prior to submission to the general CCS program for authorization.

The Medi-Cal/CCS SSAC Device Authorization Documentation Checklist (enclosed) is to be used to assist county MTPs and CMS regional office therapy staff in ensuring that the documentation required for authorizing this device has been completed. This documentation does NOT have to be submitted to the Medi-Cal program or with the claim. However, it must be available in the client's CCS record for Medi-Cal-eligible beneficiaries with CCS-eligible conditions to demonstrate that it has been used in determining medical necessity for the device for an individual client.

- B. Authorization of the SSAC device, accessories, repairs, et al shall be authorized to a DME Provider. The authorization shall provide the HCPSC code required for billing for the authorized service.

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- C. Speech therapy services to assist a child to maximize use of the SSAC device may be authorized to a CCS paneled Speech/Language Pathologist. For a child who is a Medi-Cal beneficiary, full scope, no share of cost, an EPSDT SS request must be submitted if the services needed are greater than two per month.
- D. Claims submitted by the DME provider must prove the following attached:
  - 1. 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);
  - 2. Itemized costs of each item provided; and
  - 3. Labor time/hourly charge (if appropriate).
- E. Claims for SSAC devices or related services, including speech therapy, shall be processed by the county CCS or CMS Branch regional offices based on the instructions found in NL 05-0896.

If you have any questions about changes in the SSAC procedure or codes, please contact your Regional Office Therapy Consultant.



Maridee A. Gregory, M.D., Chief  
Children's Medical Services Branch

Enclosure

**California Children's Service Program/Medical Therapy Program  
Authorization Documentation Checklist:  
Synthesized Speech Augmentative Communication (SSAC) Device**

The purpose of CCS/MTP Documentation Checklist is to assist independent county CCS programs and State CCS Regional Offices in assembling required information to evaluate a request for a SSAC Device. The requirements below are from the CCS/MTP Durable Medical Equipment (DME) Guidelines. This documentation is required for the Medi-Cal program to process a claim any SSAC Device authorized to a CCS/MTP client who is a Medi-Cal beneficiary, full scope, not share of cost.

- \_\_\_ General
  - Provider information (Provider name, address, phone number, & Medi-Cal provider 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 Pathology 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
- \_\_\_ Follow-up Training