AUGMENTATIVE COMMUNICATION DEVICES (ACDS)

CSHCN SERVICES PROGRAM PROVIDER MANUAL

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TEXAS
Health and Human
Services

AUGMENTATIVE COMMUNICATION DEVICES (ACDS)

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10.1 Enrollment

To enroll in the CSHCN Services Program, ACD providers must be actively enrolled in Texas Medicaid, have a valid CSHCN Services Program Provider Agreement, have completed the CSHCN Services Program enrollment process, and comply with all applicable state laws and requirements. Out-of-state ACD providers may enroll and must meet all these conditions and be approved by the Department of State Health Services (DSHS).

ACD providers may enroll as a CSHCN Services Program provider by completing the provider enrollment application available through the TMHP website at www.tmhp.com.

Important: *CSHCN Services Program providers are responsible for knowing, understanding, and complying with the laws, administrative rules, and policies of the CSHCN Services Program and Texas Medicaid.*

By enrolling in the CSHCN Services Program, providers are charged not only with knowledge of the adopted CSHCN Services Program agency rules published in Title 26 Texas Administrative Code (TAC), but also with knowledge of the adopted Medicaid agency rules published in 1 TAC, Part 15, and specifically including the fraud and abuse provisions contained in Chapter 371.

CSHCN Services Program providers also are required to comply with all applicable laws, administrative rules, and policies that apply to their professions or to their facilities. Specifically, it is a violation of program rules when a provider fails to provide health-care services or items to recipients in accordance with accepted medical community standards and standards that govern occupations, as explained in 1 TAC §371.1659 for Medicaid providers, which also applies to CSHCN Services Program providers as set forth in 26 TAC §351.6(b)(1). Accordingly, CSHCN Services Program providers can be subject to sanctions for failure to deliver, at all times, health-care items and services to recipients in full accordance with all applicable licensure and certification requirements. These include, without limitation, requirements related to documentation and record maintenance, such that a CSHCN Services Program provider can be subject to sanctions for failure to create and maintain all records required by his or her profession, as well as those required by the CSHCN Services Program and Texas Medicaid.

Refer to: Section 2.1, "Provider Enrollment" in Chapter 2, "Provider Enrollment and Responsibilities" for more detailed information about CSHCN Services Program provider enrollment procedures.

Section 3.1.4, "Services Provided Outside of Texas" in Chapter 3, "Client Benefits and Eligibility" for more detailed information.

10.2 Benefits, Limitations, and Authorization Requirements

An ACD system is also known as an augmentative and alternative communication (AAC) device system. Benefits are limited to the purchase, rental, replacement, modification, and repair of ACDs that function independently of any other technology (i.e., may not rely on a computer in any way) for program-eligible clients when a documented need exists.

The following procedure codes must be used to request prior authorization or submit claims for the purchase or rental of ACDs. Only one of the procedure codes for rental of ACDs will be reimbursed per calendar month, by any provider.

Procedure Codes							
E2500	E2502	E2504	E2506	E2508	E2510	E2512	E2599

Claims for the purchase of a carrying case (procedure code E2599) must be submitted with modifier U1. The prior authorization request for a carrying case must include the make, model, and purchase date of the ACD system.

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Items that are included in the reimbursement for an ACD system and are not reimbursed separately include, but are not limited to, the following:

- Applicable software (except for software purchased specifically to enable a client-owned computer or a personal digital assistant [PDA] to function as an ACD system)
- Batteries
- Battery charger
- Power supplies
- Interface cables
- Interconnects
- Sensors
- Moisture guard
- A/C or other electrical adapters
- Adequate memory to allow for system expansion within a 3-year time frame
- All training necessary to instruct the client, family, and caregivers in the use of the ACD system
- Any extended warranty

Prior authorization is mandatory for:

- All ACD rentals or purchases.
- ACD modifications.
- All accessories, including a carrying case.
- Replacement of ACDs or components.
- Repairs.

ACDs may be prior-authorized if the following criteria are met:

- They are prescribed by the client's treating physician.
- Clinical documentation supports medical necessity and appropriateness (refer to individual sections in this chapter for specific documentation requirements).

Refer to: Section 4.4, "Prior Authorizations" in Chapter 4, "Prior Authorizations and Authorizations" for detailed information about prior authorization requirements.

Refer to: The CSHCN Services Program Prior Authorization Request for Augmentative Communication Devices (ACDs) Form.

10.2.1 Purchases or Rentals

Requests for ACD purchases should take into account all projected changes in the client's communication abilities for a minimum of 2 years. An ACD is not approved for purchase unless the client has used the requested ACD for a trial period of at least 30 days but not more than 60 days. Prior authorization may be obtained for rental (if feasible) during the trial period. If an ACD is unavailable for rental, a waiver may be granted with supporting documentation. All components, accessories, and switches, including mounting devices and lap trays necessary for use, must be used during the trial period before a decision to purchase can be approved. ACD systems and equipment that have been purchased are anticipated to last a minimum of 3 years.

Refer to: Chapter 37, "Speech-Language Pathology (SLP) Services" for procedure codes related to therapy or training for use of an ACD during the trial period.

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Requests for accessories that were unavailable at the time of the initial prescription may be considered once every 2 years with adequate supporting documentation. ACDs may be replaced every 3 years when one of the following occurs:

- They are lost or irreparably damaged.
- Three years have passed since the initial prescription and the ACD is no longer functional.
- Documentation supports medical necessity and appropriateness for replacing the current ACD.

10.2.1.1 Prior Authorization Requirements for Purchase or Rental

Prior authorization requests must include all of the following information or documentation:

- The medical diagnosis and how it relates to the client's communication needs
- Any significant medical information pertinent to the use of the ACD
- The limitations of the client's current communication abilities, system, and devices
- A statement as to why the prescribed ACD is the most effective, with a comparison of benefits versus alternative options
- A complete description of the ACD with all accessories, components, mounting devices, and modifications necessary for client use (must include the manufacturer's name, model number, and retail price)
- Documentation that the client is mentally, emotionally, and physically capable of operating and using the requested ACD
- A professional assessment must be conducted by a licensed speech-language pathologist in conjunction with other disciplines, such as physical or occupational therapy. This assessment must be completed before the ACD is prescribed by the physician. The prescribing physician should base the prescription on the professional assessment. The professional assessment by a licensed speech-language pathologist must include the following information:
  - Communication status and limitations
  - Speech and language skills assessment, including prognosis for speech or written communication
  - A description of the client's cognitive readiness
  - A description of the client's interactional, behavioral, or social abilities
  - A description of the client's capabilities, including intellectual, postural, physical, and sensory (visual and auditory)
  - A description of the client's motivation to communicate
  - A description of the client's residential, vocational, and educational setting
  - A description of how the ACD will be implemented or integrated into environments
  - A description of alternative ACDs considered, including a comparison of capabilities
  - A description of the ability of the ACD to meet the projected communication needs and growth potential of the client and how long the ACD will meet the client's needs
  - A detailing of any anticipated changes, modifications, or upgrades and projected time frames (short and long term)
  - A detailed training plan (who, what, when, and where)
- Specifications of the ACD, all of the component accessories that are necessary for the proper use of the ACD, and documentation of all necessary therapies and training

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Requests for prior authorization must be submitted by the ordering provider using the CSHCN Services Program Prior Authorization Request for Augmentative Communication Devices (ACDs) form.

It is recommended that the preliminary evaluation for an ACD include the involvement of an occupational or physical therapist to assess the client's seating and postural needs and the motor skills required to use the ACD.

10.2.2 Modifications

Modifications may be prior authorized with adequate supporting documentation of medical necessity and appropriateness when one of the following occurs:

- The client's needs have changed.
- A capability of or potential for communication develops that could not have been anticipated.

ACD modifications and requests for accessories that were unavailable at the time of the initial prescription may be considered once every 2 years with adequate supporting documentation.

10.2.2.1 Prior Authorization Requirements for Modifications

Documentation required for modifications of ACDs must include:

- A re-evaluation by a licensed speech-language pathologist.
- A prescription from the treating physician.
- Documentation that significant changes have occurred in the client's environment, physical abilities, or linguistic abilities and that such changes impair or affect the client's ability to benefit from the ACD currently in use.
- Documentation that the prescribed modification provides the client with the potential for an increased level of functional communication with significant reduction of disability.

10.2.3 Repairs

All repairs require prior authorization. Nonwarranty repairs of an ACD system may be considered for prior authorization with documentation from the manufacturer explaining why the repair is not covered by warranty and with documentation of medical necessity.

Providers must use procedure code K0739 when billing nonwarranty repairs.

The CSHCN Services Program does not pay shipping and handling charges.

10.2.3.1 Prior Authorization Requirements for ACD Repairs

Documentation required for repairs of ACDs must include:

- A prescription from the treating physician.
- A statement that describes the needed repair.
- Justification of medical necessity.
- The estimated cost of repairs.

10.2.4 Replacement

Replacement of ACDs or components is considered in the following circumstances:

- When loss or irreparable damage has occurred
- It has been 3 years since the initial prescription, and the ACD is no longer functional
- Documentation supports medical necessity or appropriateness of replacing the current ACD

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10.2.4.1 Prior Authorization Requirements for Replacement

Prior authorization requests must include a joint statement from the prescribing physician and a licensed speech-language pathologist that includes:

- The cause of loss or damage and what measures have been taken to prevent reoccurrences.
- Information stating the client's abilities or communication needs are unchanged, or no other ACDs currently available are better suited to the client's needs.
- A new evaluation or assessment if requesting a different ACD from one that has been lost or damaged.

10.2.5 Excluded Items

Excluded items that are not related to the ACD system and software components that are not necessary to operate the system are not a benefit of the CSHCN Services Program. Excluded items include, but are not limited to:

- Printers.
- Wireless internet access devices.
- Voice prosthetics or artificial larynxes.
- Speech generating software programs for personal computers or PDAs (procedure code E2511).

10.3 Claims Information

The CSHCN Services Program Documentation of Receipt form is required and must be completed before reimbursement can be made for any equipment delivered to a client. The certification form is available in both English and Spanish, and must include the name of the item, the date the client received the DME, and the signatures of the provider and the client or primary caregiver. Documentation of delivery must include one of the following:

- A delivery slip or invoice signed and dated by client or caregiver. The delivery slip or invoice must contain the client's full name, the address to which the supplies were delivered, the item description, and the numerical quantities that were delivered to the client.
- A dated carrier tracking document with shipping date and delivery date. The dated carrier tracking document must be attached to the delivery slip or invoice. The dated delivery slip or invoice must include an itemized list of goods that includes the descriptions and numerical quantities of the supplies that were delivered to the client. This document could also include prices, shipping weights, shipping charges, and any other description.

The date of delivery on the form is the date of service (DOS) that should appear on the claim. Providers must retain individual delivery slips or invoices for each DOS that document the date of delivery for all supplies provided to a client and must disclose them to HHSC or its designee upon request. This information is not filed with the claim. It must be retained for the life of the piece of equipment or until the equipment is authorized for replacement.

ACD services must be submitted to TMHP in an approved electronic format or on the CMS-1500 paper claim form. Providers may purchase CMS-1500 paper claim forms from the vendor of their choice. TMHP does not supply the forms.

When completing a CMS-1500 paper claim form, all required information must be included on the claim, as information is not keyed from attachments. Superbills, or itemized statements, are not accepted as claim supplements.

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Refer to: Chapter 41, "TMHP Electronic Data Interchange (EDI)" for information on electronic claims submissions.

Chapter 5, "Claims Filing, Third-Party Resources, and Reimbursement" for general information about claims filing.

Section 5.7.2.4, "CMS-1500 Paper Claim Form Instructions" in Chapter 5, "Claims Filing, Third-Party Resources, and Reimbursement" for instructions on completing paper claims. Blocks that are not referenced are not required for processing by TMHP and may be left blank.

Home health DME providers must use benefit code DM3 on all claims and authorization requests. All other providers must use benefit code CSN on all claims and authorization requests.

The Healthcare Common Procedure Coding System (HCPCS)/Current Procedural Terminology (CPT) codes included in policy are subject to National Correct Coding Initiative (NCCI) relationships. Exceptions to NCCI code relationships that may be noted in CSHCN Services Program medical policy are no longer valid. Providers should refer to the Centers for Medicare & Medicaid Services (CMS) NCCI web page for correct coding guidelines and specific applicable code combinations. In instances when CSHCN Services Program medical policy quantity limitations are more restrictive than NCCI Medically Unlikely Edits (MUE) guidance, medical policy prevails.

10.4 Reimbursement

ACDs may be reimbursed the lower of the billed amount or the amount allowed by Texas Medicaid. Reimbursement for the purchase or rental of ACDs is as follows:

- Rental will be reimbursed for short term use of the item (less than one year). When the rental period is expected to exceed 10 months, purchase must be considered.
- Purchase of an ACD is justified when the estimated duration of need multiplied by the rental rate exceeds the purchase price of the equipment.

For fee information, providers can refer to the Online Fee Lookup (OFL) on the TMHP website at www.tmhp.com.

The CSHCN Services Program implemented rate reductions for certain services. The OFL includes a column titled "Adjusted Fee" to display the individual fees with all percentage reductions applied. Additional information about rate changes is available on the TMHP website at www.tmhp.com/resources/rate-and-code-updates/rate-changes.

Note: *Certain rate reductions including, but not limited to, reductions by place of service, client type program, or provider specialty may not be reflected in the Adjusted Fee column.*

10.5 TMHP-CSHCN Services Program Contact Center

The TMHP-CSHCN Services Program Contact Center at 1-800-568-2413 is available Monday through Friday from 7 a.m. to 7 p.m., Central Time, and is the main point of contact for the CSHCN Services Program provider community.

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