



Adult Referral for Speech Generating Device Evaluation

Prior Authorization Request

Patient Name:

Birthdate:

Address:

Phone:

Insurance Carrier:

ID #:

RX: Evaluation for Speech Generating Device

Provider: ACTS

Marilyn J. Buzolich, Ph.D., Director (SP3300)

350 Santa Ana Ave.

San Francisco, CA 94127

Phone: 415-333-7739

Fax: 415-333-3456

Date:

- (1) The patient named above has been referred for an **Evaluation for a Speech Generating Device**. The evaluation will take place in the patient's home. Up to 20 visits are needed to complete the evaluation in accordance with Medicare

Review Guidelines for a Speech Generating Device Evaluation. The following CPT Codes (based on 2004 Medicare Fee Schedule) will be used for billing purposes:

CPT Code 92607 \$115.94 Evaluation for speech device prescription (first hour) on a given visit date

CPT Code 92608 \$25.30 per additional half hour (additional half hour units for speech device prescription on the same service date).

Note: Evaluations for speech generating devices can require between 10 and 20 visits or service hours depending upon whether there are severe motor, sensory, cognitive or linguistic issues.

(2) The evaluation report will be prepared in accordance with Medicare SGD Evaluation review guidelines and submitted to private insurance for funding consideration of the recommended Speech Generating Device (SGD). Below are some DME codes for SGDs. The patient has not yet been evaluated so no determination of an appropriate SGD has been made at this time. The following are SGD codes used by Medicare.

- a. E2500 (formerly K0541)
- b. E2508 (formerly K0543)
- c. E2510 (formerly K0544)
- d. E2502 (formerly K0615)
- e. E2504 (formerly K0616)
- f. E2506 (formerly K0617)

- (3) If the Speech Generating Device is not covered by insurance, other funding sources will be considered including patient private pay.
- (4) Please fax any prior authorizations to Dr. Marilyn J. Buzolich. If there are any questions, please do not hesitate to contact me.

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