



### **How to Refer a Patient for an Evaluation for a Speech Generating Device**

#### **Outside Referrals/Third Party for AAC services through ACTS**

- (1) The primary care physician (PCP) must refer patient for an “Evaluation for a speech device prescription”. The prescription request must be sent to the attention of the patient’s PCP.
- (2) Physician must specify “Up to 20 visits” on the prescription. There are 2 CPT codes for Evaluation for speech device prescription; CPT Code 92607 (first hour) and CPT Code 92608 (additional half hour units on the same service date).  
  
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.
- (3) The Prescription from the PCP must be sent to “Outside Providers”. The Outside Providers” will fax the authorization to the ACTS office at 415-333-3456 along with a letter Authorizing Medical Care.
- (4) Once ACTS receives the Authorization ACTS will contact the referring hospital and request release of pertinent records and completion of an ACTS referral form from the Nurse Case Manager or other direct service provider familiar with the

patient. Records and referral form can be faxed to the ACTS office at 415-333-3456.

- (5) ACTS will immediately authorize ACTS associate to provide patient services on site. If the patient is already at home, ACTS will provide the evaluation in the patient's home.