



New Medicare SGD Funding Policy and Guidelines for 2016: What's Covered, What's Not, Where Do We Go From Here

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Everything You Need To Know On 1 Slide

- SGDs can be based on any type of hardware. SGDs can be computer based. SGDs can rely on purpose built devices or off-the-shelf technology. SGDs can use any of the standard computer operating systems: Windows, Android or IOS.
- **But** SGD hardware must be configured to meet Medicare coverage requirements. The Medicare requirements must be met at the time of initial distribution to Medicare beneficiaries. All current operating systems are able to meet these requirements.
- The definition of “speech” has been **expanded** to include email, text and phone communication to support *remote* communication, in addition to audible speech to support *face-to-face* communication. SGDs can now offer these broader “speech” capabilities as standard features.
- SGDs can have additional capabilities beyond those related to “speech” as redefined, *i.e.*, features that are not covered and that Medicare will not pay for. But these features cannot be accessible to Medicare beneficiaries when devices are initially shipped and delivered.
- A Medicare procedure known as an “ABN” can be used to gain access to additional, non-covered capabilities. They can be accessed at beneficiary request and expense. This procedure mimics “unlocking.” ...

OK, Two Slides

list continued:

- SGD software that can be used on beneficiary-owned equipment is covered.
- SGD mounts are covered.
- All medically necessary SGD accessories are covered. Eye gaze or eye tracking accessories are covered.
- Access to SGDs can be by purchase instead of rental, through October 2018. “Capped rental” no longer applies to SGDs. SGD rental will continue to be available for short term uses, such as trial use periods.
- The SLP evaluation and reporting procedure to support Medicare SGD funding requests has not changed.

Current Medicare SGD Coverage Guidance

- 4 Medicare documents state and explain current SGD Coverage:
 - National Coverage Determination for Speech Generating Devices (July 29, 2015)(“2015 NCD”)
 - “Decision Memorandum” for 2015 NCD (“National Benefit Category Analysis”)
 - Local Coverage Determination for Speech Generating Devices (eff. Oct. 1, 2015)(“2015 LCD”)
 - Local Coverage Article for Speech Generating Devices (eff. Oct. 1, 2015)(“2015 LCA”)
- All are accessible at:
 - <https://www.cms.gov/medicare-coverage-database/search/search-results.aspx?CoverageSelection=Both&ArticleType=All&PolicyType=Final&s=Alaska&Keyword=speech+generating+devices&KeywordLookUp=Title&KeywordSearchType=And&CptHcpcsCode=E2510&bc=gAAAAAAAAAAAAAAA%3d%3d&=&>. (link to 2015 LCD also provides link to 2015 LCA (scroll to end)).

Medicare Did Not Change Who Can Get An SGD

- Medicare’s position regarding SGD eligibility always has been “all out” (no one can get one, regardless of condition or need) or “all in” (anyone can get one, as long as need exists).
- The policy changes in 2014 [“coverage reminder;” “capped rental”] were directed only to *devices* and *payment*.
- The “reconsideration” of Medicare SGD coverage was directed exclusively to *devices*, not which Medicare beneficiaries can access them.

“[s]ince 2001, the technology of devices that generate speech and the ways in which the devices are used by patients to meet their medical needs has changed significantly.”

What's Covered - 1: Medicare's SGD Definition

- The 2015 NCD defines SGDs as follows:
 - “*Speech generating devices are defined as durable medical equipment that provide[] an individual who has a severe speech impairment with the ability to meet his or her functional, speaking needs. Speech generating devices are speech aids consisting of devices or software that generate speech and are used solely by the individual who has a severe speech impairment.*”
- To be “durable medical equipment,” a device must be
 - “primarily and customarily used to serve a medical purpose;” and
 - “generally not useful to a person in the absence of an illness or injury.”
- To be “durable medical equipment” Medicare states an SGD must be:
 - “modified to generate speech” and
 - “used primarily by a patient with a severe speech impairment for the primary purpose of generating speech.”
- Medicare will cover as an SGD any type of device that meets these functional limitations.

What's Covered - 2: Types Of Devices That Can Be SGDs

- Medicare is only interested in device *function* not its appearance, components, or method of construction.
- Computer based and tablet-computer based devices:
 - 2015 NCD: “[c]omputers and tablets in general are not considered DME because they are useful in the absence of an illness or injury.”
 - 2015 NCD Decision Mem.: “We agree that computers that are modified to generate speech can be considered SGDs if the device is used primarily by the patient ... for the primary purpose of generating speech.”
 - 2015 LCA: “a device utilizing tablet, smartphone or computer hardware” [will be an SGD for Medicare purposes, if it is] “designed by the manufacturer to function solely as a speech generating device.”
- No computer or other device type is disqualified or categorically excluded from coverage
- No distinction is made between purpose-built and off-the-shelf devices.
- No Medicare interest is stated in the operating system used: Windows, Android and IOS based devices all can be used.
- Devices must be obtained from Medicare-qualified sources. Consumer electronics stores, department stores, and online merchants are not likely to be Medicare qualified DME suppliers

What Modifications Are Required?

- To be SGDs for Medicare purposes, devices must:
 - Be limited to use by a patient with a severe speech impairment; and
 - Be primarily used for the purpose of generating speech.
- Medicare does not identify any device feature as covered other than speech generation. The 2015 LCA states SGDs must “*function solely as a speech generating device....*”
- Basically, every device feature not directly related to “speech generation” must be non-functional – disabled or removed – from the device at the time it is delivered to the client.

“Dedicated” Only To Speech Generation

- **Devices “Dedicated” Only to Speech Generation no longer is required:**

“As long as the speech generating device is limited to use by a patient with a severe speech impairment and is primarily used for the purpose of generating speech, it is not necessary for a speech generating device to be dedicated only to speech generation to be considered DME.”

- **But....**

- Functionally, Medicare has not expanded the scope of allowed SGD features from what “dedicated devices” offered. For this reason, not requiring devices to be dedicated amounts to a distinction without a difference.

- Eliminating the “dedicated device” requirement *in name* but keeping it *in fact* creates a labeling issue for manufacturers that SLPs must be alert to. SLPs must be careful to always recommend the SGD model that meets Medicare requirements. This must be stated clearly in SLP reports.

Medicare Re-defined “Speech”

- Medicare stated at the outset of the reconsideration process:
 - *“[s]ince 2001, ... the ways in which [SGDs] are used by patients to meet their medical needs has changed significantly.”*
- Medicare SGD coverage now reflects those changes. Medicare *expanded* the definition of “speech” to expressly recognize that people have equal need to communicate through
 - “audible/verbal” speech in face-to-face communication and through
 - written communication in email and text, and by phone to achieve “remote communication.”
- Medicare explained its reasoning as follows:
 - *“We believe that a written message or phone message from an individual lacking the ability to speak serves the same purpose in communicating with individuals as generation of audible/verbal speech. ... An individual with severe speech impairment always needs the ability to replace speech to communicate regardless of where they are and the person to whom they are communicating. ... We believe that a device that generates speech for a patient with severe speech impairment and is also capable of generating written messages or phone messages to allow the patient to communicate remotely with individuals still meets the definition of DME.”*

“Video-communication”

- **Medicare does not accept “video-communication as speech.**

“We continue to believe that video communications or video conferencing are not necessary forms of speech. A written or phone message communicates speech or language (i.e., words) to individuals and serves the same purpose as generation of speech that is audible for individuals in close proximity to the patient. Transmitting an image of a person to another individual is not sending speech or words to the individual.”

“[We] continue to believe that ... [a] written or phone message is sufficient for communicating speech or language to individuals not in close proximity to the patient, including the patient’s physician, and serves the same purpose as generation of speech that is audible for individuals in close proximity to the patient. Video includes other aspects e.g., visual which are not necessary to convey a message; typically such a feature is not needed in regards to audible/verbal speech. We do not believe it is necessary for any beneficiary to see a person or project an image of themselves to communicate with another person.”

Will Medicare Cover The Connections Needed For Email, Text And Phone Communication?

- **No.**

“Internet or phone services or any modification to a patient’s home to allow use of the [SGD] are not covered by Medicare because such services or modifications could be used for non-medical equipment such as standard phones or personal computers.”

- “Internet or phone services” appears to refer to the agreements with phone service providers or those with internet services providers if free access is not otherwise available.
- “Home modifications” appears to be refer to the wiring or other hardware required to gain access to a phone network, or a router or other equipment that will support access to the internet for email.
- Saying “no” is not a change in Medicare policy: Medicare *never* paid for these items or services. It is very unlikely any Medicare beneficiary ever asked Medicare to do so.

Internet Access

- **Medicare will cover some internet access.**

“Coverage is limited to whatever capability is necessary to generate emails, which may include access to the internet for the purpose of sending email messages, but access to the internet in general is not a covered feature of an SGD....”

“[t]he capability to access the internet to [Facebook or other social networking portals] is not necessary for generating speech and could be useful in the absence of an illness or injury, so access to the internet and other communications in general, is not a covered feature of an SGD.”

- Medicare also will allow SGD manufacturers to provide technical support and software upgrades to their devices after delivery.

- Each manufacturer will be responsible to determine how this will be accomplished.

- It is easier to identify what Medicare will not cover or pay for:

- The agreement between the beneficiary and the internet services provider;
- The hardware (cable, router, etc.) that may be required for internet access.

“Environmental Control”

- **Medicare expressly rejects “environmental control” coverage.**
“... such technology is not necessary for the generation of speech.”
- By saying “no,” Medicare is reinforcing that it is willing to cover devices only for speech generation.

Features Versus Capabilities-1

- Medicare SGD coverage is based on what the device can *do* (*its features*) and not on what the device *is*, i.e., a computer.
- Medicare drew a line: *features* directly related to speech generation, as redefined, are covered. SGDs with these features will be eligible for Medicare reimbursement. Other features are not covered and devices with these features will not be eligible for Medicare reimbursement.
- **However**, Medicare added two caveats:
 - For Medicare coverage purposes, the features of a device will be examined at the time of initial issue, *i.e.*, when the device is delivered to the client.
 - Medicare SGD coverage will be based on SGD *features* and not on SGD *capabilities*.
 - *Comment: Many commenters expressed a strong opinion that SGDs covered by Medicare should have the capability to perform other tasks and should not be dedicated to only generating speech.*
 - *Medicare response: We agree with this comment....*
- A *capability* is something the device can do, but which cannot be accessed, available or operational when the device is shipped to the Medicare beneficiary (right out of the box).
- SGDs with these additional capabilities will not be disqualified from Medicare coverage.

Features Versus Capabilities-2

- What's Not Covered?

[S]pecific features of a speech generating device that are not used by the individual who has a severe speech impairment to meet his functional speaking needs are not covered. This would include any computing hardware or software not necessary to allow for generation of speech, email, text or phone messages, such as hardware or software used to create documents and spreadsheets or play games or music, and any other function a computer can perform that is not directly related to meeting the functional speaking communication needs of the patient, including video communications or conferencing. These features of a speech generating device do not fall within the scope of 1861(n) of the Act [the Medicare DME definition]

- What's Not Covered:

- specific features of an [SGD] that are not used by the individual who has a severe speech impairment to meet his or her functional speaking needs;
 - video-communications or conferencing;
 - Any computing hardware or software not necessary to allow for generation of audible/verbal speech, email, text or phone messages, such as:
 - hardware or software used to create documents and spreadsheets; or
 - hardware or software used to play games or music
 - environmental control; and
 - general internet access.

Accessing Non-Speech Generating Capabilities

- Between 2001 and 2014, Medicare beneficiaries used a procedure known as “unlocking” to access SGD capabilities not accessible or operational at the time of device delivery.
- “Unlocking” is not mentioned in the 2015 Medicare SGD guidance.
- Instead, Medicare states access to these capabilities will be through an “Advance Beneficiary Notice of Noncoverage” or ABN. An ABN is a Medicare form that will be provided by the SGD manufacturer or supplier.
- The ABN will offer access to a bundle of capabilities Medicare will not cover or pay for, but which the beneficiary may want to use.
 - There will be one ABN, for a bundle of capabilities, not one for each. The SGD manufacturers can create their own bundles, and also assign their own name to it. PRC, for example, calls its bundle an “Integrated Feature Pack” or IFP.
- The beneficiary may choose these additional capabilities or not.
- If the beneficiary wants these additional capabilities, there will be a small charge the beneficiary will have to pay. For example, PRC’s “IFP” is available for \$ 50.

SGD Software & SGD Mounts Coverage

- Medicare will continue to cover SGD software that will allow a “general computing device” to function as an SGD. A “general computing device” is any computer, tablet, smartphone or other device that has not been modified to meet Medicare coverage requirements.
- Software applications or “apps” appear to be covered. But like devices, they will be covered only if they are obtained from a Medicare qualified supplier.
- Medicare also will continue to cover SGD mounts and mounting hardware.

SGD Accessories Coverage

- SGD accessories are covered.
- The 2015 LCA identifies 7 categories of accessories as examples of what will be covered:
 - Ocular tracking device, any type, describes an SGD accessory used with an SGD or SGD software to allow a speech-impaired person to use his or her eyes to communicate. Ocular tracking devices track the user's eye movement and determine where on [a] screen their gaze is targeted.
 - Head control mouse, any type, describes an SGD accessory that monitors head movement and translates those movements into actions by the pointer on the SGD screen.
 - Alternative input device, any type, describes any accessory other than an ocular tracking device or head control mouse, not integrated into the SGD hardware, used to control the actions of an SGD. Examples of alternative input devices include (not all inclusive): specialty keyboards, joysticks, trackballs, trackpads, buddy buttons, jelly beans, beamers, roller balls, round pads, pal pads.
 - Protective key guard, any type describes an overlay for a keyboard, alternative input device or SGD screen that assists the beneficiary in preventing inadvertent selection of a button, icon or other input.
 - *Protective case or cover, any type, describes any protective case or cover used to enclose the SGD to prevent the ingress of liquids, dirt, dust, etc....*
 - *Carrying case, includes the shoulder strap or carrying handle, any type describes any soft-sided or hard-sided carrying container for the SGD and any related accessories*
 - Electronic components that allow the SGD to be operated by the drive control interface of a power wheelchair.

Medicare SGD Payment

- As of October 1, 2015, and until October 1, 2018, Medicare will allow SGDs to be purchased. The requirement that SGDs be rented for 13 months – *capped rental* – will not apply.
- All Medicare beneficiaries with SGDs subject to capped rental as of October 1, 2015 should have been offered the opportunity to change to purchase.
- SGDs that are purchased become beneficiary owned on the date of device delivery.
- There is no risk of device loss if after SGD delivery the beneficiary enters a hospital, nursing facility or hospice.

Medicare SGD Fee Schedule

- Medicare has reported the following as the current fee schedule for the six SGD codes:

• E 2500	\$ 432.30
• E 2502	\$ 1,321.96
• E 2504	\$ 1,743.84
• E 2506	\$ 2,557.00
• E 2508	\$ 3,953.96
• E 2510	\$ 7,482.35
- Note: Medicare issues new fee schedules effective Jan. 1 and July 1 each year.

Did Medicare Change The Required SLP Evaluation And Report?

- No.
- The 2015 LCD does not change the SLP evaluation or report requirement to support an SGD recommendation.
- **Evaluate:** SLPs should incorporate in their evaluations and clinical notes all of the ways clients intend to use and benefit from their devices. This includes their intent to use email, text and telephone and their intent to use any non-speech generating device capabilities.
- **But do not report:** do not include any of this in your reports to Medicare or any other funding program. Medicare does not require discussion of these topics and no other funding program does either. SLP evaluation notes are a record of clinical observations. A report to support a funding request is an advocacy document and should discuss only the subjects or topics deemed relevant by the funding program.

Do Other Funding Programs Have To Use The New Medicare SGD Guidance?

- No. Medicare's 2015 NCD guidelines apply to Medicare only.
- Other funding programs *may* adopt the 2015 Medicare guidelines for their own use, but none has to do so.
- Because some clients have dual-eligibility SLPs must be diligent to not report on the client's inability or intent to communicate remotely. SLP reports also should not discuss any non-speech generating capabilities of SGDs or of the client's interest in or intent to use any of these capabilities.
- SLPs should continue to use the vocabulary of the client's funding program to describe the SGD model that is recommended.
 - If the funding program still requires SGDs to be dedicated, this term should be included in the SLP report.
 - SLPs also must be specific when identifying the SGD model they are recommending because SGD manufacturers may no longer be using "dedicated" to describe their Medicare compliant models.
 - SLPs should never refer to an SGD as a tablet, as an off-the-shelf device, or use its commercial brand name. None of these descriptions is necessary or helpful. All SGD models have names. That is the only label that should be used to describe them.

Conclusion

- The 2015 Medicare SGD guidelines: NCD, LCD, and LCA, are in effect.
- Capped rental is over.
- Medicare has one more SGD-related administrative task to complete - coding verification – a review of each SGD model to ensure it meets the requirements for Medicare coverage and payment. That process must be completed by the end of April.
- As new information becomes available, we will continue to provide updates at www.ussaac.org; www.patientprovidercommunication.org; and at <https://rerc-aac.psu.edu/>.
- SLPs with questions about Medicare or other SGD funding program can forward them to lgolinker@aol.com.

Follow Up Information

- FAQ about the 2015 NCD, LCD and LCA are posted at www.patientprovidercommunication.org.
- The slides from Sessions I, II and III of this series are posted for download and an audio recording of Session I is posted for review at <https://www.isaac-online.org/english/news/webinars/>. The slides and audio for this session also will be posted at this site.
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