

# Read Me First - MassHealth Medicaid

### **Documentation of Medical Necessity**

Please use the State Specific MassHealth DME Prescription and Medical Necessity Review Form (CMN) form on the portal. It must be signed by the prescribing practitioner. It must include specific name of Dedicated device and CPT codes such as "E2510: NovaChat 8; E2599: 60 Location Key Guard, E2599 PCS symbols, E2599 Acapela voices, E2599 Look Eye-tracking Module, E2512 Mount, etc" Please note that every item must be listed on its own line. *The CMN expires after 90 days*.

## **AAC Evaluation**

A formal AAC evaluation and assessment by a licensed SLP experienced in AAC service delivery dated within 6 months is required. The Evaluation must include:

- Communication abilities and levels of function
- Sensory Functioning
- Behavioral and learning abilities observed, evaluated, or gathered
- Motor abilities and assessments
- Note that client was seen face to face by the speech language pathologist within 6 months before the request date.
- All reports from SLP/OT/PT must be on letterhead and signed
- Recommended: include a financial disclosure statement
- Recommended: indicate that report has been shared with prescribing Physician, with contact information.

#### Speech Generating Device (SGD) Trial

- Results from a 30-day trial of the SGD must be documented in a report recommending a specific device. (This may be included as part of the AAC evaluation or as a separate report)
- Trial Data must show:
  - Evidence of use across environments (e.g., Home, School, Community)
  - Communicative intents expressed
  - Client's ability to learn to use the recommended device and accessories functionally for communication.
- Method of access to device (eye-tracking, head-tracking, direct selection, keyguard, switch scanning, etc.) should be identified
- Data sheets which include messages communicated, frequency, level of cueing, and communication partner, are expected to be submitted with report.

### Plan of Care by evaluating SLP must include the following:

- Detailed description of short and long term communication goals and how progress will be measured.
- Other Treatment options considered
- Data-Driven SGD or software trials
- Specific Description of recommended device, accessories, software, and rationale for selection.
- Outline of the training plan that will be used to maximize the use of the device.

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# For further information please read:

MassHealth's Guidelines for Medical Necessity determination for Augmentative and Alternative Communication Devices, Including Speech-Generating Devices

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