

# ASSISTIVE TECHNOLOGY LAW CENTER

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Director

December 19, 2000

Robert D. Hoover, Jr., M.D.  
Medical Director, DMERC Region D  
CIGNA Healthcare-Medicare Administration  
2 Vantage Way  
Nashville, Tennessee 37228

RE: Comments to Regional Medical Review Policy  
for "Speech Generating Devices"

By: E-Mail; Hard Copy by Federal Express

Dear Dr. Hoover:

I write on behalf of the coalition of organizations listed at the end of this letter to provide you with comments to the Regional Medical Review Policy (hereafter RMRP) on Speech Generating Devices (hereafter SGDs). As you requested, the comments from the coalition's organizations and from individual AAC clinicians have been assembled into a single presentation for your review.

I also write personally to thank you and the other DMERC Medical Directors for your ongoing willingness to discuss the development of this coverage policy with me and those with whom I have been working, and for the openness and frankness of those discussions. As one whose career has been devoted to advocacy for individuals in the adversarial settings of administrative hearings and the courts, there have been very few prior opportunities to meet with agency decision and policy makers about the proper components of agency policy. It has been a great pleasure to work with you, and I hope that if additional concerns or questions arise that we will continue to address them together.

## Organization of these Comments

This letter states the consensus reaction to the RMRP. The specific comments to the RMRP are attached to this letter as Exhibit A. The specific comments follow the major subdivisions of the RMRP: coding; definitions, coverage and payment rules, coding guidelines, and documentation. Attached as Appendix B is a copy of the RMRP, showing all the proposed changes stated in these comments.

## Consensus Reaction

The consensus reaction to the RMRP has been overwhelmingly positive. The Assistive Technology Law Center distributed the RMRP to all the organizations participating in the Medicare AAC device coverage policy reform coalition. The organizations were asked to extend its reach further to their members and affiliates. As you know, the RMRP was extensively discussed among AAC clinicians at the ASHA conference, and I have sought out and received comments from individual speech-language pathologists, representatives of disability organizations (both within and beyond the policy-reform coalition), and from representatives of the AAC device manufacturers. I also have discussed the RMRP with representatives of the American Academy of Neurology and the American Medical Association. These contacts have occurred throughout the comment period through conference calls, individual telephone calls and innumerable e-mail messages.

The general consensus of the comments received about the RMRP is as follows:

>> The RMRP has been praised because the HCPCS codes both incorporate the technological distinctions among AAC devices and closely mirror the code descriptions proposed in the *Formal Request*.

>> There has been uniform, extensive praise for the RMRP's description of how individuals with AAC device needs are to be identified. AAC clinicians clearly recognize the high degree of trust you are placing in their skill, professionalism and ethics. They also recognize the enormous responsibility you are placing upon them to conduct complete evaluations and prepare complete reports for treating physician review. They have taken to heart your remark at the ASHA conference that this is the first time non-physicians have been entrusted with the role of gatekeeper for a Medicare-covered benefit. In response, they are endeavoring to create the evaluation and reporting guides that will safeguard that trust on a continual basis in individual claims development.

>> The RMRP's re-naming of the devices from "augmentative and alternative communication" devices to "speech-generating" devices has generated questions about its necessity and proposals to substitute other phrases, more familiar to the professional community and to other payers, than is "speech generating devices."

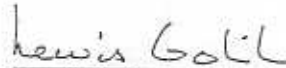
>> The RMRP's statement that only AAC devices that are "dedicated devices" will be covered generated the greatest number of questions, comments, and concerns. However, due to the November 30<sup>th</sup> issuance of National Coverage Decision 60-23, which further defines this phrase, comments related to the appropriateness or necessity of this limitation will be addressed directly to HCFA.

As noted above, the RMRP has generated great excitement and anticipation among the AAC clinician community, as well as among the organizations of individuals with disabilities. They recognize that in a few short weeks a revolution will occur in the way the Medicare program responds to the needs of beneficiaries with severe communication disabilities. The elimination of National Coverage Decision, # 60-9, which called AAC devices "convenience items," was a goal that has taken a great deal of time and effort to achieve. The individuals and organizations involved in that process view the RMRP as a worthwhile replacement. Its provisions related to the identification of individuals with AAC device needs is professionally sound. Its implementation will make Medicare far more responsive to the needs of these individuals, who will now have access to these crucially needed devices.

It is in that spirit that we present these comments to you and hope that any modifications to the RMRP that arise from them will serve to strengthen and clarify it.

Thank you for the opportunity to serve as comments editor for the RMRP. If I can be of any further assistance to explain any of the points raised herein, or to discuss any other aspect of AAC device coverage by Medicare, please do not hesitate to contact me.

Respectfully submitted,

  
Lewis Golink, Esq.  
Director

cc: Dr. Hughes  
Dr. Metzger  
Dr. Nelson  
Dr. Oleck

Organizations:

American Speech-Language-Hearing Association  
Amyotrophic Lateral Sclerosis Association  
Brain Injury Association  
Center on Disability and Health

Communication Aid Manufacturers Association  
Communication Independence for the Neurologically Impaired  
International Society for Augmentative and Alternative Communication  
National Association of Protection & Advocacy Systems

National Multiple Sclerosis Society  
RESNA  
Sunrise Medical  
United Cerebral Palsy  
United States Society for Augmentative and Alternative Communication

Easter Seals Society