

**WAC 182-543-3400 Covered—Communication devices/speech generating devices (SGD).** (1) The medicaid agency covers:

(a) One artificial larynx, any type, without prior authorization, per client in a five-year period; and

(b) One speech generating device (SGD), with prior authorization, per client every two years.

(2) The agency pays only for those approved SGDs that have:

(a) Digitized speech output, using prerecorded messages;

(b) Synthesized speech output requiring message formation by spelling and access by physical contact with the device; or

(c) Synthesized speech output, permitting multiple methods of message formulation and multiple methods of device access.

(3) The agency requires prior authorization for SGDs and reviews requests on a case-by-case basis. Requests to the agency for prior authorization must meet all of the following:

(a) The client must have a severe expressive speech impairment and the client's medical condition warrants the use of a device to replace verbal communication (e.g., to communicate medical information); and

(b) The request must be in writing and be accompanied by:

(i) A completed General Information for Authorization form (HCA 13-835). The agency's electronic forms are available online (see WAC 182-543-7000, Authorization); and

(ii) A completed Speech Language Pathologist (SLP) Evaluation for Speech Generating Devices (15-310) form. The agency requires, at a minimum, the following information:

(A) A detailed description of the client's therapeutic history;

(B) A written assessment by a licensed SLP; and

(C) Documentation of all of the following:

(I) The client has reliable and consistent motor response, which can be used to communicate with the help of an SGD;

(II) The client has demonstrated the cognitive and physical abilities to utilize the equipment effectively and independently to communicate; and

(III) The client's treatment plan includes a training schedule for the selected device.

(iii) A copy of the prescription for the SGD from the client's treating physician written on an agency Prescription Form (HCA 13-794) (see WAC 182-543-2000(2)).

(4) The agency may require trial-use rental of a SGD. The agency applies the rental costs for the trial-use to the purchase price.

(5) The agency pays for the repair or modification of an SGD when all of the following are met:

(a) All warranties are expired;

(b) The cost of the repair or modification is less than fifty percent of the cost of a new SGD and the provider has submitted supporting documentation; and

(c) The repair has a warranty for a minimum of ninety days.

(6) The agency does not pay for devices requested for the purpose of education.

(7) The agency pays for replacement batteries for a SGD in accordance with WAC 182-543-5500(3). The agency does not pay for back-up batteries for an SGD.

(8) Clients who are eligible for both medicare and medicaid must apply first to medicare for an SGD. If medicare denies the request and

the client requests an SGD from the agency, the agency evaluates the request according to the rules of this section.

[Statutory Authority: RCW 41.05.021 and 2013 c 178. WSR 14-08-035, § 182-543-3400, filed 3/25/14, effective 4/25/14. WSR 11-14-075, recodified as § 182-543-3400, filed 6/30/11, effective 7/1/11. Statutory Authority: RCW 74.08.090 and 74.04.050. WSR 11-14-052, § 388-543-3400, filed 6/29/11, effective 8/1/11.]