

**PROVIDER BULLETIN**

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**PHYSICIAN, SPEECH-LANGUAGE PATHOLOGISTS AND DURABLE MEDICAL EQUIPMENT**

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**AUGMENTATIVE COMMUNICATION DEVICE AND SUPPLIES**

Effective for dates of service on or after December 29, 2009, the augmentative communication device (ACD) and supply procedure codes listed below will require pre-certification. To be approved, requests for pre-certification must meet the MO HealthNet Division (MHD) medical criteria. Medical criteria documents may be found at: <http://dss.mo.gov/mhd/cs/dmeprecert/pages/dmeprecert.htm>.

CODE	DESCRIPTION
E1902	Communication board, non-electronic augmentative or alternative communication device
E2500	Speech generating device, digitized speech, using pre-recorded messages, less than or equal to 8 minutes recording time
E2502	Speech generating device, digitized speech, using pre-recorded messages, greater than 8 minutes but less than or equal to 20 minutes recording time
E2504	Speech generating device, digitized speech, using pre-recorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time
E2506	Speech generating device, digitized speech, using pre-recorded messages, greater than 40 minutes recording time
E2508	Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device.
E2510	Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access

E2511	Speech generating software program, for personal computer or personal digital assistant
E2512	Accessory for speech generating device, mounting system
E2599	Accessory for speech generating device not otherwise classified

### **E2599, ACCESSORY FOR SPEECH GENERATING DEVICE NOC**

Effective for dates of service on or after December 29, 2009, procedure code E2599, accessory for speech generating device not otherwise classified, will require the Durable Medical Equipment (DME) provider contact the help desk at 800-392-8030.

### **MANUALLY PRICED PROCEDURE CODES**

The manufacturer suggested retail price (MSRP) is required for the manual pricing of procedure code E1902, E2506, E2508, E2510, E2511, E2512 and E2599. The MSRP should be submitted electronically with the claim. The attachment and completion of the MSRP instructions are available at [www.emomed.com](http://www.emomed.com).

### **CONVERSION OF APPROVED PRIOR AUTHORIZATION REQUESTS FOR ACD**

Currently coverage of ACD's and supplies requires an approved prior authorization request. To allow for a seamless transition, prior authorization requests submitted and approved prior to December 29, 2009 will be converted to a pre-certification effective December 29, 2009 if the device and/or supplies have not been supplied prior to that date.

### **INITIATING PRE-CERTIFICATION REQUESTS FOR ACD**

Pre-certification of DME is a two-step process. Requests for pre-certification of an ACD must be initiated by the authorized speech-language pathologist who performed the device evaluation. The speech-language pathologist must be part of an approved MHD evaluation team/site. Requirements for an approved MHD ACD evaluation team/site can be found in Section 13.19D of the [DME provider manual](#). The enrolled DME provider will access the pre-certification initiated by the speech-language pathologist to complete the second step of the pre-certification process. All requests must be approved by the MHD. Providers are encouraged to sign up for the MO HealthNet Web tool – [CyberAccess<sup>SM</sup>](#) which automates the pre-certification process. To become a CyberAccess<sup>SM</sup> user, contact the ACS-Heritage help desk toll free at 1-888-581-9797 or 573-632-9797 or send an E-mail to [CyberAccessHelpdesk@acs-inc.com](mailto:CyberAccessHelpdesk@acs-inc.com). The CyberAccess<sup>SM</sup> tool allows each pre-certification to automatically reference the individual participant's claim history, including ICD-9 diagnosis codes, CPT and HCPCS procedure codes. Requests for pre-certification will also be taken by the MO HealthNet call center at 800-392-8030. In order to be approved, requests for pre-certification must meet medical criteria established by the MHD. Prior to implementation, medical criteria are published in [provider bulletins](#) and posted on the [MHD Web site](#). If a pre-certification request submitted through CyberAccess<sup>SM</sup> is denied, providers may click on the box to have a MO HealthNet call center representative contact them. The call center is available Monday through Friday, from 8:00 am to 5:00 pm, excluding state holidays.

PLEASE NOTE: An approved pre-certification request does not guarantee payment. The provider must verify participant eligibility on the date of service using the Interactive Voice Response (IVR) System at (573) 635-8908 or by logging onto the MO HealthNet Internet billing portal at [www.emomed.com](http://www.emomed.com).

### **THREE MONTH TRIAL PERIOD**

A speech-language pathologist may request a three month trial period through the pre-certification process when a trial period is determined to be appropriate. Modifier RR, rental, will be assigned to the selected procedure code in the pre-certification process. The DME provider must submit the appropriate procedure code and modifier RR when billing for the three month trial period.

### **PURCHASE FOLLOWING THREE MONTH TRIAL PERIOD**

The three month trial period and the subsequent purchase of an ACD require separate pre-certification. Purchase of the ACD beyond the three month trial will be approved no sooner than the 46<sup>th</sup> day after initiating the trial period. The treating speech-language pathologist must confirm the patient is utilizing the selected device daily and accurately in a variety of communication situations and demonstrates the cognitive and physical ability to effectively use the device during the trial period.

In addition to modifier NU, new equipment, modifier NR, new when rented, will be assigned with the approved pre-certification for the purchase following the required three month trial period of an ACD. The DME provider must submit the appropriate procedure code with both NU and NR modifiers when billing for the purchase of a device. All rental payments will be deducted from the MHD purchase price. All three months of the approved trial period must be billed along with the subsequent purchase described in this paragraph for the provider to receive complete payment.

**Provider Bulletins** are available on the MO HealthNet Division (MHD) (Formerly the Division of Medical Services) Web site at <http://dss.mo.gov/mhd/providers/pages/bulletins.htm>. Bulletins will remain on the Provider Bulletins page only until incorporated into the [provider manuals](#) as appropriate, then moved to the Archived Bulletin page.

**MO HealthNet News:** Providers and other interested parties are urged to go to the MHD Web site at <http://dss.missouri.gov/mhd/global/pages/mednewssubscribe.htm> to subscribe to the electronic mailing list to receive automatic notifications of provider bulletins, provider manual updates, and other official MO HealthNet communications via E-mail.

**MO HealthNet Managed Care:** The information contained in this bulletin applies to coverage for:

- MO HealthNet Fee-for-Service
- Services not included in MO HealthNet Managed Care

Questions regarding MO HealthNet Managed Care benefits should be directed to the patient's MO HealthNet Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the red MO HealthNet card or by calling the Interactive Voice Response (IVR) System at 573-635-8908 and using Option One for the red or white card.

**Provider Communications Hotline**  
**573-751-2896**