USSAAC Letterhead

May 20, 2014

Mr. Laurance Wilson

Director, Chronic Care Policy Group

Centers for Medicare & Medicaid Services

7500 Security Boulevard

Mail Stop C5-02-23

Baltimore, Maryland 21244

**RE: Joint DME MAC Coverage Reminder –**

**Speech Generating Devices (Feb. 27, 2014)**

Dear Mr. Wilson:

I write as Advocacy Director and a member of the Board of Directors of the United States Society for Augmentative and Alternative Communication (USSAAC). USSAAC is a membership organization consisting of individuals with complex communication needs and their families, speech language pathologists who provide evaluation and treatment services, teachers, researchers, device manufacturers and advocates. USSAAC previously aided CMS staff when Medicare coverage and payment for speech generating devices was re-reviewed in 1999-2001. That re-review led to development of the current Medicare National and Local Coverage Decisions for SGDs.

USSAAC writes to respond to one of the several issues raised by the Joint DMAC Coverage Reminder for Speech Generating Devices, issued February 27, 2014. USSAAC is aware of and supports the comments stated in the letter dated May 13 from Stuart Kurlander. We address an issue not discussed in that letter. Specifically, the Coverage Reminder states that *“accessories/peripherals for use on a non-dedicated device running SGD software are non-covered.”* This statement is not consistent with medical fact or Medicare SGD coverage policy or practice. It represents not a “reminder” of existing coverage policy, but a policy change, and one that will save no dollars and makes no sense.

In the *Formal Request for National Coverage Decision for Augmentative and Alternative Communication Devices* (1999), USSAAC and the other participating organizations informed CMS staff of the characteristics of individuals who require an SGD to meet daily communication needs. These individuals have a wide range of diagnoses and conditions, including conditions that affect not only their speech, but also their ability to access or control an SGD because of physical disabilities affecting motor or sensory function. Some of these conditions are static, while others are progressive. The *Formal Request* also explained that many different types of access aids have been developed to address the varying needs of individuals with physical limitations and Medicare coverage was requested for both SGDs and these accessories.

Another relevant point is that some Medicare recipients will have physical or sensory limitations at the time of the SGD evaluation creating the need for an access device. For these recipients, a request is made to Medicare for coverage and payment of both an SGD and an accessory. However, other recipients will not have physical or sensory impairments at the time of the SLP evaluation, but those abilities subsequently will deteriorate. When this occurs, they are re-evaluated to identify an alternative means of device access and operation and an additional request is submitted to Medicare for coverage and payment of an access aid. Some recipients may require several different access aids as their physical and/or sensory abilities continue to change.

The circumstance just described affects Medicare recipients with degenerative diseases, such as bulbar onset ALS, Freidrich’s ataxia, progressive supranuclear palsy, Parkinson’s disease or multiple sclerosis. Early in the disease process, these individuals may lose the ability to speak effectively while initially maintaining functional use of the arms and hands. For this reason, the speech-language pathologist often will recommend an SGD with no access aid because these individuals can operate the SGD by pointing or typing with their fingers. However, as the condition progresses, these individuals gradually lose functional use of their hands and other body parts. Over time, they often require one or perhaps a series of access aids to continue to use and benefit from their SGD.

CMS responded to the *Formal Request* by accepting SGDs and access aids for Medicare coverage and payment. In addition, the *Formal Request* discussed SGD software as an accessory, stating that some companies sold their software as a separate item, which a recipient could install on a personal computer the recipient already owned. The NCD for SGDs responded to this point by approving SGD software for Medicare coverage and payment when it “allows a laptop computer, desktop computer or personal digital assistant (PDA) to function as a speech generating device.” Software for this purpose was assigned code E 2511; SGD accessories were assigned code E 2599.

The Coverage Reminder contradicts longstanding Medicare SGD coverage policy and practice. The Coverage Reminder, but not the National Coverage Decision or the Local Coverage Decision for SGDs prohibit use of the SGD software code and SGD accessories code together – either at the same time or by the same recipient at different times. Operationally, Medicare recipients have been able to use their own computer plus Medicare funded AAC/SGD software to create a speech generating device and, either at that time or at a later time, also seek Medicare coverage and payment for an access aid. We are aware of no policy or practice by the Medicare DMERCs or DMACs to reject such claims.

The policy change stated in the Coverage Reminder will provide no benefit to Medicare recipients and is contrary to their interests. It also is fiscally unsound:

* Medicare recipients with physical limitations that prevent them from accessing a computer they already own will no longer be able to request just SGD software and an access aid. Instead, they must obtain a complete SGD system, which will include the device, software and accessory. The costs for the device will be much higher than for the software alone, needlessly increasing Medicare’s costs.
* For recipients whose physical or sensory limitations develop after SGD need is identified, the cost increase will be even greater. First, recipients will be able to obtain Medicare funding for SGD software. However, when their physical abilities change, Rather than just obtaining the needed accessory, they will have to obtain an SGD plus the access aid. So, Medicare will be paying for both SGD software and an SGD.

This needless increase of costs to Medicare also will harm recipients financially because there will be a corresponding increase in recipients’ co-payments. In addition, forcing recipients to change devices to get an access aid will interfere with effective communication because recipients will need to learn to use the new system, as well as adjust to their deteriorating physical conditions.

The actual costs of SGD software and access aids illustrate the irrationality of the policy:

* For recipients who need both an SGD and access aid initially, under existing policy the recipient will require SGD software (a few hundred dollars) plus the accessory (a few hundred dollars, except for eye tracking). By contrast, under the Coverage Reminder, this recipient will require an SGD, most of which are from the E 2510 code (more than $ 7,000) plus the accessory.
* For recipients who need only an SGD initially, under existing Medicare policy, the recipient will require only SGD software (a few hundred dollars). Later, when an access aid is required, the recipient will require only the accessory. But under the Coverage Reminder, this recipient will require an SGD (more than $ 7,000) *plus* the accessory. The total cost will be for SGD software, the SGD and the accessory.

Conclusion

USSAAC, on its own behalf and on behalf of the individuals and organizations identified below, request that CMS withdraw the February 27th Coverage Reminder and make no other changes to Medicare SGD coverage policy.

Thank you for your attention and consideration of the concerns expressed. We are happy to answer any questions you might have.

Sincerely,

Lewis Golinker

Advocacy Director

United States Society for Augmentative & Alternative Communication