

## SLP MEDICARE WORKSHEET

Client Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### Original Evaluation includes:

- Patient name, address, DOB, medical diagnosis, & date of onset
- Current communication impairment – Type/severity, states, **“(Client’s name) speaking needs can not be met using natural communication methods or low-technology speaking devices.”**
- Anticipated course of impairment
- Language skills
- Cognitive ability
- Vision status
- Hearing status
- Daily communication needs – specific daily functional communication needs
- Ability to fulfill these needs using low-tech strategies, natural speech & non-SGD treatment approaches.
- Functional comm. goals
- Cognitive ability to use device
- Physical ability to use device
- Rational for device selection – state **“the person requires a SGD to meet their functional communication goals”**
- Recommended Medicare device category (K0541-K0547) – state **“the person ability to meet daily communication needs will benefit from acquisition & use of the (name specific SGD)”**
- Detailed description of equipment & procedures used for practice trials of recommended SGD, all types
- SGD & accessories recommended
- Client/ family support
- Physician involvement statement – state **“ a copy of this report has been forwarded to client’s treating physician (name & license#) prior to ordering device.”**
- Intervention schedule
- Functional benefit of upgrade if had previous device
- Original Physician’s Order** w/ physician’s name/signature, address, phone #, & UPIN#, & client name & address
- Completed Funding Questionnaire
- Signed Medicare Release and Assignment of Benefits Form
- SLP name w/CCC, license # & state – state, **“The SLP performing evaluation is not an employee of or paid by FRS**

**I hereby verify each of the above items have been included in the funding evaluation.**

\_\_\_\_\_  
(SLP ‘s printed name)

\_\_\_\_\_  
(SLP’s signature)

\_\_\_\_\_  
(Date)

**Please mail in the above information as only originals are permitted.**

# Medicare Request for Speech Generating Device (SGD) Funding Explanation & Elaboration

## I. Demographic Information

- Patient Name (include middle initial)
- Patient Address (no P.O. Box)
- Date of Birth
- Medical Diagnosis
- Date of Onset

## II. Current Communication Impairment

### a. Impairment Type & Severity

- Indicate aphasia, apraxia, and/or dysarthria
- Describe impairment severity in appropriate terms
  - *Dysarthria* - % intelligible, speaking rate (Sentence Intelligibility Test/CAIDS)
  - *Aphasia* - scores on receptive and expressive language tests (e.g., BDAE, W AB tests/subtests)
  - *Apraxia* -motor planning/execution score on apraxia tests (Apraxia Battery for Adults, portions of aphasia tests)
  - *Anarthria*

This section should explicitly show how the medical condition results in a severe expressive speech disability. **STATE, "The patient's speaking needs cannot be met using natural communication methods or low-technology speaking aids."**

### b. Anticipated Course of Impairment

- Indicate current staging of impairment (when available) and expected course. Examples include;

*Amyotrophic Lateral Sclerosis:*

Stage 1: No detectable speech disorder

Stage 2: Obvious speech disorder, intelligible

Stage 3: Reduction in speech intelligibility

Stage 4: Natural speech supplemented with SGDs

Stage 5: No useful speech (SGD only)

*Guillian- Barre Syndrome:*

Stage 1. Deterioration phase

Stage 2. Loss of Speech

Stage 3. Prolonged Speechlessness

Stage 4. Spontaneous Recovery of Speech

Stage 5. Long-term Residual Motor Speech Disorder

*Brainstem CV A :*

Stage 1. No Useful Speech

Stage 2. Reestablish Subsystem Control for Speech

Stage 3. Independent Use of Natural Speech

Stage 4. Maximize Speech Naturalness & Efficiency

Stage 5. No Detectable Speech Disorder

*Aphasia:* This aphasia is (e.g., stable & chronic, progressive) in nature.

### c. Language Skills

- Assessments completed and performance (BDAE, WAB, picture description)
- Competency or ability to develop functional language skills (addressing form, content, use)
- Symbols use by the individual. Do they require concrete picture symbols, letters, abstract?
- Describe the individual's linguistic capacity to formulate language/messages (whole vs. part level of independence)

#### **d. Cognitive Ability**

- Describe attention, memory, and problem-solving skills.
- Describe how these skills relate to the ability to enhance daily communication skills and/or develop functional communication skills with an SGD.
- Include cognitive levels for clients with TBI as appropriate (example from Rancho Los Amigos levels).
  1. No response
  2. Generalized response
  3. Localized response
  4. Confused –agitated
  5. Confused, inappropriate, non-agitated
  6. Confused-appropriate
  7. Automatic - appropriate
  8. Purposeful & appropriate

#### *Example for Aphasia:*

Mr. Smith's attention, memory, and nonverbal problem- solving skills are within functional limits. He sustained attention for a two-hour evaluation, recalled how to turn on and off a SGD (after initial instruction), and independently navigated between two pages on a SGD.

#### **e. Vision Status**

- Acuity
- Visual tracking
- Visual field
- Lighting needs
- Angle of view
- Size of symbols
- Size of symbols
- Contrast (color, detail)
- Spacing

#### **f. Hearing Status**

- Describe communicator's hearing relative to communicating with a SGD (may include communication partners status).
- Include (if related to SGD use/selection): acuity, localization, understanding of natural speech, understanding SGD speech.

### **III. Daily Communication Needs**

#### **a. Specific Daily Functional Communication Needs**

- Document specific, daily functional communication needs in any of the three areas listed below. Supplement the categories by including daily, functional communication;
  - o Situations
  - o Communication environments
  - o Communication partners
  - o Messages
- Communication to participate in activities that promote psychosocial well - being.* Specific Examples: ability to communicate in emergency situations, attending and participating in support groups, participating in day treatment activities, directing behavior of caregivers, advocating for him/herself, communicating with family, friends or clergy using the telephone.
- Communication to fulfill family roles.* Specific Examples: communicating to participate in family decision making, communicating to participate in family leisure activities, communicating with extended family by telephone.
- Communication to participate in medical decision-making.* Specific Examples: reporting medical status and complaints, asking questions of medical providers, responding to medical provider's questions, discussing choices for end of life care, communicating with medical providers using the telephone.

**b. Ability to fulfill these needs using low-tech strategies, natural speech and non-SGD treatment approaches:**

- Share assessment results.
- Can the individual meet daily communication needs using natural modes of communication?
- Discuss success of speech therapy (to date and future prognosis) without SGD.
- Discuss why SGD is required as opposed to non-SGD treatment approaches.
- Discuss the individual's ability to use low-tech aids and natural modes of communication to meet their daily functional communication needs.
- Show explicitly that other forms of treatment have been considered and ruled out.

**IV. Functional Communication Goals**

- List communication goals and a timetable for completion of these goals.
- Goals should correspond to specific daily functional communication needs, and illustrate how the patient's speech disability will benefit from the acquisition and training of the SGD.

**V. Cognitive and Physical Abilities to Use the Device**

**a. Cognitive**

- Describe cognitive abilities to use the SGD (e.g., reading, comprehension, spelling, symbol skills, sequence recall, create complete messages with SGD, produce or formulate SGD communicative messages). Demonstrate that the patient possesses the cognitive abilities to effectively use the selected SGD and required accessories to communicate functionally.

**b. Physical**

- Describe pertinent considerations, (e.g., ambulatory status, position (when the individual will use the SGD), seating, description of how the person will access the SGD from a motor standpoint (direct selection, scanning), switch access requirements, and accommodations for access changes).
- Demonstrate that the patient possesses the physical abilities to effectively use the selected SGD and required accessories to communicate.

**VI. Rationale for Device Selection**

**a. Describe the general features of the recommended SGD corresponding to individual needs and abilities.**

- State, "This individual requires a speech generating device to meet their functional communication goals."**

*Selection Technique*

1. Direct Selection

- Keyboard/Display: dynamic/static, number of keys/locations
- Activation Type: touch sensitive, pressure sensitive, adjustable,
- Optical pointer, eye gaze, other (specify)

2. Scanning

- Display: number of keys, dynamic/static
- Mode: visual, auditory
- Type of Scan: linear, row-column, group-row column, directed (joystick, track ball), adjustable speed
- Switch: type (pressure, feedback), position, mount

3. Encoding Type

- Position
- Category
- Semantic compaction
- Numeric
- Alphabetic
- Morse code
- Other (specify)

4. Type of symbols used to represent language

- Tactile
- Pictures: note quality, color vs. black & white
- Symbols: commercially available, individualized
- Words, phrases, letters
- Other (specify)

5. Message Storage Capacity

6. Vocabulary Expansion and Rate Enhancement Techniques

- Screens or levels
- Word prediction
- Other (specify)

7. Voice Output Parameters

- Digitized speech: Equal to or under 8 minutes or Over 8 minutes
- Synthesized speech: Age/gender specific, auditory scanning with alternate voice, etc.

8. Visual Display

- Type: LCD, Monochrome, Color
- Size: Number of Characters that display can accommodate, Size of Characters

9. Feedback options

- Auditory (voice, click, tone)
- Visual (e.g., increased size when selected)

10. Other Features

- Portability: Size & weight, transport/mount, case/carrier requirements
- Battery time required
- Manufacturer Warranty
- Platform (IBM vs. Mac)

**b. Recommended Medicare Device Category**

- Refer to accompanying chart to specify code (KO541- KO547) after determining the preceding parameters.
- State, "**The individual's ability to meet daily communication needs will benefit from acquisition and use of the (name the specific SGD).**"

**c. Detailed description of equipment and procedures used for practice trials of the recommended SGD.**

- Include evidence that the individual was present and actively participated in the evaluation and trial processes.
- Discuss trial outcomes in terms relating to described functional communication needs.
- Estimate prognosis that the patient's speech disability will benefit from the device ordered.

**d. Other SGDs that were presented and the outcomes of the trials.**

- List all equipment tried and outcome of each trial.

**e. SGD and accessories recommended.**

- List the specific SGD & include rationale for why this SGD will meet the patient's communication needs most effectively.
- Include rationale for peripheral accessories.

**f. Patient/family support of SGD**

- Discuss family/individual evaluation/trial participation, agreement and support of this equipment.

**g. Physician involvement statement.**

State, " A copy of this report has been forwarded to (the patient's) treating physician (Name, license #) prior to ordering the (name SGD)."

**VII. Intervention Schedule**

- Frequency of Speech-Language Pathology Treatment
- Schedule for Goal Achievement
  - o Operational competency achievement dates
  - o Linguistic/functional communication competency achievement dates
- Type of Treatment (Individual vs. Group)
- Projected Frequency of Reassessment
- Follow-up Requirements for SGD
  - o Individual(s) responsible for programming
  - o Individual(s) responsible for troubleshooting
  - o Include treatment plan that includes a training schedule and type of treatment for the selected device.

**VIII. Functional Benefit of Upgrade**

- To upgrade a previously issued SGD, provide information regarding the functional benefit to the patient compared to the initially provided SGD.
- Provide rationale for upgrade as related to daily functional communication needs.

**IX. SLP Credentials & Signature**

- Evaluating SLP name, ASHA #, License # & state.
- State, "The Speech-Language Pathologist performing this evaluation is not an employee of and does not have a financial relationship with the supplier of the SGD."

Device Reference

	SGD	SGD	SGD	SGD	SGD Software	Mounts	Accessory
<b>Code</b>	<b>KO541</b>	<b>KO542</b>	<b>KO543</b>	<b>KO544</b>	<b>KO545</b>	<b>KO546</b>	<b>KO547</b>
<b>Speech Output</b>	<b>Digitized</b>	<b>Digitized</b>	<b>Synthesized</b>	<b>Synthesized</b>	<b>Synthesized</b>	<b>N/A</b>	<b>N/A</b>
<b>Message Type</b>	<b>Prerecorded Messages</b>	<b>Prerecorded Messages</b>	<b>Message formulation</b>	<b>Message formulation</b>	<b>Message formulation</b>	<b>N/A</b>	<b>N/A</b>
<b>Recording Time</b>	<b>&lt; 8 minutes</b>	<b>&gt; 8 minutes</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
<b>Access Method</b>	<b>Multiple</b>	<b>Multiple</b>	<b>Direct physical contact with SGD</b>	<b>Multiple</b>	<b>Multiple</b>	<b>N/A</b>	<b>N/A</b>
<b>Message Formulation Technique</b>	<b>N/A</b>	<b>N/A</b>	<b>Spelling</b>	<b>Spelling and other methods</b>	<b>Spelling and other methods</b>	<b>N/A</b>	<b>N/A</b>
<b>FRS Products</b>	<b>Parakeet</b>	<b>Dynamo Macaw</b>	<b>Lightwriter SL35 DynaWrite</b>	<b>DynaMyte DynaVox Lightwriter SC85</b>	<b>Aurora &amp; DynaVox Software</b>	<b>Mount</b>	<b>Switches, Case, Optical head pointer, Joystick, W/C integration devices, SGD scanning devices, Replacement battery &amp; or battery charger</b>

SAMPLE

