

### **ASHA CEUs**

### Information and **Notes Pages**

"Medical Necessity for AAC: Efficient **Documentation for Success**"



Education Board of the American Speech-Language-Hearing Association (ASHA) to provide continuing education activities in speech-language pathology

and audiology. See course information for number of ASHA CEUs, instructional level and content area. ASHA CE Provider approval does not imply endorsement of course content, specific products or clinical procedures.

This course is offered for 0.1 ASHA CEUs (Intermediate level; Professional area).

www.aacdevice.com

888-274-2742

### Complete a 0.1 ASHA CEU Course

Speech-language pathologists (SLPs) are invited to participate in a one-hour ASHA-approved course offering, "Medical Necessity for AAC: Efficient Documentation for Success" To be eligible to receive 0.1 ASHA CEUs (Intermediate level), please see the guidelines below.

For more information about ASHA's most up-to-date eligibility criteria, go to the FAQ section of the ASHA CE website: http://www.asha.org/CE/FAQs/.

#### **Course Description:**

This course provided information dispelling common myths that may contribute to obstacles an SLP faces when initiating the process of introducing, trialing, documenting medical necessity and recommending an AAC device. It further introduced the learner to Lingraphica's support systems and resources to make this process run more simply and efficiently.

### **Learning Outcomes:**

By completing this course, participants will be able to:

- Define medical necessity requirements per Medicare guidelines for the recommendation of an AAC device
- Describe examples of simple, concise documentation of AAC treatment in therapy notes and device recommendation reports
- Discuss simple strategies for documenting medical necessity of AAC in any setting, along the continuum of care

### **Processing:**

Online course completions are reported to ASHA quarterly. Please allow eight to ten weeks for processing. Lingraphica will issue a certificate of participation to each SLP who completes a CEU course.

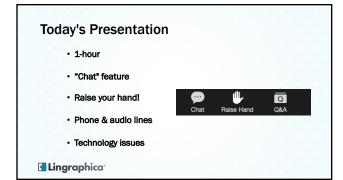
For more information, or to start a device trial, contact: continuinged@lingraphica.com

### Medical Necessity for AAC: Efficient Documentation for Success

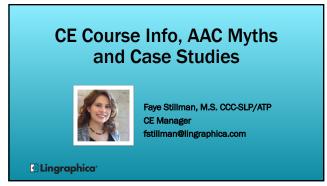
Your Webinar Leaders:
Mary Anne Lang, RN, MSN, Marketing Manager
Faye Stillman, MS, CCC-SLP/ATP
Twylah Campbell, MS, CCC-SLP, TSSLD
Melissa Raduns, Reimbursement Manager

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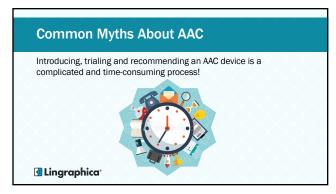


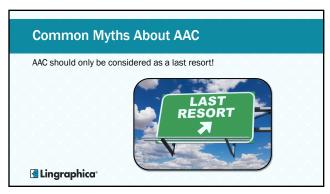
	Financial Disclosures
X	Each of the presenters of today's CE course are full-time, salaried
	employees of Lingraphica, and thereby receive financial compensation from the Lingraphica Company
	compensation from the Lingraphica Company
	<b>₫ Lingraphica</b> °
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	Learning Objectives
	Participants will be able to:
	<ul> <li>Define medical necessity requirements per Medicare guidelines for the recommendation of an AAC device</li> </ul>
	Describe examples of simple, concise documentation of AAC
	treatment in therapy notes and device recommendation reports
	Discuss simple strategies for documenting medical necessity of
	AAC in any setting, along the continuum of care
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	Agenda
	Addressing common barriers to AAC with clinical experience and
	research
	<ul> <li>Introducing AAC device trials in an inpatient setting and across the care continuum</li> </ul>
	Medical record documentation requirements for medical necessity
	Alternative funding options
	Denials and appeals

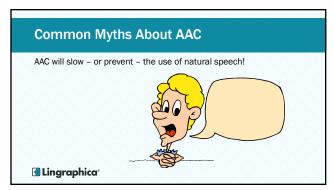
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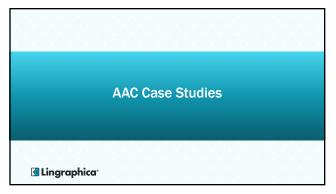






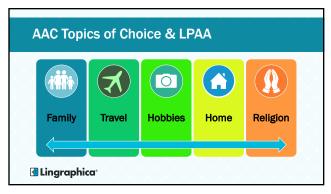


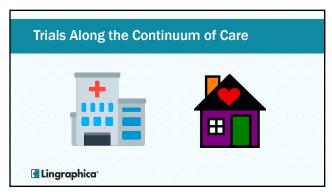












### Documentation of Medical Necessity Twylah Campbell, MS, CCC-SLP, TSSLD Documentation Specialist

# A Complete Submission Packet Patient Forms Assignment of Benefits Authorization to Release PHI Appointment of Representative Personal Interest Form (optional) Lingraphica\* SLP Forms Order Form SGD Evaluation Speech Therapy Notes

#### **GRS Job Aide: ST AAC Evaluation for SGD**

- Rehab Central location
- Developed in coordination with Lingraphica, to ensure accurate and complete documentation of medical necessity.
- Includes focus areas and examples of documentation:

"Diagnostic Impression (example): Patient demonstrates moderate- severe motor speech deficits which reduce her ability to effectively communicate her medical and social needs to her caregivers."

Questions? Ask your Lingraphica SLP Clinical Consultant! Your DS too!

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19

### **Medical Necessity Documentation**

http://www.aphasia.com/device-funding-documents/

- LG Funding Website
- · SLP docs must speak volumes!
  - SGD evaluation
  - Speech therapy notes



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20

#### **Medical Necessity Documentation**

Key Requirements of Documenting Medical Necessity:

- · Emphasis on severity
- Fill in all sections & keep key patient info handy (e.g. trial start & end dates, diagnosis)
- Be descriptive! (1 2 sentences)
- Don't just say "non-verbal"
- Sign and date everything
- · Refer to GRS Job Aide: "ST AAC Evaluation for SGD"

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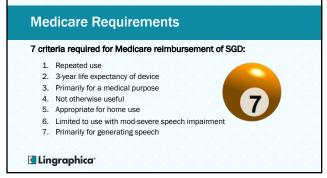
Samp	les
Speech-Generating	Device Evaluation
Patient: Sample	Begin Date of Eval/Trial Jan 1, 2018 End Date of Eval/Trial: Jan 24, 2018
CURRENT COMMUNICATION IMPA	AIRMENT
ledical Condition/Diagnosis causing th arkinson's Disease, ALS, etc.)	ne expressive speech impairment (e.g. CVA, TBI, Date of Onset:
WA	Feb 4, 2015
	Spoken Linguage Linguage Expression:  Spece in pairment resulting in frequent breakdown. Due to aphasia, patient cannot find words for effective communications. Speech is telegraphic. Patient is sowe of communication breakdown but cannot effectively uelf-correct due to severe anomia. Patient has empty speech.
Lingro	Natural Speech: Severe impliment resulting in inability to make needs known, gather info, express medical information. Natural peech is not adequate for functional communication.

Samples (cont'd)			
Primary Communication Impairment (e.g. Aphasia, Dysertinie, Dysphonia, Apraxia)	Aphasi	ia	
Primary Communication Impairment Severity Note: Must exhibit at least Moderate-Seve impairment for a speech-generating device to be considered medically necessary.	no Severe		
Secondary Communication Impairment (e.g. Aphasia, Dysertrie, Dysertonia, Apraxia)	Apraxi	ia .	
Secondary Communication Impairment Severity Moderate-Severe			
Primary Communication Impairment (e.g. Aphasia, Dysarthria, Dysphonia, Apraxia)		L CURRENT COMMUNICATION IMPAIRMENT  Medical Condition Disgnosis causing the expressive speech impairment	ng the expressive speech impairment. Date of Onset:
Primary Communication Impairment Severity  Note: Must exhibit at least Moderate-Severe impairment for a speech-generating device to be considered medically necessary.		(e.g. CVA, TBI, Parkinson's Disease, ALS, etc.) Primary Progressive Aphasia  Primary Communication Impairment, (ing Ashasia, Dysathnia, Dysathnia, Aprasia)	
<b>₫ Lingraphica</b> °		Primary Communication Impairment Severity Moderate Note: Most exhibit at least Moderate-Severe impairment for a speech-generating device to be considered medically necessary.	

Juli Pioo	(cont'd)			
	ECTION OF DEVICE OR ACCESSORIES (SIZE, WEIGHT, VOCABULARY, EASE OF USE, ENDLINESS, AGE APPROPRIATE, PATIENT-SPECIFIC CUSTOMIZATION, ETC.)			
High tech AAC considered & ruled out	Tobii DynavoxT10, PRC Accent 1000, Lingraphica AllTalk			
Reason(s) why	TBDT10: Not as intuitive for patient and caregiver. Uses core words which are confusing to the patient. PEC Accent 1000 uses Unity Language which is too difficult to learn. The patient needs icons that are less abstract and that are easily understood. Lingraphica AllTalk: size and weight makes transfer of SGD from one setting to another difficult.			
No-tech/low-tech AAC ruled out	Communication Board			
Reason(s) why	Too limiting: no voice output: cumbersome to carry: too hard to customize			

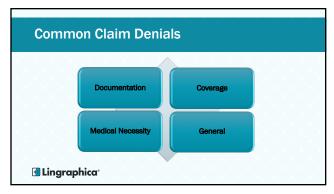


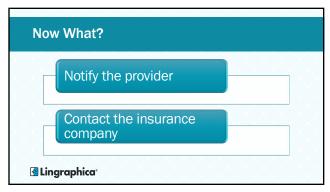


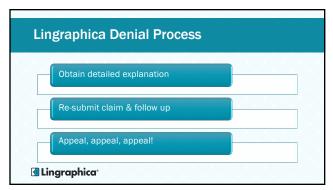


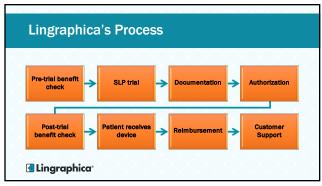
# What Isn't Covered? • Non-dedicated (running other software) • Non-medical computer or hand-held device • Useful without speech impairment (mod-severe) • Claims for more than one SGD Reasonable & Necessary Lingraphica











The Lingraphica Difference	
<ul> <li>We are mission-based</li> </ul>	
<ul> <li>We will not remove a device for</li> </ul>	financial reasons
<ul> <li>Financial assistance</li> </ul>	
<ul> <li>Alternate funding sources</li> </ul>	

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34

## Genesis SLP Feedback

35

"I had a very positive experience working with Lingraphica and really appreciate all of the assistance I received, as this was my first time working through the process of helping a patient get a speech-generating device."

36

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"I had an amazing experience working with Lingraphica and training a woman with a device; working with this patient has been one of the most rewarding and wonderful experiences I've had as a speech therapist."

> Elizabeth O'Leary, M.A., CCC-SL Troy Hills Center SNF Victoria Mews ALF

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37



38

### **Receive Credit for Today's Presentation**

To receive ASHA CEUs and/or your Certificate of Completion, please complete and pass the learning assessment and course evaluation.

Completions of online courses are reported to ASHA on a quarterly-basis.

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	References
Chapey, R., Duchan, J., Elmai	n, R., Garcia, L., Kagan, A., Lyon, J., & Simmons-Mackie, N. (2019). Life Participation Approach to Aphasia. Retrieved from //sceech/disorders/load/.
Dietz, A., et al. (2018). The fe 001: 10. 1080/02687038.20	assibility of improving discourse in people with aphasia through AAC: clinical and functional MRI correlates. Aphasiology, 018. 144764 1
	at's on Your Mind? Conversation Topics Chosen by People with Degenerative Cognitive-Linguistic Disorders for prican Journal of Speech-Language Pathology, 24(2), 272 280. Doi: 10. 1044/2015_ajsip-12-005
Steele, R. (2006). AAC Use at 12	nd Communicative Improvements in Chronic Aphasia: Evidence Comparing Global with Severe Broca's Aphasia: ASHA SIG-
Steele, R. (Lefkos A, Altonom Acta Neuropsychologica, vol.	ios, R, (2010). Outcome improvements in Persons with Chronic Global Aphasia Following Speech Generating Device Use. 8, no 3, pp., 1-35.