



Speech-Language Pathologist Recommendation

Congratulations on identifying a good Lingraphica Device candidate! The forms in this packet are all you need to complete for most Medicare/Commercial insurances in order to recommend the device for your client. Samples are included. ***Below are some tips that will help your submission be accepted:***

FAX COVERSHEET:

- Check off the items as you go to ensure you've included everything.

ORDER FORM:

- Please include all information.

SGD EVALUATION:

- All fields are required. Omitting a field will result in the form being returned to you for completion.
- The End Trial Date (page 1) should be before or on the date that you sign and date the evaluation (not after).
- Prognosis WITHOUT an SGD (page 2) is a frequently missed section. Please indicate patient's prognosis for communicating WITHOUT the use of an SGD.
- High-Tech Ruled Out (page 3) does not mean that other devices were trialed, but rather considered and ruled out. You may include one of Lingraphica's other devices (as the size may not be optimal), but please also include another brand (e.g., TobiiDynavox or PRC).
- Accessories: if a mount is required, list here and provide rationale.
- Recommended Treatment Plan and Training Schedule (page 3) is not limited to your follow-up, but rather what you would recommend.

SPEECH THERAPY NOTES:

- Please include speech therapy notes that support the client's diagnosis, level of severity, and how the device reduces communication, medical, and safety risks.

DIGITAL SIGNATURE:

Once you have completed filling in the information in this packet, it must be digitally signed. Digital signatures are safe, secure and binding. To sign this documentation, follow the steps below. For a quick video showing how to create a signature and sign a document, visit <https://www.aphasia.com/digital-signature>.

1. Click the signature box.
2. If you don't have a digital signature created, click "Configure New Digital ID" to create one. Otherwise, skip to step 7.
3. Select "Create a new Digital ID" and Continue.
4. Select "Save to File" and Continue.
5. Fill in your information and Continue.
6. Create a strong password to protect your signature and click Save.
7. Choose your newly created Digital ID and click Continue.
8. Enter your password and click Sign.
9. Type the name you would like to use as the saved file name for this documentation. Lingraphica recommends your patient's initials, your name and the date, i.e. JD-Jane-SLP-7-29-2019.pdf.
10. Click Save.

** Please save this document under a different file name to save any data.*

Reimbursement Overview

Lingraphica will/has perform(ed) a benefit check based on the health insurance information provided for your client. In considering coverage, it is important to understand that:

1. While coverage criteria for a speech-generating device (SGD) may vary depending on the insurance plan, ALL insurance plans require a speech-language pathologist (SLP) to evaluate the client for an SGD and that a physician order an SGD, as well as any accessories that may be required to use the SGD.
2. The benefit check is not a guarantee of coverage. Final coverage is determined at the time of the claim processing.
3. The financial responsibility quoted is an estimate. Actual financial responsibility is determined following the processing of a claim. Final determination is based on factors including, but not limited to, the insurance policy that is in effect, deductible, and patient out-of-pocket limits.
4. While an insurance policy may extend coverage for an SGD, in many cases, the insurance policy may require an authorization in order to provide the device. Should authorization not be granted, the SGD would no longer be considered covered.
5. If a client is a resident of a skilled nursing or long-term rehab facility, currently hospitalized, or under hospice care, most insurance policies will NOT cover an SGD. The quoted insurance coverage is subject to change should there be a change in living situation or level of care (e.g., moving to a skilled nursing facility, long-term rehab, an extended hospitalization, or entering into hospice care).
6. Coverage for the device may be affected if the current evaluation for an SGD is for the replacement of an SGD previously reimbursed by insurance. Most insurance companies will only cover a replacement device every five (5) years.

NOTIFY LINGRAPHICA IMMEDIATELY IF THERE IS ANY CHANGE IN HEALTH INSURANCE PLAN(S), LIVING SITUATION, OR LEVEL OF CARE.

To speak with a Lingraphica representative about insurance coverage:

Toll Free: 888-274-2742

Email: insurance@lingraphica.com



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Speech-Generating Device (SGD) Order Form

Instructions: Please complete and return along with all notes entered during the evaluation to your clinical consultant.

Name: _____ Date of Birth: _____ Telephone: _____
Address: _____ City: _____ State: _____ Zip: _____
Patient Residing In: _____
Primary Insurance: _____ Primary Insurance ID: _____
Secondary Insurance: _____ Secondary Insurance ID: _____
Physician Name: _____ Telephone: _____
Physician Address: _____ City: _____ State: _____ Zip: _____

Recommended Speech-Generating Device:

Lingraphica AllTalk (12" laptop model)
Lingraphica TouchTalk (10" tablet model)
Lingraphica MiniTalk (8" tablet model)

Caregiver Info:

Name: _____
Phone: _____
Email: _____
Preferred Method of Contact: _____

Language

English Spanish

Data saved to cloud for data transfer?

YES NO

Name of Back-up*:

*NOTE: Failure to complete this field may result in an incomplete data transfer.

Accessories**:

Trackball Mouse Wireless Mouse Wired Mouse
Joystick Ball Stylus Extended Stylus
T Stylus Weighted Stylus Flexible Stylus with Strap
Long Flexible Stylus Rugged Case (TouchTalk and MiniTalk only)
Mount (Please contact your Documentation Specialist for details)

**Visit aphasia.com/aac-device-accessories/ for photos and descriptions.

Evaluating SLP Name:

Speech-Generating Device (SGD) Evaluation

Patient:	Begin Date of Eval/Trial:	End Date of Eval/Trial:
I. CURRENT COMMUNICATION IMPAIRMENT		
Medical Condition/Diagnosis causing the expressive speech impairment (e.g. CVA, TBI, Parkinson's Disease, ALS, etc.)	Date of Onset:	
Primary Communication Impairment <i>(e.g. Aphasia, Dysarthria, Dysphonia, Apraxia)</i>		
Primary Communication Impairment Severity <i>Note: Must exhibit at least Moderate-Severe impairment for a speech-generating device to be considered medically necessary.</i>		
Secondary Communication Impairment <i>(e.g. Aphasia, Dysarthria, Dysphonia, Apraxia)</i>		
Secondary Communication Impairment Severity		
Description of Natural Language <i>(e.g., anomia, paraphasias, neologisms, dysarthric, impaired intelligibility, halting, laborious, nonverbal, etc.):</i>		
Motor/Speech Intelligibility:		
Cognitive- Communication:		
Auditory Comprehension:		
Spoken Language Expression:		
Reading:		
Writing:		

PATIENT'S NAME:

Speech-Generating Device (SGD) Evaluation (Continued)

II. ASSESSMENT OF DAILY COMMUNICATION NEEDS/EFFECTIVENESS WITH NATURAL AND OTHER NATURAL MODES OF COMMUNICATION

1: Severe Impairment: unable 2: Moderate-Severe Impairment: limited effectiveness; frequent breakdown
 3: Moderate Impairment: at risk for miscommunication; breakdown 4: Mild Impairment: rarely miscommunicates 5: WNL

Gestures/Facial Expressions:

Natural Speech:

III. TREATMENT OPTIONS/METHODS CONSIDERED AND/OR RULED OUT FOR FUNCTIONAL COMMUNICATION

Traditional Therapy	Scripting	Melodic Intonation Therapy	Hierarchical Therapy	
YES	YES	YES	YES	YES

IV. ANTICIPATED COURSE OF SPEECH IMPAIRMENT

STABLE CHRONIC EXPECTED TO DETERIORATE

WITHOUT AN SGD prognosis for non-assisted communication is (choose one):

POOR GUARDED FAIR GOOD

V. FUNCTIONAL COMMUNICATION GOALS EXPECTED TO BE ACHIEVED

Patient will reduce medical risks by communicating...	PHYSICAL SYMPTOMS %	MEDICAL INFORMATION %	PAIN DESCRIPTORS %	ASKING QUESTIONS RE: MEDICAL CONDITION %
Patient will reduce safety risks by communicating...	INFO IN A CRISIS %	REQUESTS FOR HELP %	PERSONAL NEEDS %	DIRECTIVES %
Patient will reduce social isolation risks by communicating...	SOCIAL INTRODUCTIONS %	COMMON SOCIAL MESSAGE %	OPINIONS %	OVER THE PHONE %
Patient will increase communication effectiveness by...	ASKING QUESTIONS %	ANSWERING QUESTIONS %	MAKING CLARIFICATIONS %	 %
Patient will increase communication effectiveness by...	 %	 %	 %	 %

PATIENT'S NAME:

Speech-Generating Device (SGD) Evaluation *(Continued)*

VI. RATIONALE FOR SELECTION OF DEVICE OR ACCESSORIES (SIZE, WEIGHT, VOCABULARY, EASE OF USE, PORTABILITY, USER-FRIENDLINESS, AGE APPROPRIATE, PATIENT-SPECIFIC CUSTOMIZATION, ETC.)
High-tech AAC considered and ruled out (list 3):
Reason(s) why:
No-tech/low-tech AAC ruled out:
Reason(s) why:
Recommended device:
Reason(s) why:
Example of recommended SGD use for functional communication:
Accessories needed:
Reason(s) why:

VII. RECOMMENDED TREATMENT PLAN AND TRAINING SCHEDULE	# SESSIONS	# WEEKS	NA or Already Achieved (✓)
Operation of device			
Message selection			
Type and Talk (Text to Speech)			
Training of communication partner(s)			
Patient-specific customization			

PATIENT'S NAME:

Speech-Generating Device (SGD) Evaluation *(Continued)*

VIII. OTHER ABILITIES		
Cognitive: the patient possesses the cognitive skills to effectively use the selected device	Yes	No
Description of cognitive abilities:		
Physical: the patient possesses the physical skills to effectively use the selected device	Yes	No
Description of physical abilities:		
Upgrade from previously issued SGD - functional benefit to the patient compared to initially provided SGD (if applicable):		
Additional information (if applicable):		

IX. EVALUATING SLP	
SLP Assurance of Financial Independence and Signature	
The speech-language pathologist (SLP) performing this evaluation is not an employee of and does not have a financial relationship with Lingraphicare America, Inc.	
Printed Name:	
License Number:	ASHA Number:
Signature:	Date:

PATIENT'S NAME:

SGD Supporting Documentation Examples

The following are sample statements that can be used in SLP therapy notes to help support and document the need for and medical necessity of a speech-generating device:

- The patient's medical condition (s/p CVA, ALS, Parkinson's Disease, etc.) has resulted in a (moderate-severe/severe) communication deficit.*
- The patient's speaking needs cannot be met using natural communication methods because... *
- Treatment methods that have been considered or ruled out include... *
- The patient's speaking needs cannot be met by using natural communication methods because... *
- (At the end of the trial) - The written evaluation and recommendation are being forwarded to the patient's treating physician for review.*
- Patient is at risk due to being unable to effectively communicate in the following areas:
- The patient's speech impairment will benefit from the selected device specifically by...
- Patient was unable to express but with the SGD was able to...
- Medical risk is reduced with use of the SGD as patient can now communicate...
- Safety risks are reduced with the use of the SGD because...
- Patient used the (MiniTalk/TouchTalk/AllTalk) today to
- Patient's demeanor has improved since introduction of the SGD as evidenced by...
- Today the SLP training of the SGD focused on...
- With the use of the SGD, medical risk is reduced in that the patient can...
- Family training regarding the SGD was performed today resulting in...
- Patient is able to state personal information with the SGD enabling him/her to...
- Patient/caregiver frustration is reduced with use of the SGD.
- Patient is able to communicate effectively with the SGD when gestures and/or verbal speech are normally not functional or effective.
- Today with the SGD, the patient told...
- Without the SGD, patient cannot... , This places him at risk for...
- Patient was unable to describe pain before introduction of the SGD; now patient can describe pain as throbbing, intermittent and severe.
- When using the SGD, patient stated that he was having pain while sitting for long periods of time.
- Nursing was able to reposition him and his improved communication with the SGD resulted in better care and reduced risk for skin breakdown.
- Patient is diabetic and with the SGD, she can now indicate when she feels her blood sugar is low.
- The SGD has been customized so patient can address specific health issues - making care more effective and specific.
- The patient told his wife that he loved her today with the SGD. They both resulted in tears. The SGD is certainly reducing social isolation and frustration.

* *Necessary when recommending an appropriate candidate for a Lingraphica device.*