



MaineCare Services
An Office of the
Department of Health and Human Services

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Provider Instructions for requesting an Augmentative Communication Device/System

Policy: Chapter II, Section 60 (Durable Medical Equipment Supplies/Repair)

<http://www.maine.gov/sos/cec/rules/10/ch101.htm>

Fax or mail request, please do not do both.

**To request this item, please fill out the Durable Medical Equipment Prior Authorization form (MA56)
which can be downloaded at:**

http://www.maine.gov/dhhs/bms/providerfiles/pa_inst_sheets_forms.html

**Please allow up to 30 calendar days from the date request is received in the Prior
Authorization Unit to review the request and to make a decision.**

Documentation to be submitted from the Durable Medical Equipment provider:

- Completed** MA56 (Prior Authorization form for requesting DME Supplies/Repair).
- Signed, dated doctor's orders, less than one year old.
- Documented clinical criteria from prescribing physician/Primary Care Provider (PCP), see below.
- Manufacturer's invoice is needed for each procedure code listed, showing the dealer's adjusted acquisition cost. Invoice must match the itemized parts list on the Prior Authorization form pricing and description fields.

PA Criteria To Approve Request (Refer to Appendix in Section 60 for more details)

Physician or Primary Care Provider (PCP) must document the following clinical criteria:

- A letter of medical necessity from the ordering physician/Primary Care Provider (PCP), including a speech pathology evaluation package by a licensed speech-language pathologist, must have demonstrated expertise with augmentative communication device systems.
- The speech pathologist's evaluation package must include physical assessment by appropriate professionals:
 - Hearing and visual screenings;
 - Physical or Occupational Therapist evaluations addressing muscular disorder, or motor weaknesses, including motor speech problems;
- Current intellectual/communication level;
- Current cognitive level;
- Status of current speech/language treatment;
- A copy of the warranty of the equipment, a statement identifying the availability of maintenance and the manufacturer's invoice showing providers acquisition cost of the equipment.
- A cost equipment comparison from the speech pathologist;

- Identify who will program the device and when it will be operational;
- If member is in school, send a letter of assurance from the Special Ed Director that the plan of care will be followed exactly by all involved.

NOTE: The Department reserves the right to request a second opinion covering communicative necessity of prescribed equipment on any request for prior authorization for an augmentative communication device/system.

The Department will approve an augmentative communication device/system based only on communicative necessity.

Request will be Deferred (need additional information) when:

- There is insufficient documentation of the clinical criteria listed above and medical necessity cannot be established by the Department.
- Invoice or Prior Authorization form was not submitted.

Request will be Denied when:

- Member does not meet policy criteria.
- Requested/Deferred information was not received within 30 days.
- Device model is a type used only in a clinical setting and is not suitable for use in the home.