December 5, 2014

SUBMITTED ELECTRONICALLY via CAGinquiries@cms.hhs.gov

Laurence Wilson
Director of the Chronic Care Policy Group
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
Attention: NCD 50.1: Speech-Generating Devices
P.O. Box 8016
Baltimore, MD  21244

RE: Joint DME MAC Coverage Reminder for Speech Generating Devices

Dear Mr. Wilson:

On behalf of the undersigned members of the Consortium for Citizens with Disabilities (CCD), a coalition of more than 100 national disability organizations, we would like to thank CMS for the opportunity to submit comments regarding the National Coverage Determination (NCD) 50.1: Speech Generating Devices (SGD). CCD works together to advocate for national public policy that ensures the self-determination, independence, empowerment, integration, and inclusion of children and adults with disabilities in all aspects of society. One focus of CCD includes assistive technology, inclusive of durable medical equipment and the role that technology and related services play in moving society toward our ultimate goal of full inclusion of all people with a disability.

Based on conversations with CCD members and other stakeholders in the disability community, the undersigned organizations of CCD support and request the following points be adopted by CMS:

- The original language defining SGDs does not require significant change;
- The language regarding disqualifying characteristics of SGDs needs to be removed;

Please consider these points in your deliberations and thank you for your dedication to the compassionate and inclusive care of all Americans.
- Device access technologies, including those that utilize eye gaze, must be recognized as essential, medically necessary accessories for patients with limited or no mobility;

- Other methods of communication, such as email, can be encompassed in the patient’s right to “upgrade” their devices at their own expense, without sacrificing the integrity of the SGD benefit; and,

- Maintain coverage of devices that include features that allow increased functionality and operation, e.g. blue tooth, telephone access, and infrared capabilities, where those features do not add to the cost of the device for Medicare;

- Update the SGD HCPCS codes to reflect today’s technologies;

- Maintain the option for coverage of either a “dedicated” SGD or SGD software, depending on the alternative that is appropriate and medically necessary for the beneficiary.

Although it is not a part of the original NCD or the February “clarification”, capped rental is a major barrier to comprehensive access to SGDs and communication devices. Capped rental causes significant problems pertaining to device upgrades and access to necessary features even those at the beneficiary’s own expense. The inclusion of SGDs as capped rental devices is inconsistent with recent references and decisions made by CMS. It is impractical to rent a speech-generating device and because of the payment rule change to capped rental, effective April 1, 2014, access to unlocking must now be based on other authority, such as DME upgrades. Medicare should allow users to unlock an SGD to allow access to non-speech capabilities, such as email and web browsing. Clients who elect to unlock their devices impose no additional costs to Medicare. Many Medicare recipients use unlocked devices to support their health and independence.

It is clear, according to CMS text in a proposed rule, that capped rental leads to “complicated administrative procedures” that requires increased tracking for payment, replacements, and repairs, and additional claims processing system edits for counting rental months and non-continuous use. CCD, therefore, reiterates its request to exempt SGDs from the capped rental rule.

If you should have any questions, please contact any of the CCD Technology and Telecommunications Task Force Co-Chairs listed below.

Sincerely,
CCD Technology and Telecommunications Co-Chairs
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Endorsing Organizations
Association of Assistive Technology Act Programs
ACCSES
American Foundation of the Blind
American Association on Health and Disability
American Speech-Language-Hearing Association
Association of University Centers on Disabilities (AUCD)
Autistic Self Advocacy Network
National Association of State Head Injury Administrators
National Disability Rights Network
National Down Syndrome Congress
National Multiple Sclerosis Society
Perkins
Rehabilitation Engineering and Assistive Technology Society of North America (RESNA)
Special Needs Alliance
The Arc
United Spinal Association