



Funding Deferral/Denial Quick Reference Guide for the SLP

Medicaid, Medicare, Private Insurance, and/or Tricare

There are times when a health insurance company will either *defer* or *deny* the request for a speech generating device. This quick reference guide provides helpful information about next steps if this occurs.

Funding Contact Information:

<https://www.aacfunding.com>

Email: funding@prentrom.com

* Please do not email paperwork unless using an encrypted server. Use email for questions!

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Securely Upload Files at:

https://www.aacfunding.com/submit_documents

Page 1 of this document covers **deferrals**.

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DEFERRALS

What is a deferral?

A deferral is when the health insurance company holds off on making a decision on authorizing the request for a speech generating device because it needs more information.

What can I do if the request is deferred?

Step 1:

Make sure you have received a written/official deferral from the health insurance company via the family or PRC.

If **yes**, proceed to Step 2.

If **no**, please call, email, or fax the health insurance company requesting a written/formal deferral.

If the health insurance company will not provide a written/formal deferral, please contact the PRC funding department.

Step 2:

Make sure all involved and authorized parties are aware of the deferral:

- AAC Funding
- Your Regional Consultant
- Client/Client's Family/Guardian
- Evaluating Speech Language Pathologist (SLP)

Step 3:

Read and understand the contents of the deferral.

The deferral typically includes:

- A statement of deferral
- A reason for the deferral
- A process for responding to the deferral
- A timeline for responding to the deferral

*****Note: It is critically important to respond within the designated timeline.**

Step 4:

Take action.

With help from AAC Funding, respond to the deferral. Typically, the evaluating SLP will need to provide an addendum to the evaluation that addresses the reason for deferral. Follow all guidelines and timelines outlined in the written deferral. Submit all necessary documentation in a timely manner.

For most health insurance companies, AAC Funding can file the deferral response paperwork on your behalf, but you must work closely with the PRC funding specialist to ensure that they have the correct information to submit.

Once the response to the deferral is submitted, wait for a response from the health insurance company. At this point, the health insurance company may approve, defer again or deny the request.

If AAC Funding has submitted the deferral response and does not hear back from the health insurance company within 30 days, AAC Funding will contact the health insurance company. If someone else (SLP or another party) submitted the deferral response and has not heard back from the health insurance company within 30 days, they should contact the health insurance company.

DENIALS

What is a denial?

A denial is when the health insurance company makes the decision NOT to authorize payment for the requested speech generating device.

What can I do if the request is denied?

Step 1:

Make sure you have received a written/official denial from the health insurance provider.

If **yes**, proceed to Step 2.

If **no**, seek help from AAC Funding to assist in calling, emailing or faxing the health insurance company to request a written/formal denial. A sample request is below.

Dear Sir/Madam,

A prior authorization request was submitted for the above referenced patient for a PRC/Salttillo communication device. This specific device along with any required accessories has been recommended and prescribed by this patient's Speech Language Pathologist and doctor to meet medical need. Please provide written authorization for this device if approved. If this device is not approved, please send a written denial notice outlining the specific reason for the denial along with the procedures and deadlines for appealing the denial. Thank you for your prompt attention to this matter.

If the health insurance company will not provide a written/formal denial, please contact AAC Funding.

Step 2:

Make sure all involved and authorized parties are aware of the denial.

- AAC Funding
- Your Regional Consultant
- Client/Client's Family/Guardian
- Evaluating Speech Language Pathologist

Step 3:

Read and understand the contents of the denial.

The denial typically includes:

- A statement of denial
- A reason for the denial
- A process for appealing the denial
- A timeline for appealing the denial

Note: It is critically important to complete the appeal within the designated timeline.

Step 4:

Take action. Submit a written appeal or complete a peer-to-peer review. Please note that a peer-to-peer review is not always offered as an option and it does not replace or constitute a written appeal.

Submit a Written Appeal

Work with all parties outlined in step 2 to file an appeal. The person contesting the denial on behalf of the client should be the individual who can answer clinical questions when someone, such as a Medical Director, requests details. Most appeals give a general title to the person contesting the denial on behalf of the client – the appeal states that a “provider” can submit on behalf of the client. In this case – the term “provider” refers to the SLP, not AAC Funding. Be sure to have the client/family sign any required authorization forms/releases to enable someone else to appeal on their behalf.

Sample appeals can be found at <https://www.aacfunding.com/templates-samples>

AAC Funding offers additional appeal letter support in the form of a Single Source Provider letter as well as a Refusal to Redirect which is completed by the attending Physician.

Upon request, a PRC or Saltillo licensed SLP will review the written appeal prior to filing to ensure all denial reasons have been adequately addressed.

For private insurance appeals – AAC Funding is often *not* permitted to file the appeal paperwork for you.

For Medicaid and Medicare – AAC Funding can, in most cases, but not all, file the appeal paperwork for you.

Complete a Peer-to-Peer Review

If offered in the denial notice, a peer-to-peer review phone call can be done by the SLP or prescribing physician. The SLP may be allowed to complete the peer-to-peer review, or the prescribing physician may be required to do it. If the physician must do it, please ask him/her to do so and prepare him/her to respond effectively to the reasons for denial. The SLP should provide the physician with the correct rationale and wording to explain why denial is not appropriate for the patient.

If the denial is not overturned by the peer-to-peer review (or if it is not done), the SLP should submit a written appeal. The peer-to-peer does not impact the deadline for appeal filing found in the initial denial. ***If a written appeal is not submitted by the deadline, the appeal deadline can lapse and appeal rights are lost.***

The Appeal is Won!

Once all funding paperwork is complete, AAC Funding will confirm the shipping address and place an order.

Once the device arrives, contact your PRC regional consultant or Saltillo regional representative for training on device setup, operation, and implementation.

To find your PRC consultant:

<https://www.prentrom.com/consultants>

To find your Saltillo representative:

<http://www.salttillo.com/rep>

The Appeal is Lost

If the appeal is lost, and the client/client's family wants to continue to pursue funding, please contact the PRC funding department to discuss options and how PRC may be able to help with further appeal.