

Instructions for Augmentative Communication Device (ACD) Evaluation Report Form (480)

Form 480 is designed to expedite the review process for ACDs. These devices require prior authorization (PA). The form includes all the elements that the reviewer requires to determine that medical necessity criteria are met.

- Complete the fillable form online and print it out for your records. Click in the box to highlight and begin typing.
- The Speech Language Pathologist must complete the form. All qualified interdisciplinary professionals involved in the evaluation should complete the appropriate sections as noted on the form.
- If additional space is needed, please use space for another discipline listed if no input is needed from that discipline. Or, continue documentation on another sheet of paper.
- The Speech Language Pathologist should then forward the form to the ACD manufacturer.
- The manufacturer will then submit form 480 with the prior authorization request.

Please review chapter 4, "Obtaining Prior Authorization", for instructions on submitting a PA, and chapter 14, "Durable Medical Equipment", for guidelines regarding ACDs in the Provider Manual.

To access these documents, go to

http://medicaid.alabama.gov/CONTENT/6.0_Providers/6.7_Manuals.aspx, select "Provider Manuals" for the current year, then select the most recent edition.