Augmentative and Alternative Communication Devices (for Louisiana Only)

Guideline Number: CS189LA.B
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Instructions for Use

Content mandated by Louisiana Department of Health

Table of Contents **Page**

Application

This Medical Policy only applies to the state of Louisiana. The coverage rationale contained in this policy represents Louisiana Medicaid coverage policy and is set forth below in accordance with State requirements.

Coverage Rationale

Indications for Coverage

Augmentative and Alternative Communication Devices

Augmentative and Alternative Communication (AAC) Devices – Electronic or non-electronic aids, devices, or systems that assist a beneficiary to overcome or ameliorate (reduce to the maximum degree possible) the communication limitations that preclude or interfere with meaningful participation in current and projected medically necessary daily activities. Examples of AAC devices include:

- Communication boards or books, speech amplifiers, and electronic devices that produce speech and/or written output;
- Devices that are constructed for use as communication devices as well as systems that may include a computer, when the primary use of the computer serves as the beneficiary's communication device; and
- Related components and accessories, including software programs, symbol sets, overlays, mounting devices, switches, cables and connectors, auditory, visual, and tactile output devices, printers, and necessary supplies, such as rechargeable batteries.

Note: Meaningful participation refers to effective and efficient communication of messages in any form the beneficiary chooses.

Speech-Language Pathologist – An individual who has:

- A certificate of clinical competence in speech language pathology from the American Speech Language Hearing Association;
- Completed the equivalent educational requirements and work experience necessary for the certificate; or
- Completed the academic program and is acquiring supervised work experience to qualify for the certificate.

General Provisions

Consideration shall be given for Medicaid reimbursement for AAC devices for beneficiaries of all ages if the device is considered medically necessary, the beneficiary has the ability to physically and mentally use a device and its accessories, and if criteria are met as listed below. The following medically necessary conditions shall be established for beneficiaries who/whose:

- Have a diagnosis of a significant expressive or receptive (language comprehension) communication impairment or disability;
- Impairment or disability either temporarily or permanently causes communication limitations that preclude or interfere with the beneficiary's meaningful participation in current and projected daily activities;
- Had a speech language pathologist (and other health professional, as appropriate):
  - Perform an assessment and submit a report pursuant to the criteria set forth in Assessment/Evaluation (see Assessment/Evaluation below);
  - Recommend speech language pathology treatment in the form of AAC devices and services;
  - Document the mental and physical ability of a beneficiary to use, or learn to use a recommended AAC device and accessories for effective and efficient communication;
  - Prepare a speech language pathology treatment plan that describes the specific components of the AAC devices and the required amount, duration, and scope of the AAC services that will overcome or ameliorate communication limitations as earlier described; and
- Requested AAC devices constitute the least costly, equally effective form of treatment that will overcome or ameliorate communication limitations as earlier described.

The following are additional general principles relating to medical necessity determinations for AAC devices:

- The cause of the beneficiary's impairment or disability (e.g., congenital, developmental, or acquired), or the beneficiary's age at the onset of the impairment or disability, are irrelevant considerations in the determination of medical need;
- Beneficiary participation in other services or programs (e.g., school, early intervention services, adult services programs employment) is irrelevant to medical necessity determination for AAC devices;
- No cognitive, language, literacy, prior treatment, or other similar prerequisites must be satisfied by a beneficiary in advance of a request for AAC devices; and
- The unavailability of an AAC device, component, or accessory for rental will not serve as the basis for denying a prior authorization (PA) request for that device, component or accessory.

Assessment/Evaluation

- An assessment or evaluation of the beneficiary's functioning and communication limitations that preclude or interfere with meaningful participation in current and projected daily activities must be completed by a speech language pathologist with input from other health professionals, (e.g., occupational therapists and rehabilitation engineers) based on the recommendation of the speech language pathologist and a physician's prescription, as appropriate;
- Requests for AAC devices must include a description of the speech language pathologist's qualifications, including description of the speech-language pathologist's AAC services training and experience; and
- An assessment (augmentative and alternative communication evaluation) must include the following information about the beneficiary:
  - Identifying Information:
    - Name;
    - Medicaid identification number;
    - Date of the assessment;
    - Medical and neurological diagnoses (primary, secondary, tertiary);
    - Significant medical history;
    - Mental or cognitive status; and
    - Educational level and goals.
  - Sensory Status
    - Vision and hearing screening (no more than one year prior to AAC evaluation);
    - If vision screening is failed, a complete vision evaluation;
    - If hearing screening is failed, a complete hearing evaluation; and
    - Description of how vision, hearing, tactile, and/or receptive communication impairments or disabilities affected expressive communication.

- Postural, Mobility and Motor Status:
  - Gross motor assessment;
  - Fine motor assessment;
  - Optimal positioning;
  - Integration of mobility with AAC devices; and
  - Beneficiary's access methods (and options) for AAC devices.
- Current Speech, Language and Expressive Communication Status:
  - Identification and description of the beneficiary's expressive or receptive (language comprehension) communication impairment diagnosis;
  - Speech skills and prognosis;
  - Language skills and prognosis;
  - Communication behaviors and interaction skills (i.e., styles and patterns);
  - Functional communication assessment, including ecological inventory;
  - Indication of past treatment, if any; and
  - Description of current communication strategies, including use of an AAC device, if any.

Note: If an AAC device is currently used, describe the device, when and by whom it was previously purchased, and why it is no longer adequate for communication needs.

- Communication Needs Inventory:
  - Description of beneficiary's current and projected communication needs;
  - Communication partners and tasks including partners' communication abilities limitations, if any; and
  - Communication environments and constraints which affect AAC device selection and/or features (e.g., verbal and/or visual output and/or feedback; distance communication needs).
- Summary of Communication Limitations:
  - Description of the communication limitations that preclude or interfere with meaningful participation in current and projected daily activities (i.e., why the beneficiary's current communication skills and behaviors prevent meaningful participation in the beneficiary's current and projected daily activities).
- AAC Devices Assessment Components:
  - Vocabulary requirements;
  - Representational system(s);
  - Display organization and features;
  - Rate enhancement techniques;
  - Message characteristics, speech synthesis, printed output, display characteristics, feedback, auditory and visual output;
  - Access techniques and strategies; and
  - Portability and durability concerns, if any.
- Identification of AAC Devices Considered for Recipients:
  - Identification of the significant characteristics and features of the AAC devices considered for the beneficiary; and
  - Identification of the cost of the AAC devices considered for the beneficiary (including all required components, accessories, peripherals and supplies as appropriate).
- AAC Device Recommendation:
  - Identification of the requested AAC devices including all required components, accessories, software, peripheral devices, supplies and the device vendor;
  - Identification of the beneficiary and communication partner's AAC devices preference, if any;
  - Assessment of the beneficiary's ability (physically and mentally) to use, or to learn to use, the recommended AAC device and accessories for effective and efficient communication; and
  - Justification stating why the recommended AAC device (including description of the significant characteristics, features and accessories) is better able to overcome or ameliorate the communication limitations that preclude or interfere with the beneficiary's meaningful participation in current and projected daily activities as compared to the other AAC devices considered; and justification stating why the recommended AAC device (including description of the significant characteristics, features and accessories) is the least costly, equally effective, alternative form of treatment to overcome or ameliorate the communication limitations that preclude or interfere with the beneficiary's meaningful participation in current and projected daily activities.
- Treatment Plan and Follow Up:
  - Description of short term communication goals (e.g., 6 months);
  - Description of long term communication goals (e.g., one year);

- Assessment criteria to measure beneficiary's progress toward achieving short and long term communication goals;
- Description of amount, duration and scope of AAC services required for the beneficiary to achieve short and long term communication goals; and
- Identification and experience of AAC service provider responsible for training (these service providers may include, e.g.: speech language pathologists, occupational therapists, rehabilitation engineers, the beneficiary's parents, teachers and other service providers).

- Summary of Alternative Funding Source for AAC Device:
  - Description of availability or lack of availability, of purchase of AAC device through other funding sources.

Trial Use Periods

In instances where the appropriateness of a specific AAC device is not clear, a trial use period for an AAC device may be recommended (although it is not required) by the speech-language pathologist who conducts the AAC evaluation. Prior authorization for rental of AAC devices shall be approved for trial use periods when the speech-language pathologist prepares a request that includes, but is not limited to:

- The characteristics of the beneficiary's communication limitations;
- Lack of familiarity with a specific AAC device; and
- Whether there are sufficient AAC services to support the beneficiary's use of the AAC device, or other factors.

If the speech-language pathologist seeks a trial use period, he/she must prepare a trial use period request that includes the following information:

- The duration of the trial period;
- The speech-language pathologist information and the beneficiary information as required in the Assessment Evaluation;
- The AAC device to be examined during the trial period, including all the necessary components (e.g., mounting device, software, switches, or access control mechanism);
- The identification of the AAC services provider(s) who will assist the beneficiary during the trial period;
- The identification of the AAC services provider(s) who will assess the trial period; and
- The evaluation criteria, specific to the beneficiary that will be used to determine the success or failure of the trial period.

Trial use period requests must include Medicaid funding for the rental of all necessary components and accessories of the AAC device. If an accessory is necessary for rental, but the communication device is available for rental for trial use, Medicaid may consider the purchase of the accessory for the trial use of the communication device. Trial periods may be extended and/or different AAC devices provided, when requested by the speech-language pathologist responsible for evaluating the trial use period. Results of trial use periods must be included with any subsequent request for prior authorization of the AAC device purchase. Recommendations for the purchase of an AAC device, as a result of a trial use period of the device, must clearly indicate the beneficiary's ability to use the device during the trial period.

Repairs

Medicaid will cover repairs to keep AAC devices, accessories, and other system components in working condition. Medicaid coverage for repairs will include the cost of parts, labor, and shipping, when not otherwise available without charge pursuant to a manufacturer's warranty. Providers of AAC devices are expected to comply with the Louisiana New Assistive Devices Warranty Act, R.S § 51:2762 to 2767. One of the provisions of this law is that all persons who make, sell, or lease assistive devices, including AAC devices, must provide those who buy or lease the equipment with a warranty which lasts at least one year from the time the equipment is delivered to the beneficiary. If, during the warranty period, the equipment does not work, the manufacturer or dealer must make an attempt to repair the equipment. Medicaid additionally requires providers to provide the beneficiary with a comparable, alternate AAC device while repairing the beneficiary's device during a warranty period. Medicaid coverage may be provided for the rental of an alternate AAC device during a repair period after expiration of the warranty. Medicaid will not cover repairs, or rental of a loaner device, when repairs are made during a warranty period.

When a device is received by the provider for the purpose of repair, the provider will conduct an assessment of the device to determine whether it can be repaired, and if so, prepare a written estimate of the parts, labor, and total cost of the repair, as well as the effectiveness (i.e., estimated durability) of the repair. If the manufacturer or provider concludes that the device is not repairable and a replacement device is needed, written notice will be provided to the beneficiary.

Medicaid coverage for repairs greater than $300.00 must be accompanied by a statement from the speech-language pathologist. The statement must indicate whether there have been any significant changes in the sensory status (e.g., vision, hearing, tactile); postural, mobility or motor status; speech, language, and expressive communication status; or any other communication need or limitation of the beneficiary as earlier described and whether the device remains the speech language pathologist's recommendation for beneficiary's use.

Replacement or Modification

Modification or replacement of AAC devices will be covered by Medicaid subject to the following limitations:

- Requests for modification or replacement of AAC devices and/or accessories may be considered for coverage after the expiration of three or more years from the date of purchase of the current device and accessories in use;
- Requests for modification or replacement require PA and must include the recommendation of the speech-language pathologist;
- Requests for replacements of AAC devices may be submitted for identical or different devices;
- Requests for replacements of identical AAC devices must be accompanied by a statement from the provider that the current device cannot be repaired or that replacement will be more cost effective than repair of the current device. Data must be provided about the following:
  - Age;
  - Repair history:
    - Frequency; and
    - Duration; and
    - Cost;
  - Repair projections (estimated durability of repairs).
- Requests for modification or replacement of AAC devices with different devices must include the following additional information:
  - A significant change has occurred in the beneficiary's expressive communication, impairments, and/or communication limitations. Modification or replacement requests due to a change in the beneficiary's circumstances must be supported by a new assessment of communication limitations by a speech-language pathologist, and may be submitted at any time; or
  - Even though there has been no significant change in the beneficiary's communication limitations, there has been a significant change in the features or abilities of available AAC devices (i.e., a technological change) that will overcome or permit an even greater amelioration of the beneficiary's communication limitations as compared to the current AAC device. A detailed description of all AAC device changes and the purpose of the changes must be provided with the results of a re-evaluation by a speech-language pathologist; or
  - Requests for replacements of AAC devices due to loss or damage (either for identical or different devices) must include a complete explanation of the cause of the loss or damage and a plan to prevent the recurrence of the loss or damage.

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

HCPCS Code	Description
*E2500	Speech generating device, digitized speech, using prerecorded messages, less than or equal to 8 minutes recording time
*E2502	Speech generating device, digitized speech, using prerecorded messages, greater than 8 minutes but less than or equal to 20 minutes recording time
*E2504	Speech generating device, digitized speech, using prerecorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time

HCPCS Code	Description
E2506	Speech generating device, digitized speech, using prerecorded messages, greater than 40 minutes recording time
E2508	Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device
E2510	Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access
E2512	Accessory for speech generating device, mounting system
E2599	Accessory for speech generating device, not otherwise classified

Codes labeled with an asterisk (*) are not on the State of Louisiana Medicaid Fee Schedule and therefore are not covered by the State of Louisiana Medicaid Program.

References

Louisiana Medicaid Program, Durable Medical Equipment Provider Manual. Chapter 18 of the Medicaid Services Manual. https://www.lamedicaid.com/provweb1/Providermanuals/manuals/DME/DME.pdf. Accessed March 14, 2023.

Guideline History/Revision Information

Date	Summary of Changes
07/01/2023	• Routine review; no change to coverage guidelines • Archived previous policy version CS189LA.A

Instructions for Use

This Medical Policy provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the federal, state or contractual requirements for benefit plan coverage must be referenced as the terms of the federal, state or contractual requirements for benefit plan coverage may differ from the standard benefit plan. In the event of a conflict, the federal, state or contractual requirements for benefit plan coverage govern. Before using this policy, please check the federal, state or contractual requirements for benefit plan coverage. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Medical Policy is provided for informational purposes. It does not constitute medical advice.

UnitedHealthcare may also use tools developed by third parties, such as the InterQual® criteria, to assist us in administering health benefits. The UnitedHealthcare Medical Policies are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.