



Colorado Medicaid Benefits Collaborative Policy Statement

AUGMENTATIVE AND ALTERNATIVE COMMUNICATION DEVICES – VERSION 1

Brief Coverage Statement

Colorado Medicaid covers Augmentative and Alternative Communication Devices (AACD) which allows a client with an expressive speech language disorder to electronically represent vocabulary and express thoughts or ideas to meet the client's speech needs, as an in-home benefit.

Services Addressed in Other Policies

- None

Eligible Providers

Providers must be enrolled with Colorado Medicaid and maintain a certification for Medicare accreditation through a Medicare approved accreditation agency.

RENDERING PROVIDERS

Accredited Durable Medical Equipment (DME) Suppliers

PRESCRIBING PROVIDERS

- Physicians (MDs and DOs)
- Physician Assistants
- Nurse Practitioners

Eligible Places of Services

Client's place of residence. Medical supplies provided to clients in hospitals or facilities must be provided by the facility. See 10 CCR 2505-10 §8.590.2.B.

Eligible Clients

Augmentative and Alternative Communication Devices (AACD) are a covered benefit for Colorado Medicaid clients who have a condition that inhibits communication. AACDs are provided upon recommendation by a speech-language pathologist after the client has completed a comprehensive assessment and medical necessity for the device has been well-documented.

Covered Services

AACDs are approved to support communication and improve health outcomes for clients with severe dysarthria, apraxia, aphasia and other conditions that severely inhibit communication.

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A speech-language pathology assessment must provide evidence that alternative, natural communication methods have been ineffective before an AACD will be considered. The assessment documentation should support the recommended AACD by including the client's medical need, ability to operate the device both cognitively and physically, and expected improvement in the following:

- Ability to communicate medical needs;
- Ability to express basic needs;
- Ability to provide feedback on treatment or therapy programs;
- Prevention of secondary impairments;
- Independence and personal safety.

Digitized speech devices, synthesized speech devices and tablet computers are described below. Certain speech-generating software and necessary accessories are also covered once a client is approved for an AACD.

Digitized Speech Devices – Procedure Codes E2500, E2502, E2504, E2506

Digitized speech devices, sometimes referred to as “whole message” speech output devices, use words or phrases that have been recorded by someone other than the AACD system user for playback when commanded by the AACD system user. The following four options describe the types of digitized speech devices available:

- A speech generating device using pre-recorded messages, less than or equal to 8 minutes recording time.
- A speech generating device using pre-recorded messages, greater than 8 minutes but less than or equal to 20 minutes recording time.
- A speech generating device using pre-recorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time.
- A speech generating device using pre-recorded messages, greater than 40 minutes recording time.

Synthesized Speech Devices – Procedure Codes E2508, E2510

Synthesized speech devices utilize technology that allows input from the AACD system user in order to generate speech. These devices are not limited to pre-recorded messages, allowing the AACD system user to independently create messages. The following two options describe the types of synthesized speech devices available:

- A speech generating device that formulates messages through letters and requires direct selection with the device.
- A speech generating device that formulates messages through multiple methods of message creation and device access.
 - Message creation capabilities of the device must include two or more of the following: letters, words, pictures or symbols; and
 - Device access must be through direct selection with a keyboard or touch screen and one or more of the following indirect selection techniques: joystick/switches,



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head mouse, touch-enter, optical head pointer, light pointer, infrared pointer, scanning device or Morse code.

Tablet Computers – Procedure Code E1399 with AV Modifier

For this policy statement, “tablet computer” refers to a portable, integrated speech-generating device contained in a single panel that utilizes touch screen technology as the primary input for operation. As technology advances and becomes available, other primary-input capabilities developed for tablet computers will be considered, e.g. operation by eye gaze/eye control.

- Tablet computers are a benefit when all AACD medical necessity criteria defined in this policy have been met.
- The speech language pathologist will determine the AACD features necessary for effective communication through the assessment. The client must trial a minimum of three devices that have the necessary capabilities determined in the assessment before the recommendation for a tablet computer is submitted.
 - The assessment documentation must support the trial findings and the final recommendation for a tablet computer.
 - Tablet computer requests must specify that the device has a primary use as an AACD and that the client or client’s caretaker/representative acknowledges and agrees with the usage requirement.
 - Prior authorization requests must be submitted using the designated modifier. Requests should also include the recommended software or application, and any necessary accessories designated for the protection and effective use of the device such as a protective case, head pointer, mounting device, etc.
 - *Note:* Tablet computers approved for integrated use as an AACD should be received by the recommending provider/speech language pathologist who can assist the client with loading the approved software and instructing the client on its proper use.
- The minimum replacement timeline for a tablet computer is five years.
 - Stolen devices may be replaced within the five year timeline; however, the client is limited to one-time replacement due to theft, and a police report must be provided for verification of the incident.
 - Replacement will not be granted within the five year timeline for devices that are damaged, lost, misused, abused or neglected.
 - Devices may not be sold or given away during the expected lifetime of use.

Software – Procedure Code E2511

- Speech generating software and applications are a covered benefit upon approval for an AACD and for client-owned equipment that will primarily be used as a communication device.
 - The appropriate software or application must be determined by the speech language pathologist in the assessment with a supporting diagnosis; and
 - The recommended software or application must be compatible with the personal computer, tablet computer or personal digital mobile device being used as the client’s AACD.

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- The software or application being requested for client-owned equipment should be supported by detailed trial information as outlined in the previous *Tablet Computers* section of this policy statement.

Accessories: Procedure Codes A4601, E1902, E2511, E2512, E2599, L9900

- Replacement lithium ion batteries.
- Non-electric AACD communication board.
- Mounting systems designated for securing the AACD within reach of the client.
- Safety and protection accessories designated to maintain the life expectancy of the device.
- Accessories not otherwise classified may be approved to enhance the use of the AACD system as the client's condition changes.
- Orthotic and prosthetic supplies and accessories, and/or service components of another HCPCS L code.

Non-Covered Services and General Limitations

Equipment, accessories and supplies that do not have a primary medical use will not be covered, which includes any items that are unnecessary for operation of the AACD, or are unrelated to the AACD.

Items that will not be covered include but are not limited to the following:

- Printers
- Laptop or desktop computers
- Other portable, electronic devices that are not designated to have a primary use as an AACD
- Modems, routers or other items used for internet utility services
- Internet, phone or data services
- Accessories that are not designated to have a primary purpose of protecting the AACD
- Applications, software or programs that have not been recommended by the speech language pathologist or are not designated to have a primary use as a communication tool



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Prior Authorization Requirements

Prior Authorization is required for all Augmentative and Alternative Communication Devices as outlined in the Durable Medical Equipment and Supplies manual. The prior authorization request is a determination of medical necessity only; claims and billing processes are not considered in this determination. Please refer to the Durable Medical Equipment and Supplies manual and the current Fee Schedule for billing information.

There is no required format, form or questionnaire for submitting prior authorization requests; but the documentation should be inclusive of the following:

- A prescription and recommendation for an AACD, AACD accessories and/or AACD software by the client's physician and licensed speech language pathologist.
- Speech assessment documentation supporting the AACD recommendation(s), which includes but is not limited to the following:
 - Medical diagnosis and description of current functional needs, communication skills/limitations, and prognosis for improvement or deterioration;
 - History of communication-related therapies;
 - Alternative, natural communication methods were proven ineffective;
 - Evidence of cognitive and physical ability to operate the device;
 - Medical justification for the recommended device and software;
 - Description of any trials required for the recommended device, including how each device trial met or failed to meet the client's functional communication needs;
 - The recommended device should be capable of modification to meet the needs for anticipated improvement or deterioration of functional communication when possible.
- A statement that affirms that the device has a primary use as an AACD and that the client or client's caretaker/representative acknowledges and agrees with the usage requirement.

Notes: Medical necessity is defined in 10 CCR 2505-10, Sections 8.590.1 and 8.590.2, of the Colorado Medical Assistance Program rules. Equipment and supplies are approved if they are currently accepted by the medical community and evidence-based medical practices and standards are available.



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References

2009 Texas Medicaid Provider Procedures Manual Policy 24.4.27.11-24.4.27.13

Kansas Health Policy Authority (KHPA) Medical Assistance Program Provider Manual DME

Minnesota Department of Human Services MHCP Provider Manual Equipment and Supplies

Rev. 02-17-2010

North Carolina Division of Medical Assistance Durable Medical Equipment Clinical Coverage

Policy #5A 10-30-2009

Priority Health, Medical Policy No. 91499-RO, Augmentative Communication Speech

Generating Devices for Medicaid Members

2012 Anthem, Clinical UM Guideline, Guideline #CG-DME-07, Medically Necessary Clinical

Indications for Augmentative and Alternative Communication Devices/Speech Generating

Devices

Medicaid Director Signature

Date

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