Driscoll Health Plan
Medical Necessity Guideline

Medical Necessity Guideline: Augmentative Communication Devices	Creation Date: 11/6/2023	Review Date: 5/27/2024	Effective Date: 6/11/2024

PURPOSE:

This guideline provides criteria used to determine the medical necessity of augmentative communication Devices (ACDs), as well as related software and accessories.

LINE OF BUSINESS: STAR, STAR Kids, and CHIP

DEFINITIONS:

Augmentative and Alternative Communication (AAC) – Augmentative and alternative communication refers to any communication devices, systems, strategies or tools that can replace or support verbal communication. AAC is a broad category that includes sign language, use of picture symbols, and assistive communication devices.

Augmentative Communication Devices (ACDs) – ACD's are also known as augmentative and alternative communication (AAC) devices, voice-output communication aids (VOCAs), or speech-generating devices (SGDs). ACDs are durable medical equipment tools that allow clients with severe expressive speech and/or language deficits to electronically represent words and phrases to express thoughts or ideas and meet the client's functional communication needs.

Dedicated ACDs – A dedicated ACD should be limited to serving a medical purpose, used solely for communication, and should not provide access to games, a camera, social media, or other unrelated applications.

Digitized ACDs – Digitized ACDs use words or phrases recorded by someone other than the ACD system user for playback upon command by the ACD system user. Digitized ACDs are sometimes called "whole message" speech output devices.

Synthesized ACDs – Synthesized ACDs use specialized technology that translates the ACD system user's input into device-generated speech. Users of synthesized ACDs can create novel messages as their communication needs dictate.

Method of Access – The way the ACD user selects to produce the desired message. Access methods include physical selection via keyboard or touch screen, joystick, head mouse, light pointer, infrared pointer, or scanning device.

Confidential: For use only by employees and authorized agents of Driscoll Health Plan. This document contains confidential and proprietary information NOT to be reproduced or distributed to others without the prior written consent of Driscoll Health Plan

GUIDELINE:

I. Prior authorization is required for ACD systems and all related accessories. Driscoll Health Plan policy states that ACDs are medically necessary when all the following criteria are met.
   a. The member has a severe speech or expressive language impairment related to a medical condition or developmental disability that interferes with the member's ability to meet daily functional communication needs, with a poor prognosis for the development of verbal speech.
   b. Other forms of therapy (including traditional speech therapy) have been tried and found unsuccessful.
   c. c. The requested ACD must allow the member to improve their communication to a functional level not otherwise achievable through verbal communication alone, other modes of augmentative and alternative communication, or a less costly device.
   d. The member can use the recommended device to communicate with multiple individuals in multiple settings while conveying varying message types without being wholly dependent on prompting or assistance in producing the communication.
   e. The member possesses the motivation, interactional/behavioral abilities, cognitive abilities, and physical abilities to use the recommended system to communicate during activities of daily living.
   f. The member has demonstrated the ability to use the recommended device and accessories or software for functional communication, as evidenced by a 90-day data-driven device trial, which shows that the skills can be demonstrated repeatedly over time, beyond a single instance or evaluation session.
   g. The ACD is a dedicated device that is adequate and the least expensive alternative to enable the member to meet daily functional communication needs. There must be clear explanations of why other alternatives were ruled out.
   h. The plan of care includes functional goals for using the device for communication during activities of daily living.
   i. There is a therapy schedule to provide support and training to facilitate additional progress after the device is received by the member.
   j. The caregivers have received training related to the device and have actively participated in communication during the device trial in the home environment.
   k. The requested device is appropriate for (will meet and not exceed) the member's projected communication/vocabulary needs and growth potential for a minimum of 3 years.

II. Please refer to the current Texas Medicaid Provider Procedures Manual, Durable Medical Equipment, Medical Supplies and Nutritional Products Handbook for guidelines related to the

Confidential: For use only by employees and authorized agents of Driscoll Health Plan. This document contains confidential and proprietary information NOT to be reproduced or distributed to others without the prior written consent of Driscoll Health Plan

following: Accessories, Trial Period, Rental, Replacement, Software, and Non-covered System items.

Documentation Requirements:

I. The physician must provide documentation supporting the medical necessity of the equipment or supplies requested, including:
   a. A visit note from a physician that includes the underlying medical diagnosis or condition causing severe, permanent, or progressive speech and/or language impairment. The note should include accurate diagnostic information pertaining to the member's current receptive and expressive communication skills, as well as the client's overall physical and cognitive limitations.
   b. Documentation of normal hearing in one ear by an objective method. If the member has hearing loss, then documentation is needed from an audiologist and/or Ear Nose and Throat Specialist (ENT) showing appropriate amplification and/or stating that the hearing loss will not impact device use.
   c. A completed Home Health Services (Title XIX) Durable Medical Equipment (DME) or Medical Supplies Physician Order Form, Texas Standard Prior Authorization form, or order prescribing the device and accessories. The order or appropriate form must be signed and dated by a physician after the assistive/augmentative evaluation review. A current signature and date are valid for no more than 90 days prior to the date of the requested prior authorization. The form or order must include the member's name, Medicaid number, date of birth, requesting provider name, requesting provider national provider identifier (NPI), start and end dates, procedure codes, and numerical quantities for the items requested.

II. An assistive/augmentative communication evaluation performed by a licensed speech-language pathologist (SLP). If the signed evaluation is greater than one year old when requesting the purchase of a device, justification for the delay should be provided. *Note: The licensed SLP completing the evaluation must not be employed by or similarly affiliated with the device manufacturer or vendor.* The evaluation must include:
   a. Diagnosis and medical history
   b. Complete description of the ACD system with all accessories, components, mounting devices, or modifications necessary for client use (must include manufacturer's name, model number, and retail price).
   c. History of previous speech therapy, with outcomes.
   d. Member-specific objective data establishing the member's functional status in the following areas:
      i. Cognitive skills (including, but not limited to, attention, memory, and problem-solving)

Confidential: For use only by employees and authorized agents of Driscoll Health Plan. This document contains confidential and proprietary information NOT to be reproduced or distributed to others without the prior written consent of Driscoll Health Plan

ii. Language abilities without using the device (Formal and informal assessment results, including, but not limited to, following directions, understanding of cause and effect, sequencing, coding, symbol recognition, receptive and expressive language skills, and pragmatic language skills)
iii. Verbal speech/articulation skills and intelligibility
iv. Sensory-perceptual skills (including, but not limited to, sensorimotor, visual acuity, hearing acuity, and tactile sensation)
v. Literacy level

e. Prognosis for the development of functional verbal communication.
f. Documentation of the member's interactional/behavioral abilities, social abilities, and motivation to communicate.
g. Member-specific documentation of the functional communications needs, encompassing anticipated expressive language capacity and specifying his/her level of vocabulary requirements (core vs. fringe vocabulary needs).
h. The rationale for selecting the requested device and each accessory, is to include objective documentation regarding any other devices that were considered and ruled out, with evidence of the insufficiency of the non-selected devices.
i. Member-specific documentation demonstrating the member's cognitive, physical, and behavioral capacity to use the features/vocabulary available on the requested device.
j. Member-specific objective data showing the current ability to utilize the requested device for functional communication, including but not limited to vocabulary size, phrase length, number of visible icons, message types produced, number of hits used to find a word, and the type and amount of cueing needed.
k. Objective documentation of the outcome of the in-home device trial, including baseline ability to use the device, current ability to use the device, comparison of communication using the device versus verbal alone, and description of caregiver participation outside of therapy. The in-home trial period should be greater than or equal to 90 days.
l. Documentation of the caregiver training that has occurred and identification of any additional educational/training needs related to the use of the device.
m. A treatment plan to include SMART (specific, measurable, attainable, realistic, and time-based) goals and documenting the intervention required to meet the goals.
n. Documentation of any mobility limitations that would impact the member's ability to access the features of the device and recommendations as to the most appropriate access method or methods for the member.
o. Description of the anticipated changes, modifications, or upgrades with projected time frames of the ACD system necessary to meet the client's short- and long-term speech-language needs.

Confidential: For use only by employees and authorized agents of Driscoll Health Plan. This document contains confidential and proprietary information NOT to be reproduced or distributed to others without the prior written consent of Driscoll Health Plan

BACKGROUND:

Augmentative and alternative communication (AAC) can be used by patients with severe speech and language deficits as an alternative or supplement when the existing verbal speech and language skills do not allow for functional communication. Functional communication deficits can result from an acquired diagnosis (e.g., cerebrovascular accidents, traumatic brain injury, or neurodegenerative diseases) or congenital/developmental disabilities (e.g., cerebral palsy, developmental apraxia of speech, or autism).

Types of AAC fall into two categories, aided and unaided. Unaided AAC does not require an external object or device. Examples of unaided AAC include gestures and manual sign language. Aided AAC requires an electronic or non-electronic device or object for communication. Aided AAC includes options for both low-tech (pictures, objects, communication books) and high-tech (computer, tablet, assistive communication devices (ACDs)). This document is intended to guide requests for prior authorization for high-tech, aided assistive communication devices.

Several systematic reviews of the current research have shown that using a speech-generating device may be a viable option for increasing functional communication for patients with Autism and developmental delays. However, limitations were found in the studies, indicating additional research is needed in this area. Most studies focused only on the use of ACDs for requesting [3, 4, 5]. Rispoli et.al. found that although there were many studies, many only had a single patient participant [3]. Van der Meer & Rispoli found that there had been no large-scale randomized control trials related to the use of ACDs with individuals with Autism [4]. Chavers et al. also noted a lack of high-quality research investigating the use of ACDs with children with a developmental disability [5].

Although research shows that the use of AAC can benefit patients with severe speech and language deficits, it's important to recognize that there isn't a single device that meets the needs of all patients. The therapist should consider motor skills, cognitive abilities, communication needs, receptive skills, and client/family preferences, among other criteria when choosing the best AAC system for their client. A meta-analysis completed in 2023 showed that simple communication tasks such as requesting, can be learned equally well using ACDs versus picture exchange systems [6]. In a systematic review of the literature on device preferences, van der Meer et al. found that clients often show a preference for various types of AAC [7]. One-third of study participants preferred low-tech picture exchange systems, indicating that high-tech devices may not fit all clients best. Another study showed that clients made faster progress and had better maintenance when using their preferred mode of AAC [8]. Research has shown that system

Confidential: For use only by employees and authorized agents of Driscoll Health Plan. This document contains confidential and proprietary information NOT to be reproduced or distributed to others without the prior written consent of Driscoll Health Plan

characteristics and fit were among the most important factors contributing to long-term success using AAC [9].

PROVIDER CLAIMS CODES:

CPT Code	Description
E2500	ACD, digitized speech, using prerecorded messages, less than or equal to 8 minutes recording time
E2502	ACD, digitized speech, using prerecorded messages, greater than 8 minutes but less than or equal to 20 minutes of recording time
E2504	ACD, digitized speech, using prerecorded messages, greater than 20 minutes but less than or equal to 40 minutes of recording time
E2506	ACD digitized speech, using prerecorded messages, greater than 40 minutes of recording time
E2508	ACD, synthesized speech, requiring message formulation by spelling and access by physical contact with the device
E2510	ACD, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access
E2511	Speech-generating software program, for personal computer or personal digital assistant
E2512	Accessory for ACD, mounting system
E2599	Accessory for ACD, not otherwise specified
V5336	Repair/modification of augmentative communicative system or device (excludes adaptive hearing aid)

REFERENCES:

1. Practice Portal, Professional Issues, Augmentative and Alternative Communication. American Speech-Language-Hearing Association Web site. https://www.asha.org/practice-portal/professional-issues/augmentative-and-alternative-communication/. Accessed May 23, 2024.
2. Texas Medicaid Provider Procedures Manual, Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook. Texas Medicaid and Healthcare Partnership Web site. https://www.tmhp.com/sites/default/files/microsites/provider-manuals/tmppm/html/index.html#t=TMPPM%2F2_06_DME_and_Supplies%2F2_06_DME_and_Supplies.htm%232021864&rhtocid=_17. Accessed May 23, 2024.
3. Rispoli MJ, Franco JH, Van Der Meer L, Lang R & Camargo SPH. The use of speech generating devices in communication interventions for individuals with developmental disabilities: A review of the literature. *Developmental Rehabilitation.* 2010;13(4):276-293.

Confidential: For use only by employees and authorized agents of Driscoll Health Plan. This document contains confidential and proprietary information NOT to be reproduced or distributed to others without the prior written consent of Driscoll Health Plan

4. Van der Meer L, Rispoli MJ. Communication interventions involving speech-generating devices for children with autism: A review of the literature. *Developmental Neurorehabilitation.* 2010;13(4):294-306.
5. Chavers TN, Schlosser RW, Cheng C & Koul R. Effects of Interventions Involving Speech Output Technologies on Communication Outcomes for Individuals With Developmental Disabilities: A Scoping Review. *American Journal of Speech-Language Pathology.* 2022;31(5):2248-2267.
6. Pak NS, Bailey KM, Ledford JR, & Kaiser AP. Comparing Interventions With Speech-Generating Devices and Other Alternative Communication Modes: A Meta-Analysis. *American Journal of Speech-Language Pathology*. 2023;32(2):786-802.
7. Van der Meer L, Sigafoos J, O'Reilly MF, & Lancioni, GE. Assessing preferences for AAC options in communication interventions for individuals with developmental disabilities: A review of the literature. *Research in Developmental Disabilities.* 2011;32(5):1422–1431.
8. Van der Meer L., Sutherland D, O'Reilly MF, Lancioni, GE & Sigafoos J. A further comparison of manual signing, picture exchange, and speech-generating devices as communication modes for children with autism spectrum disorders. *Research in Autism Spectrum Disorders.* 2012;6(4):1247–1257.
9. Johnson JM, Inglebret E, Jones C & Ray J. Perspectives of Speech Language Pathologists Regarding Success versus Abandonment of AAC. *Augmentative and Alternative Communication*. 2006;22(2):85–99.

DOCUMENT HISTORY:

DHP Committee that Approved	***Review Approval Date (last 5 years)***				
Medical Director	12/13/2023	05/27/2024			
CMO	12/13/2023	05/27/2024			
Medical Policy Workgroup	12/13/2023	06/11/2024			
Utilization Management & Appeals Workgroup	12/13/2023	06/18/2024			

Confidential: For use only by employees and authorized agents of Driscoll Health Plan. This document contains confidential and proprietary information NOT to be reproduced or distributed to others without the prior written consent of Driscoll Health Plan

Provider Advisory Committee (PAC)	12/13/2023	07/01/2024			
Clinical Management Committee	01/24/2024	07/24/2024			
Executive Quality Committee	01/30/2024	07/30/2024			

Document Owner	***Organization***	***Department***
Dr. Fred McCurdy, Medical Director	Driscoll Health Plan	Utilization Management

Review/Revision Date	***Review/Revision Information, etc.***
05/27/2024	Reviewed and revised by Paige Tietze, MS, CCC/SLP and Dr. Fred McCurdy

Confidential: For use only by employees and authorized agents of Driscoll Health Plan. This document contains confidential and proprietary information NOT to be reproduced or distributed to others without the prior written consent of Driscoll Health Plan