MEDICAL POLICY

MEDICAL POLICY DETAILS	
Medical Policy Title	**AUGMENTATIVE AND ALTERNATIVE COMMUNICATION SYSTEMS (e.g., SPEECH GENERATING DEVICES)**
Policy Number	**1.01.03**
Category	**Equipment/ Supplies**
Effective Date	**02/21/02**
Revised Date	**02/27/03, 02/26/04, 12/02/04, 10/27/05, 10/26/06, 10/24/07, 12/11/08, 12/10/09, 12/09/10, 06/24/11, 04/26/12, 10/24/13, 10/23/14, 12/10/15, 12/8/16, 12/14/17, 12/13/18, 12/12/19**
Product Disclaimer	• *If a product excludes coverage for a service, it is not covered, and medical policy criteria do not apply.* • *If a commercial product (including an Essential Plan product) or a Medicaid product covers a specific service, medical policy criteria apply to the benefit.* • *If a Medicare product covers a specific service, and there is no national or local Medicare coverage decision for the service, medical policy criteria apply to the benefit.*

POLICY STATEMENT

I. Augmentative and Alternative Communication Devices (AAC's) including Speech Generating Devices (SGD's) are classified as durable medical equipment (DME). Based upon our criteria and review of the peer-reviewed literature, AAC's or SGD's are considered **not medically necessary** when basic communication needs (e.g., pain, hunger and toileting) of adults can be met by using natural communication methods (e.g. manual signing, writing).

II. Coverage is not available for an AAC provided by the school district as stipulated in a child's (pre-school ages 3-5 years and school-age 5-21 years) Individualized Education Program (IEP) as it is considered free care or a government program. A device denied by the school district and not recommended in a child's IEP will be reviewed by the Health Plan for medical necessity in accordance with Policy Statement III below; however, coverage will only be provided if the AAC is covered in accordance with the member subscriber's contract.

III. Based upon our criteria and review of the peer-reviewed literature, an AAC or SGD is considered **medically appropriate** when all of the following criteria are met:

A. The patient has had a formal evaluation of his/her ability to use the device effectively and of his/her language ability by a speech-language pathologist (SLP) with training and experience with a variety of different SGDs. The formal, written evaluation must include, at a minimum, the following elements:

1. a description of the current communication impairment, including type, severity, language skills, cognitive ability and anticipated course of the impairment; and
2. a technological assessment of whether the individual's basic daily communication needs could be met *using other modes of communication* which includes the use of the most basic technological device that is medically appropriate; and
3. a description of the functional communication goals expected to be achieved and treatment options, as well as the rationale for selection of a specific device and any accessories; and
4. a treatment plan that includes a training schedule within the environment in which the device will be used; and
5. a request for a minimum of a one-month trial of the device, to include the reevaluation of the member at the end of the trial period and documented effectiveness of achieving expected goals of the AAC or SGD training/trial program; and
6. the formal evaluation documenting the history of AAC or SGD usage *within all the environments* that the device has been used.

B. Documentation by an appropriate health professional (e.g., occupational therapist, psychologist, developmental pediatrician) that the patient possesses the cognitive and physical abilities to effectively use the selected device and any accessories to communicate; and

C. The patient's speech disability will benefit from the device ordered. Consideration of the device is based on which device is the most appropriate *for the patient's current functional level* and can still be safely and efficiently used by the patient. If a high tech device (please refer to Description Section for definition of high tech device) is requested, documentation demonstrating that an alternative communication device or system has failed to meet the individual's basic communication needs must be included with the request; and

D. The requested device has not been selected primarily for the *convenience* of the patient, the patient's family, the provider of services, or another provider.

IV. If an upgrade in equipment is requested, the patient's functional status (diagnosis, prognosis and severity of condition) and the functional benefit to the patient of the upgrade compared to the initially provided AAC or SGD must accompany the request for special consideration in accordance with the justification for medical necessity.

V. Replacement of an AAC or SGD is considered **medically appropriate** when:
   A. the existing device is no longer able to meet the individual's needs; and
   B. the new device is able to provide an improvement in functional communication.

VI. An AAC or SGD for use in the home may be considered **medically appropriate** when all of the following are met:
   A. all of the criteria in Policy Statements I-V have been met; and
   B. the school has indicated that it will not provide a device for home use; and
   C. the device or software requested for the home is the same as or similar to that which the member has been using at school.

VII. Laptop computers, desktop computers, PDA's or other devices that are not dedicated AAC's SGD's are **ineligible for coverage** because they do not meet the definition of durable medical equipment (DME).
   A. Software that enables a laptop computer, desktop computer or PDA to function as an SGD is **eligible for coverage** as a SGD. Installation of the program and/or technical support is not separately reimbursable.
   B. Accessories are **eligible for coverage** if the basic coverage criteria for the base device are met and the medical necessity of each accessory is clearly documented in the formal evaluation for the SGD.
   C. The device should be rented or loaned for a maximum one-month trial period before purchase to allow for demonstration of the patient's ability to use the device and for measurement of communication goals.

VIII. Altered Auditory Feedback Devices (delayed or frequency) are classified as communication aids which are used for the treatment of stuttering (e.g., SpeechEasy®, SmallTalk, Fluency Enhancer). Use of Altered Auditory Feedback Devices is considered **investigational,** as there is insufficient evidence in the peer-reviewed literature to prove the efficacy of Altered Auditory Feedback Devices for the treatment of stuttering.

Refer to Corporate Medical Policy #1.01.00 regarding Durable Medical Equipment – Standard and Non-Standard.

Refer to Corporate Medical Policy #1.01.18 regarding Prosthetic Device.

Refer to Corporate Medical Policy #11.01.15 regarding Medically Necessary Services.

Coverage for artificial larynx or tracheo-esophageal voice prosthetics is <u>not</u> addressed in this policy.

POLICY GUIDELINES

I. Coverage is not available for an AAC provided by a school district, if recommended for in-school use in a child's (pre-school ages 3-5 years and school-age 5-21 years) Individualized Education Program (IEP).
   A. An IEP should be completed through the school district before a request for coverage is submitted to the Health Plan.
   B. If a child is home schooled an assessment by the school district should be completed prior to submitting a request to the Health Plan for coverage.

C. Devices denied by the school district and not covered in a child's IEP will be reviewed by the Health Plan for medical necessity in accordance with member's subscriber contract.

II. The individual must complete at least a one-month trial using the AAC device and have shown meaningful improvement after the trial period. If there has been no documented trial period and the patient meets criteria *(refer to Policy Statement I or II)*, initial coverage is limited to the one month only. Documentation from the referring provider that the patient has shown meaningful improvement during the trial period must be submitted for continuation of coverage.

III. There are many types of AAC or SGD's. When a device with high tech features is requested, coverage will be determined for the device that is medically necessary to adequately meet the patient's needs.

IV. Coverage of communication aids is contract dependent.

V. The speech pathologist who performs the evaluation must not have a financial relationship with or be an employee of the supplier of the device.

DESCRIPTION

Augmentative and Alternative Communication Device (AAC) refers to communication approaches that augment or supplement existing speech or act as an alternative to natural speech. There are numerous AACs device currently available from multiple manufacturers. A combination of techniques employed by AACs produce a variety of strategies to assist the individual to effectively communicate. AAC are typically divided into several categories such as, no tech, low tech and high tech.

No tech communication. Natural communication through gesturing, eye gaze and sign language which usually relies on a familiar person such as a caregiver to interpret what is being communicated.

Low tech communication. Exclusive low technology devices include items such as communication boards and laser light pointers for alphabet boards. A Picture Exchange Communication System (PECS) is an example of a low tech communication device that uses pictures instead of words to help children *communicate*. A simple speech output systems or Voice Output Communication Aid (VOCA) is also considered a low tech devices Using a VOCA, the individual makes a choice by pushing a button or a picture on a special keyboard and the device speaks the choice. Symbols can represent often used phrases.

Examples of low tech devices include but are not limited to BigMac (Ablenet), Step-by-Step (Ablenet) and multi message devices such as the Partner/Plus4, Tech/Talk, Tech/Speak, and Tech/Scan (AMDi), and the NovaChat series (Saltillo).

High tech communication. Speech Generating Devices (SGD's) are high technology systems that utilize sophisticated computer-based programs to provide individuals with severe speech impairment the ability to meet their functional speaking needs. High tech devices are activated by using a pointer stick, a body part, eye gaze or more advanced methods such as light-pointing devices. The devices generate speech by using word-by-word production, or phrase, and sentence production. These devices utilize either digitalized or synthesized speech.

I. Digitalized speech, sometimes referred to as devices with "whole message" speech output, utilizes words or phrases that have been recorded by an individual other than the SGD user for playback upon command of the SGD user.

II. Synthesized speech, unlike the prerecorded messages of digitalized speech, is a technology that translates a user's input into a device-generated speech using algorithms representing linguistic rules. Users of synthesized speech SGD's are not limited to pre-recorded messages but rather can independently create messages as their communication needs dictate.

Examples of high tech devices include but are not limited to Tobii Dynavox series, Accent Series and PRiO (Prentke-Romich), and QuickTalker (AbleNet).

Pursuant to New York State law, an AAC are considered a component of a comprehensive treatment plan for individuals with autism spectrum disorders and is covered for an individual who meets the criteria listed in this policy.

CODES

- *Eligibility for reimbursement is based upon the benefits set forth in the member's subscriber contract.*
- *CODES MAY NOT BE COVERED UNDER ALL CIRCUMSTANCES. PLEASE READ THE POLICY AND GUIDELINES STATEMENTS CAREFULLY.*
- *Codes may not be all inclusive as the AMA and CMS code updates may occur more frequently than policy updates.*

CPT Codes

Code	Description
92597	Evaluation for use and/or fitting of voice prosthetic device to supplement oral speech
92605	Evaluation for prescription of non-speech–generating augmentative and alternative communication device, face-to-face with the patient; first hour
92606	Therapeutic service(s) for the use of non-speech-generating-device, including programming and modification
92607	Evaluation for prescription for speech-generating-augmentative and alternative communication device, face-to-face with the patient; first hour
92608	each additional 30 minutes (list separately in addition to code for primary procedure)
92609	Therapeutic services for the use of speech-generating device, including programming and modification

HCPCS Codes

Code	Description
E1902	Communication board, nonelectronic augmentative or alternative communication device
E2351	Power wheelchair accessory, electronic interface to operate speech generation device using power wheelchair control interface
E2500	Speech generating device, digitized speech, using pre-recorded messages, less than or equal to 8 minutes recording time
E2502	Speech generating device, digitized speech, using pre-recorded messages, greater than 8 minutes but less than or equal to 20 minutes recording time
E2504	Speech generating device, digitized speech, using pre-recorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time
E2506	Speech generating device, digitized speech, using pre-recorded 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

Code	Description
E2511	Speech generating software program, for personal computer or personal digital assistant
E2512	Accessory for speech generating device, mounting system
E2599	Accessory for speech generating device, not otherwise classified

ICD10 Codes

Code	Description
Several	Codes with resulting communication impairments

REFERENCES

*American Speech-Language-Hearing Association. Speech and Language Disorders. [http://www.asha.org/public/speech/disorders/] accessed 11/15/19.

Baxter S, et al. The state of art in the non-pharmacological interventions for developmental stuttering. Part 1: a systematic review of effectiveness. Int J Lang Commun Disord 2015 Sep;50(5):676-718.

Gevarter C, et al. Comparing communication systems for individuals with developmental disabilities: a review of single-case research studies. Res Dev Disabil 2013 Dec;34(12):4415-32.

Iacono T, et al. The role of augmentative and alternative communication for children with autism: current status and future trends. Neuropsychiatr Dis Treat. 2016 Sep 19;12:2349-2361.

Light J, et al. The changing face of augmentative and alternative communication: past, present, and future challenges. Augment Altern Commun 2012 Dec;28(4):197-204.

Linske A, et al. Communication Matters-Pitfalls and Promise of Hightech Communication Devices in Palliative Care of Severely Physically Disabled Patients With Amyotrophic Lateral Sclerosis. Front Neurol. 2018 Jul 27;9:603

McNaughton D, et al. "Augmentative and Alternative Communication (AAC) Will Give You a Voice": Key Practices in AAC Assessment and Intervention as Described by Persons with Amyotrophic Lateral Sclerosis. Semin Speech Lang. 2018 Nov;39(5):399-415.

*Romski MA, et al. Communication patterns of youth with mental retardation with and without their speech-output communication devices. Amer J Mental Retardation 1999;104(3):249-59.

Russo MJ, et al. High-technology augmentative communication for adults with post-stroke aphasia: a systematic review. Expert Rev Med Devices 2017 May;14(5):355-30.

*Sevcik RA, et al. Issues in augmentative and alternative communication in child psychiatry. Child Adolesc Psychiatric Clin N Am 1999 Jan;8(1):77-87.

*Key Article

KEY WORDS

AAC, SGD, Altered Auditory Feedback Device, DynaVox

CMS COVERAGE FOR MEDICARE PRODUCT MEMBERS

There is currently a Local (LCD) Coverage Determination and National Coverage Determination (NCD) for Speech Generating Devices. Please refer to the following LCD website for Medicare Members:

https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33739&ver=10&CntrctrSelected=137*1&Cntrctr=137&s=41&DocType=All&bc=AggAAAIAIAAAAA%3d%3d&

And the following NCD website for Medicare Members:
https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=274&ncdver=2&bc=AgAAgAAAAAAAAA%3d%3d&