

# 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   |
| Product Disclaimer     | <ul style="list-style-type: none"> <li>• <i>If a product excludes coverage for a service, it is not covered, and medical policy criteria do not apply.</i></li> <li>• <i>If a commercial product (including an Essential Plan product) or a Medicaid product covers a specific service, medical policy criteria apply to the benefit.</i></li> <li>• <i>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.</i></li> </ul> |

## 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 Augmentative and Alternative Communication Devices which are provided by the 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). However, devices 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 Augmentative and Alternative Communication Device is covered in accordance with the member or subscriber 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 minimum of a one month trial of the device requested 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; and

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- 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 *to 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 which demonstrates 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.
- V. 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.
- VI. Replacement of AAC's or SGD's is considered **medically necessary** 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.
- VII. AACs or SGD's for use in the home may be considered **medically appropriate** when:
- 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.
- VIII. 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 for each accessory is clearly documented in the formal evaluation for the SGD.
  - C. The device should be rented or loaned for a maximum 1-month trial period before purchase to allow for demonstration of the patient's ability to use the device and for measurement of communication goals.
- IX. 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 not addressed in this policy.*

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### **POLICY GUIDELINES**

- I. Coverage is not available for Augmentative and Alternative Communication Devices provided by 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 augmentative and alternative communication devices or SGD's. When devices with high tech features are 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 (AAC) refers to communication approaches that augment or supplement existing speech or act as an alternative to natural speech. There are numerous AAC devices currently available from multiple manufacturers. A combination of techniques employed by the AAC devices produce a variety of strategies to assist the individual to effectively communicate. Augmentative communication devices 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. Picture Exchange Communication Systems (PECS) is an example of a low tech communication device that uses pictures instead of words to help children *communicate*. Simple speech output systems or Voice Output Communication Aids (VOCA) are also considered 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, which utilize sophisticated computer-based programs that 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 phrases, and sentences. 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.

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- 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, assistive communication devices are considered a component of a comprehensive treatment plan for individuals with autism spectrum disorders and are covered for individuals who meet 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**

| <b>Code</b> | <b>Description</b>  |
|-------------|---|
| 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  |

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**HCPCS Codes**

| <b>Code</b> | <b>Description</b>   |
|-------------|--|
| 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                                      |

*Proprietary Information of Excellus Health Plan, Inc.*

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| <b>Code</b> | <b>Description</b>   |
|-------------|--|
| 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 |
| 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**

| <b>Code</b> | <b>Description</b>                             |
|-------------|--|
| Several     | Codes with resulting communication impairments |

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\*Key Article

**KEY WORDS**

AAC, SGD, Altered Auditory Feedback Device, DynaVox

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**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=AggAAAIAIAAAA%3d%3d&](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=AggAAAIAIAAAA%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=AgAAgAAAAAAAAAAA%3d%3d&>