MEDICAL POLICY

MEDICAL POLICY DETAILS	
Medical Policy Title	**Augmentative and Alternative Communication Systems (e.g., Speech-generating Devices)**
Policy Number	**1.01.03**
Category	**Contract Clarification**
Original Effective Date	**02/21/02**
Committee Approval 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, 12/10/20, 12/16/21, 06/23/22, 07/20/23**
Current Effective Date	**07/20/23**
Archived Date	**N/A**
Archive Review Date	**N/A**
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 or Child Health Plus product), medical policy criteria apply to the benefit.* • *If a Medicaid product covers a specific service, and there are no New York State Medicaid guidelines (eMedNY) criteria, medical policy criteria apply to the benefit.* • *If a Medicare product (including Medicare HMO-Dual Special Needs Program* (DSNP) 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.* • *If a Medicare HMO-Dual Special Needs Program (DSNP) product DOES NOT cover a specific service, please refer to the Medicaid Product coverage line.*

POLICY STATEMENT

I. Based upon our criteria and assessment of the peer-reviewed literature, augmentative and alternative communication devices (AACs), including speech generating devices (SGDs) do not improve patient outcomes and, therefore, 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. Based upon our criteria and assessment of the peer-reviewed literature, AACs, including SGDs, are considered **medically appropriate** when **ALL** 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 should 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 communication 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, treatment options, and the rationale for selection of the specific device and accessories; and
4. a treatment plan that includes a training schedule within the environment where the device will be used; and
5. 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.

III. Repair and/or replacement of a medically necessary AAC/SGD and/or components not under warranty will be considered **medically appropriate** when the following criteria are met:

A. Physician documentation includes **ALL** the following:
1. date of device initiation,
2. manufacturer warranty information, and
3. attestation that the patient has been compliant with the use of device and will continue to benefit from the use of device; **AND ONE** of the following apply:

B. *Repair* of the currently used device when **ALL** the following are met:
1. it is no longer functioning adequately,
2. inadequate function interferes with activities of daily living, and
3. repair is expected to make the equipment fully functional (as defined by manufacturer); **OR**

C. *Replacement* of an AAC or SGD is considered medically appropriate when **ALL** the following criteria are met:
1. there is documentation that a change in the patient's condition makes the present unit non-functional;
2. improvement is expected with a replacement unit; and
3. the cost of the repair is in excess of the replacement cost;

IV. *Repair or replacement* of equipment damaged due to patient neglect, theft, abuse, or when another available coverage source is an option (e.g., homeowners, rental, auto, liability insurance, etc.) is **ineligible for coverage**.

V. A laptop computer, desktop computer, personal digital assistant (PDA) or other devices that is not a dedicated AAC (including SGD) is **ineligible for coverage** because it does not meet the definition of DME.

VI. 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.

VII. Accessories are **eligible for coverage,** if the 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.

VIII. Altered auditory feedback devices (delayed or frequency are classified as communication aids for the treatment of stuttering (e.g., SpeechEasy, SmallTalk, Fluency Enhancer). The use of altered auditory feedback devices is considered **investigational**, as there is insufficient evidence in the peer-reviewed literature to prove their efficacy for the treatment of stuttering.

IX. For *New York State Managed Medicaid members*, coverage for Augmentative and Alternative Communication Devices will be reviewed by the Health Plan for medical necessity per the eMedNY DME provider manual: [https://www.emedny.org/ProviderManuals/DME/PDFS/DME_Procedure_Codes.pdf].

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

Refer to Corporate Medical Policy #1.01.18 External Prosthetic Devices

Refer to Corporate Medical Policy #11.01.03 Experimental or Investigational Services

Refer to Corporate Medical Policy #11.01.15 Medically Necessary Services

Coverage for artificial larynx or tracheo-esophageal voice prosthetics is not addressed in this policy. Refer to Corporate Medical Policy #1.01.18 External Prosthetic Devices

POLICY GUIDELINES

I. Pursuant to New York State law, an AAC (including an SGD) is considered a component of a comprehensive treatment plan for an individual with autism spectrum disorder and will be covered if the individual meets the criteria identified in this policy.

II. Prior to submission of a request to the Health Plan for coverage of an AAC (including an SGD) for a pre-school or school-age child:
   A. An Individualized Educational Plan (IEP) should be completed through the school district before a request for coverage is submitted to the Health Plan, as a school district is obligated to provide a device to a child when it is stipulated in the child's IEP.
   B. If a child is home-schooled, an assessment by the school district should be completed. Requests for home-schooled children outside New York State will be reviewed on an individual basis, in accordance with regulations of the state in which the member resides.
   C. Devices not stipulated in a child's IEP or denied by the school district for the child will be reviewed by the Health Plan for medical necessity in accordance with the member's subscriber contract.

III. 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 *(please refer to Policy Statement II)*, initial coverage is limited to 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.

IV. There are many types of AACs/SGDs. When a device with high-tech features is requested, coverage will be determined for the medically necessary device that is adequate to meet the patient's needs.

V. Coverage of all DME, including communication aids, is contract dependent, unless mandated under federal or state law. Please contact your customer (Member/Provider) Service Department, to determine coverage under the member's subscriber contract.

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

VII. 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.

DESCRIPTION

According to the American Speech-Language-Hearing Association (ASHA), augmentative and alternative communication (AAC) is used by people who, for some or all the time, cannot rely on their speech. AAC describes multiple ways to communicate that can supplement or compensate for an impairment or disability patterns for individuals with severe expressive communication disorders. Augmentative means to add to someone's speech. Alternative means to be used instead of speech. People of all ages can use AAC, and choosing an aided AAC system (e.g., communication board or speech generating devices) requires careful consideration of an individual's current skills, strengths, and needs.

According to the United States Society for Augmentative and Alternative Communication (USSAAC), augmentative aids (e.g., picture and symbol communication boards and electronic devices) are available to help people express themselves. AACs are typically divided into two categories:

1. Unaided: These "no-tech" methods of communication include examples such as body language, facial expressions, finger spelling, gestures, manual signs, vocalizations, and verbalizations.

2. Aided: These methods of communication require the use of an external tool, either electronic or nonelectronic. Low-tech communication aids are defined as those that do not need batteries, electricity, or electronics to meet the user's communication needs (e.g., picture/symbol boards, visual schedules, writing). High-tech aids are electronic devices that permit the storage and retrieval of messages, many allowing the use of speech output. Such devices can also be referred to as Speech Generating Devices (SGDs) or Voice Output Communication Aids (VOCAs).

SGDs are considered durable medical equipment that use high technology computer-based programs to provide individuals with severe speech impairment the ability to meet their functional speaking needs. These devices generate digitized or synthesized speech for word-by-word, phrase, or sentence production.

1. Digitized speech utilizes words or phrases that have been recorded for playback upon command by the SGD user.
2. Synthesized speech, unlike the prerecorded messages of digitized speech, translates a user's input into device-generated speech using algorithms representing linguistic rules. Users of SGDs that produce synthesized speech 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, the Tobii Dynavox series, the Accent Series, PRiO (Prentke-Romich), and QuickTalker (AbleNet).

Pursuant to New York State law, effective November 1, 2012, every contract providing physician services, or providing medical, major medical, or similar comprehensive-type coverage must provide coverage for the screening, diagnosis, and treatment of autism spectrum disorders when prescribed or ordered by a licensed physician or a licensed psychologist for medically necessary services. Treatment includes services provided by a licensed or certified speech therapist, occupational therapist, physical therapist, and social worker when the policy generally provides such coverage. Therapeutic treatment must include care that is deemed habilitative or non-restorative. The law prohibits the imposition of limitations that are solely applied to the treatment of ASD. However, as long as the visit limit is not imposed solely on services required to treat an ASD, a visit limit continues to be permissible, as long as such visit limit also passes the testing requirements under the Mental Health Parity Addiction and Equity Act of 2008.

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.*
- *Code Key: Experimental/Investigational = (E/I), Not medically necessary/ appropriate = (NMN).*

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
92618	each additional 30 minutes (list separately in addition to code for primary procedure)
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)

Code	Description
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 generating device using power wheelchair control interface
E2500	Speech generating device, digitized speech, using pre-recorded messages, less than or equal to eight minutes recording time
E2502	Speech generating device, digitized speech, using pre-recorded messages, greater than eight 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
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
E3000 Effective 01/01/24	Speech volume modulation system, any type, including all components and accessories *(Effective 01/01/24) (Replacing code K1009)*
K1009 Termed 12/31/23	Speech volume modulation system, any type, including all components and accessories

ICD10 Codes

Code	Description
Several	Codes with resulting communication impairments

REFERENCES

*American Speech-Language-Hearing Association (ASHA) Augmentative and alternative communication. [https://www.asha.org/practice-portal/professional-issues/augmentative-and-alternative-communication/#collapse_1] accessed 06/06/23.

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*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.

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*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.

*United States Society for Augmentative and Alternative Communication (USSAAC). AAC devices. [https://ussaac.org/aac-info/aac-devices/] accessed 06/07/23.

*Key Article

KEY WORDS

AAC, SGD, Altered Auditory Feedback Device, DynaVox, aided/unaided communication

CMS COVERAGE FOR MEDICARE PRODUCT MEMBERS

There is currently a Local Coverage Determination (LCD) for Speech Generating Devices (L33739), and a National Coverage Determination (NCD) for Speech Generating Devices (50.1).

Please refer to the following LCD website for Medicare Members: [https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33739&ver=18&CntrctrSelected=137*1&Cntrctr=137&s=41&DocType=All&bc=AggAAAIAIAAA&] accessed 06/09/23.

Please refer to 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&] accessed 06/09/23.

COVERAGE FOR NYS MEDICAID MANAGED CARE/HARP PRODUCT MEMBERS

For New York State Managed Medicaid members, coverage for Augmentative and Alternative Communication Devices will be reviewed by the Health Plan for medical necessity per the eMedNY DME provider manual: [https://www.emedny.org/ProviderManuals/DME/PDFS/DME_Procedure_Codes.pdf] accessed 06/09/23.