



Louisiana

Augmentative and Alternative Communication Devices

Policy # 00005

Original Effective Date: 03/25/2002

Current Effective Date: 10/18/2017

Applies to all products administered or underwritten by Blue Cross and Blue Shield of Louisiana and its subsidiary, HMO Louisiana, Inc. (collectively referred to as the "Company"), unless otherwise provided in the applicable contract. Medical technology is constantly evolving, and we reserve the right to review and update Medical Policy periodically.

When Services May Be Eligible for Coverage

Coverage for eligible medical treatments or procedures, drugs, devices or biological products may be provided only if:

- *Benefits are available in the member's contract/certificate, and*
- *Medical necessity criteria and guidelines are met.*

Based on review of available data, the Company may consider augmentative and alternative communication (AAC) devices to be **eligible for coverage**.

Durable Medical Equipment Coverage Criteria

Coverage may be provided for the software that allows a laptop, desktop computer or personal digital assistant (PDA) to function as an augmentative and alternative communication (AAC) device, in accordance with durable medical equipment (DME) guidelines:

- Primarily and customarily used to serve a medical purpose; and
- Generally not useful to persons in the absence of illness or injury; and
- Ordered or prescribed by a physician; and
- Appropriate for use in the patient's home setting; and
- Can stand repeated use.

Coverage may be provided for services related to the evaluation and training for the use of augmentative communication devices (e.g., speech therapy) as a medical benefit when covered in the subscriber's contract.

Patient Selection Criteria

Coverage eligibility for the use of augmentative and alternative communication (AAC) devices will be considered when all of the following criteria are met:

- Evaluation performed by a qualified, licensed speech-language pathologist (an occupational therapist may perform a portion of the evaluation, e.g., to assess physical/motor capabilities); and
- Treatment plan, with well-defined treatment goals, designed by a qualified, licensed provider of speech-language therapy services (A qualified provider is one who is licensed where required and performs within the scope of licensure); and
- Unable to communicate daily needs through speech, writing, sign language or any other means of communication; that without such communication the patient's optimal medical outcomes could not be achieved or maintained; and
- Unable to meet daily communication needs without the use of an augmentative communication device (AAC), and

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- Cognitive, motor and receptive language skills to use augmentative communication and be willing to use the device; and
- The device requested should anticipate the member's current and future needs particularly in the case of a neurological, degenerative diagnosis; and
- The device meets the definition of durable medical equipment (DME).

Coverage may be provided for the following components of augmentative communication devices:

- Supplies and accessories necessary for effective functioning of allowed equipment;
- Repairs or adjustments that are required due to normal wear and tear during normal usage of the equipment to maintain the necessary functioning of allowed equipment; and
- Replacement when repairs or adjustments fail and/or are not possible.

When Services Are Not Eligible for Coverage

If the durable medical equipment (DME) criteria are not met, the device is not eligible for coverage as durable medical equipment (DME) and is therefore **not a covered benefit**.

When augmentative and alternative devices are provided under an Individuals with Disabilities Education Act (IDEA), Individual Education Plan (IEP), Individual Family Service Plan (IFSP) or 504 Plan – Section 504 of Rehabilitation Act of 1973, the devices are **not eligible for coverage**. (When these devices are provided by the educational system, the member has no obligation to pay.)

When Services Are Not Medically Necessary

The use of augmentative and alternative communication (AAC) devices is considered **not medically necessary**** when durable medical equipment (DME) and patient selection criteria are not met.

Features of an augmentative communication device that are not supported and recommended in the speech-language evaluation for the device are considered **not medically necessary.****

Background/Overview

AAC devices or speech generating devices (SGD) are speech aids to provide individuals with severe speech impairment the ability to meet their functional communication needs. Speech impairment in children may include cerebral palsy, mental retardation, autism-like disorders and other genetic or speech disorders. Speech impairment in adults may include stroke, traumatic brain injury, amyotrophic lateral sclerosis, Parkinson's disease and head and neck cancers. There may be associated functional disabilities that also limit the individual's ability to use alternative natural methods of communication such as writing notes, using sign language or manipulating a low tech augmentative communication system.

There are many communication devices available. Low technology, non-electronic AAC devices include boards that use letters, words, phrases or symbols, mini boards, schedule boards and conversation books.

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High technology devices are electronic, and usually computer-based. Digitized SGDs use words or phrases that have been recorded by an individual other than the SGD user for playback upon command of the user. Synthesized speech is a technology that translates a user's input into device-generated speech using algorithms representing linguistic rules. Users of synthesized speech SGDs are not limited to pre-recorded messages, but instead can independently create messages. Some SGDs require a message formulation by spelling, and access by physical contact with a keyboard, touch screen or other display containing letters. Speech generating software programs enable a laptop computer, desktop computer or PDA to function as an SGD.

An extra-oral electrolarynx type device consists of a hand-held sound generator which transmits sound waves through the skin and muscle of the neck, vibrating the air column in the vocal tract and allowing for verbal communication. An intra-oral electrolarynx type device is also available.

Rationale/Source

Although clinical research assessing the performance specific to individuals who rely on AAC systems has been limited, a systematic review of the research evidence identified a limited number of studies reporting results based on the performance of augmented communicators. Examples of frequently cited studies include identifying vocabulary use with alphabet-based systems studying the efficacy of various rate-enhancement strategies, and investigating the vocabulary development of cognitively challenged children and adolescents.

These studies demonstrate the benefit of AAC devices to assist individuals with establishing, developing or maintaining the ability to communicate. AAC devices are therapeutically used for the communication of daily medical or functional needs (i.e. hunger, thirst, pain needs and hygiene). Without this communication, the patient's optimal medical outcomes could not be achieved or maintained.

References

1. Blue Cross and Blue Shield Association, Medical Policy Reference Manual, "Durable Medical Equipment Introduction", 1.01, 12:1995.Archived
2. American Speech Language Pathologist Association. <http://www.asha.org> "Introduction to Augmentative and Alternative Communication."
3. Augmentative and Alternative Communication Institute. <http://www.aac institute.org> "Augmentative and Alternative Communication and Language: Evidence-Based Practice and Language Activity Monitoring."
4. Medicare Coverage Issues Manual. <http://www.cms.hhs.gov>

Policy History

Original Effective Date: 03/25/2002

Current Effective Date: 10/18/2017

03/21/2002 Medical Policy Committee review

03/25/2002 Managed Care Advisory Council approval

06/24/2002 Format revision. No substance change to policy.

03/08/2004 Medical Director review

03/16/2004 Medical Policy Committee review. Format revision. No substance change to policy.

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03/29/2004	Managed Care Advisory Council approval
03/01/2005	Medical Director review
03/15/2005	Medical Policy Committee review
04/04/2005	Managed Care Advisory Council approval
05/03/2006	Medical Director review
06/21/2006	Medical Policy Committee approval. Format revision.
05/02/2007	Medical Director review
05/23/2007	Medical Policy Committee approval. Coverage eligibility unchanged.
05/07/2008	Medical Director review
05/21/2008	Medical Policy Committee approval.
05/07/2009	Medical Director review
05/20/2009	Medical Policy Committee approval. No change to coverage.
06/06/2010	Medical Director review
06/16/2010	Medical Policy Implementation Committee approval. No change to coverage.
02/01/2011	Coding reviewed.
05/05/2011	Medical Policy Committee approval
05/18/2011	Medical Policy Implementation Committee approval. No change to coverage.
05/03/2012	Medical Policy Committee review
05/16/2012	Medical Policy Implementation Committee approval. No change to coverage.
02/04/2013	Coding revised
05/02/2013	Medical Policy Committee review
05/22/2013	Medical Policy Implementation Committee approval. No change to coverage.
10/02/2014	Medical Policy Committee review
10/15/2014	Medical Policy Implementation Committee approval. Coverage eligibility unchanged.
08/03/2015	Coding update: ICD10 Diagnosis code section added; ICD9 Procedure code section removed.
10/08/2015	Medical Policy Committee review
10/21/2015	Medical Policy Implementation Committee approval. No change to coverage.
10/06/2016	Medical Policy Committee review
10/19/2016	Medical Policy Implementation Committee approval. No change to coverage.
01/01/2017	Coding update: Removing ICD-9 Diagnosis Codes
10/05/2017	Medical Policy Committee review
10/18/2017	Medical Policy Implementation Committee approval. Coverage eligibility unchanged.

Next Scheduled Review Date: 10/2018

Coding

The five character codes included in the Blue Cross Blue Shield of Louisiana Medical Policy Coverage Guidelines are obtained from Current Procedural Terminology (CPT®)†, copyright 2016 by the American Medical Association (AMA). CPT is developed by the AMA as a listing of descriptive terms and five character identifying codes and modifiers for reporting medical services and procedures performed by physician.

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Codes used to identify services associated with this policy may include (but may not be limited to) the following:

Code Type	Code
CPT	92605, 92606, 92607, 92608, 92609, 92618
HCPCS	E2351, E2500, E2502, E2504, E2506, E2508, E2510, E2511, E2512, E2599, V5336
ICD-10 Diagnosis	All related diagnoses

****Medically Necessary (or "Medical Necessity")** - Health care services, treatment, procedures, equipment, drugs, devices, items or supplies that a Provider, exercising prudent clinical judgment, would provide to a patient for the purpose of preventing, evaluating, diagnosing or treating an illness, injury, disease or its symptoms, and that are:

- A. In accordance with nationally accepted standards of medical practice;
- B. Clinically appropriate, in terms of type, frequency, extent, level of care, site and duration, and considered effective for the patient's illness, injury or disease; and
- C. Not primarily for the personal comfort or convenience of the patient, physician or other health care provider, and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury or disease.

For these purposes, "nationally accepted standards of medical practice" means standards that are based on credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community, Physician Specialty Society recommendations and the views of Physicians practicing in relevant clinical areas and any other relevant factors.

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