



Louisiana

Augmentative and Alternative Communication Devices

Policy # 00005

Original Effective Date: 03/25/2002

Current Effective Date: 11/09/2020

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 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.

Note: Installation of the program or software and/or technical support is not separately reimbursable.

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.

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Patient Selection Criteria

Coverage eligibility for the use of 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). The speech-language pathologist performing the evaluation may not be an employee of or have a financial relationship with the supplier of the AAC device; and
- The medical condition is one resulting in severe expressive speech impairment; 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 AAC, and
- 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 DME.

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

- Supplies and accessories necessary for effective functioning of allowed equipment if the medical necessity for each accessory is clearly documented in the formal evaluation for the speech generating device; and
- 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 Considered 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.

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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**.**

When Services Are Not Covered

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

Laptop and/or desktop computers, personal digital assistants (PDAs) or other devices that are not dedicated augmentative and alternative communication (AAC) devices do not meet the definition of durable medical equipment (DME) and are therefore considered **not covered**.**

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 covered**.** (When these devices are provided by the educational system, the member has no obligation to pay.)

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, but are not limited to, boards that use letters, words, phrases or symbols, mini boards, schedule boards and conversation books.

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-

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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, Archived 12:1995.
2. American Speech Language Pathologist Association. <http://www.asha.org> "Introduction to Augmentative and Alternative Communication."
3. Augmentative and Alternative Communication Institute. <http://www.aacoinstitute.org> "Augmentative and Alternative Communication and Language: Evidence-Based Practice and Language Activity Monitoring."
4. Medicare Coverage Issues Manual. <http://www.cms.hhs.gov>

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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.
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.

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- 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.
- 10/04/2018 Medical Policy Committee review
- 10/17/2018 Medical Policy Implementation Committee approval. Added a *Note* after the Durable Medical Equipment Coverage Criteria stating that Installation of the program or software and/or technical support is not separately reimbursable. Added two statements to the criteria for augmentative and alternative communication as follows:
- The speech-language pathologist performing the evaluation may not be an employee of or have a financial relationship with the supplier of the AAC device; and
 - The medical condition is one resulting in severe expressive speech impairment.
- For coverage for components of augmentative communication devices, added that “medical necessity be clearly documented in the formal evaluation for the speech generating device” for each accessory necessary for effective functioning of allowed equipment.
- Added, “Laptop and/or desktop computers, PDAs or other devices that are not dedicated augmentative and alternative communication (AAC) devices do not meet the definition of durable medical equipment (DME) and are therefore considered **not a covered benefit**”.
- 10/03/2019 Medical Policy Committee review
- 10/09/2019 Medical Policy Implementation Committee approval. Removed the “When Services Are Not Eligible for Coverage” section. Moved the following statement from there to the “When Services Are Not Covered” section: When augmentative and alternative devices are provided under an Individuals with Disabilities

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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 covered**.** (When these devices are provided by the educational system, the member has no obligation to pay.)

10/01/2020 Medical Policy Committee review

10/07/2020 Medical Policy Implementation Committee approval. Coverage eligibility unchanged.

Next Scheduled Review Date: 10/2021

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 2019 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:

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Code Type	Code
CPT	No codes
HCPCS	E2351, E2500, E2502, E2504, E2506, E2508, E2510, E2511, E2512, E2599, V5336 Add code eff 10/1/2020: K1009
ICD-10 Diagnosis	All related diagnoses

*Investigational – A medical treatment, procedure, drug, device, or biological product is Investigational if the effectiveness has not been clearly tested and it has not been incorporated into standard medical practice. Any determination we make that a medical treatment, procedure, drug, device, or biological product is Investigational will be based on a consideration of the following:

- A. Whether the medical treatment, procedure, drug, device, or biological product can be lawfully marketed without approval of the U.S. Food and Drug Administration (FDA) and whether such approval has been granted at the time the medical treatment, procedure, drug, device, or biological product is sought to be furnished; or
- B. Whether the medical treatment, procedure, drug, device, or biological product requires further studies or clinical trials to determine its maximum tolerated dose, toxicity, safety, effectiveness, or effectiveness as compared with the standard means of treatment or diagnosis, must improve health outcomes, according to the consensus of opinion among experts as shown by reliable evidence, including:
 - 1. Consultation with the Blue Cross and Blue Shield Association technology assessment program (TEC) or other nonaffiliated technology evaluation center(s);
 - 2. Credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community; or
 - 3. Reference to federal regulations.

**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

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- 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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NOTICE: If the Patient's health insurance contract contains language that differs from the BCBSLA Medical Policy definition noted above, the definition in the health insurance contract will be relied upon for specific coverage determinations.

NOTICE: Medical Policies are scientific based opinions, provided solely for coverage and informational purposes. Medical Policies should not be construed to suggest that the Company recommends, advocates, requires, encourages, or discourages any particular treatment, procedure, or service, or any particular course of treatment, procedure, or service.

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