GUIDELINE STATEMENT:

Texas Children's Health Plan (TCHP) performs authorization of all Augmentative Communication Device systems and all related accessories and supplies.

DEFINITIONS:

An **Augmentative Communication Device (ACD)** system, also known as an augmentative and alternative communication (AAC) device system, allows a member with an expressive speech language disorder to electronically represent vocabulary and express thoughts or ideas in order to meet the member’s functional speech needs.

A **digitized speech device**, sometimes referred to as a “whole message” speech output device, uses words or phrases that have been recorded by someone other than the ACD system user for playback upon command by the ACD system user (CPT E2500, E2502, E2504, E2506).

A **synthesized speech device** uses technology that translates a user’s input into device-generated speech using algorithms representing linguistic rules. Users of synthesized speech ACD systems are not limited to prerecorded messages, but can independently create messages as their communication needs dictate. Some synthesized speech devices require the user to make physical contact with a keyboard, touch screen, or other display containing letters (CPT E2508).

PRIOR AUTHORIZATION GUIDELINE

1. All requests for prior authorization for Augmentative Communication Device systems and related accessories/supplies are received via fax, phone or mail by the Utilization Management Department and processed during normal business hours.

2. ACD system items covered by this procedure include:
   
   2.1. Items included in the reimbursement for an ACD system and not reimbursed separately include, but are not limited to, the following:
   
   - ACD
   
   - Basic, essential software (except for software purchased specifically to enable a member-owned computer or personal digital assistant [PDA] to function as an ACD system)
- Batteries
- Battery charger
- Power supplies
- Interface cables
- Interconnects
- Sensors
- Moisture guard
- Alternating current (A/C) or other adapters
- Adequate memory to allow for system expansion within a three-year timeframe
- All basic operational training necessary to instruct the member and family/caregivers in the use of the ACD system
- Manufacturer’s warranty

2.2. Accessories for the ACD system are a covered benefit if the criteria for ACD system prior authorization are met and the medical necessity for each accessory is clearly documented in the speech language pathologist (SLP) evaluation. All accessories necessary for proper use of an ACD system, including those necessary for the potential growth and expansion of the ACD system (such as a memory card), must be included in the initial prescription/Title XIX form (must use CPT E2512 and E2599). The following accessories for an ACD system may be covered:

- Access devices for an ACD system include, but are not limited to, devices that enable selection of letters, words, or symbols by direct or indirect selection techniques such as optical head pointers, joysticks, and ACD scanning devices.
- Gross motor access devices, such as switches and buttons, may be considered for members with poor fine motor and head control.
- Fine motor, head control access devices, such as laser or infrared pointers, may be considered for members with poor hand control and good head control.
- Mounting systems are devices necessary to place the ACD system, switches and other access devices within the reach of the member. Mounting devices may be considered for reimbursement when used to attach an ACD system or access device to a wheelchair or table. A request for prior authorization of a wheelchair mounting device must include the manufacturer name, model, and purchase date of the wheelchair. One additional mounting device, separate from the one included in the system, may be considered for prior authorization for the same member.
- Carrying cases may be considered for separate reimbursement with supporting documentation of medical necessity (must use E2599 with modifier U1). The prior authorization request must include the make, model, and purchase date of the ACD system. Carrying cases are limited to one every three years.
• Non-warranty repairs of an ACD system may be considered for prior authorization using code V5336 with documentation from the manufacturer explaining why the repair is not covered by the warranty.

2.3. Computer software that enables a member’s computer or PDA to function as an ACD system may be covered as an ACD system if the software is more cost effective than an ACD system (must use CPT E2511).

3. Non-covered items that are not necessary to operate the system and are unrelated to the ACD system or software components are not covered benefits. These items include, but are not limited to laptop or desktop computers that are not dedicated for use only as part of an ACD system, PDAs, printers and Wireless Internet access devices.

4. In order to ensure the most appropriate system and access device for the member, the ACD system is prior authorized for purchase only after the member has completed a three-month trial period that includes experience with the requested system. The ACD for the trial period may be obtained through the rental, the school setting, or another setting determined by the licensed SLP.

   4.1. Prior authorization may be provided for rental during this trial period. All components necessary for use of the device, such as access devices, mounting devices, and lap trays, must be evaluated during this trial period.

   • In the situation where an ACD system is not available for rental and the member has recent documented experience with the requested ACD system, (less than 3 month trial) purchase can be considered.

   4.2. A trial period is not required when replacing an existing ACD system, unless the member’s needs have changed and another ACD system or access device is being considered.

5. ACD systems, equipment, and accessories that have been purchased are anticipated to last a minimum of three years.

   5.1. Prior authorization for replacement may be considered within three years of purchase when one of the following occurs:

   • There has been a significant change in the member’s condition such that the current device no longer meets his or her communication needs.

   • The ACD system is no longer functional and either cannot be repaired or it is not cost effective to repair.

   • Three years have passed and the equipment is no longer repairable.

6. The Utilization Management professional receiving the request evaluates the submitted information to determine if the documentation supports the ACD request as an eligible service.
7. Augmentative and alternative communication and speech generating devices and systems are considered **medically necessary** when the individual has severe expressive speech impairment and alternative natural communication methods such as writing or sign language are not feasible or are inadequate for that individual's daily functional communication needs.

8. Prior authorization requests for an ACD system and accessories (rental or purchase) should include the following information:

   8.1. Complete description of the ACD system with all accessories, components, mounting devices, or modifications necessary for member use (must include manufacturer's name, model number, and retail price).

   8.2. An evaluation and assessment conducted by a licensed SLP in conjunction with other applicable disciplines, such as physical or occupational therapies is required. The evaluation and assessment must be signed and dated *prior* to the physician's prescription including the following information:

   - Documentation of medical necessity for an ACD system
   - Medical status or condition and medical diagnoses underlying the member's expressive speech/language disorder that justifies the need for an ACD system.
   - Current expressive speech-language disorder, including the type, severity, anticipated course, and present language skills.
   - Description of the practical limitations of the member's current aided and unaided modes of communication.
   - Other forms of therapy or intervention that have been considered and an explanation as to why they have been ruled out.
   - Rationale for the recommended ACD system and each accessory, including a statement as to why the recommended device is the most appropriate and least costly alternative for the member and how the recommended system will benefit the member.
   - Documentation that the member possesses the cognitive and physical abilities to use the recommended system.
   - Comprehensive description of how the ACD system will be integrated into the member's everyday life, including home, school, or work.
   - Treatment plan that includes training in the basic operation of the recommended ACD system necessary to ensure optimal use by the member (if appropriate, the member's caregiver) and a therapy schedule for the member to gain proficiency in using the ACD system.
   - Description of the member’s speech-language goals and how the recommended ACD system will assist the member in achieving these goals.
• Description of the anticipated changes, modifications, or upgrades with projected time frames of the ACD system necessary to meet the member’s short- and long-term speech-language needs.

• Identification of the assistance or support needed by, and available to, the member to use and maintain the ACD system.

• Statement that the licensed SLP is financially independent of the ACD system manufacturer/vendor.

• Speech- and language- skills assessment that includes the prognosis for speech or written communication.

• Interactional/behavioral and social abilities.

• Capabilities, including intellectual, postural, sensory (visual and auditory), and physical status.

• Documentation that the member is mentally, emotionally, and physically capable of operating the device and motivated to communicate with demonstrated improvement in expressive language using ACD system over the 3 month trial period.

• Residential, vocational, and educational setting.

• Alternative ACD systems considered, such as signing or picture communication system, with comparison of capabilities. Ability to meet projected communication needs, growth potential, and length of time it will meet the member’s needs.

8.3. A signed prescription/Title XIX form and evidence that the prescribing physician or allowed practitioner familiar with the member has reviewed the SLP evaluation of the member’s cognitive and language abilities.

8.4 For new purchases of ACD systems, proof of successful completion of three-month trial period.

8.4.1. In the situation where an ACD system is not available for rental and the member has recent documented experience with the requested ACD system, (less than 3 month trial) purchase can be considered.

9. Requests that do not meet the criteria established by this procedure will be referred to a TCHP Medical Director/Physician Reviewer for review and the Denial Policy will be followed.

10. Preauthorization is based on medical necessity and not a guarantee of benefits or eligibility. Even if preauthorization is approved for treatment or a particular service, that authorization applies only to the medical necessity of treatment or service. All services are subject to benefit limitations and exclusions. Providers are subject to State and Federal Regulatory compliance and failure to comply may result in retrospective audit and potential financial recoupment.
REFERENCES:

Government Agency, Medical Society, and Other Publications:

https://www.tmhp.com/resources/provider-manuals/tmppm

Peer Reviewed Publications:


May M. Agius & Margaret Vance (2016) A Comparison of PECS and iPad to Teach Requesting to Pre-schoolers with Autistic Spectrum Disorders, Augmentative and Alternative Communication, 32:1, 58-68, DOI: 10.3109/07434618.2015.1108363


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