Texas Children's	Augmentative Communication Device Guideline		
Guideline # 6172	Categories Clinical →Care Management CM, TCHP Guidelines, Utilization Management UM	This Guideline Applies To: Texas Children's Health Plan	
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GUIDELINE STATEMENT:

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

DEFINITIONS:

- An <u>Augmentative Communication Device</u> (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 <u>digitized speech device</u>, 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.
- A <u>synthesized speech device</u> uses technology that translates a user's input into devicegenerated 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.

PRIOR AUTHORIZATION GUIDELINE

- 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:
 - 2.1.1. ACD

- 2.1.2. Basic, essential software (except for software purchased specifically to enable a client-owned computer or personal digital assistant [PDA] to function as an ACD system)
- 2.1.3. Batteries
- 2.1.4. Battery charger
- 2.1.5. Power supplies
- 2.1.6. Interface cables
- 2.1.7. Interconnects
- 2.1.8. Sensors
- 2.1.9. Moisture guard
- 2.1.10. Alternating current (A/C) or other adapters
- 2.1.11. Adequate memory to allow for system expansion within a three-year timeframe
- 2.1.12. All basic operational training necessary to instruct the client and family/caregivers in the use of the ACD system
- 2.1.13. 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. The following accessories for an ACD system may be covered:
 - 2.2.1. 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.
 - 2.2.2. Gross motor access devices, such as switches and buttons, may be considered for clients with poor fine motor and head control.
 - 2.2.3. Fine motor, head control access devices, such as laser or infrared pointers, may be considered for clients with poor hand control and good head control.
 - 2.2.4. Mounting systems are devices necessary to place the ACD system, switches and other access devices within the reach of the client. 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 client

- 2.2.5. Carrying cases may be considered for separate reimbursement with supporting documentation of medical necessity. The prior authorization request must include the make, model, and purchase date of the ACD system.
- 2.2.6. Non-warranty repairs of an ACD system may be considered for prior authorization with documentation from the manufacturer explaining why the repair is not covered by the warranty.
- 2.3. Computer software that enables a client'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.
- **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, 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.
 - 4.1.1. In the situation where an ACD system is not available for rental and the client has recent documented experience with the requested ACD system, purchase can be considered.
 - 4.2. A trial period is not required when replacing an existing ACD system, unless the client'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:
 - 5.1.1. There has been a significant change in the client's condition such that the current device no longer meets his or her communication needs.
 - 5.1.2. The ACD system is no longer functional and either cannot be repaired or it is not cost effective to repair.
 - 5.1.3. 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.** Prior authorization requests for an ACD system and accessories (rental or purchase) should include the following information:
 - 7.1. Complete description of the ACD system with all accessories, components, mounting devices, or modifications necessary for client use (must include manufacturer's name, model number, and retail price).
 - 7.2. An evaluation and assessment conducted by a licensed SLP in conjunction with other applicable disciplines, such as physical or occupational therapies, signed and dated prior to the physician's prescription including the following information:
 - 7.2.1. Documentation of medical necessity for an ACD system
 - 7.2.2. Medical status or condition and medical diagnoses underlying the client's expressive speech/language disorder that justifies the need for an ACD system.
 - 7.2.3. Current expressive speech-language disorder, including the type, severity, anticipated course, and present language skills.
 - 7.2.4. Description of the practical limitations of the client's current aided and unaided modes of communication.
 - 7.2.5. Other forms of therapy or intervention such as writing, signing or picture systems that have been considered and an explanation as to why they have been ruled out.
 - 7.2.6. 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 client and how the recommended system will benefit the client.
 - 7.2.7. Documentation that the client possesses the cognitive and physical abilities to use the recommended system.
 - 7.2.8. Comprehensive description of how the ACD system will be integrated into the client's everyday life, including home, school, or work.
 - 7.2.9. Treatment plan that includes training in the basic operation of the recommended ACD system necessary to ensure optimal use by the client (if appropriate, the client's caregiver) and a therapy schedule for the client to gain proficiency in using the ACD system.
 - 7.2.10. Description of the client's speech-language goals and how the recommended ACD system will assist the client in achieving these goals.
 - 7.2.11. Description of the anticipated changes, modifications, or upgrades with projected time frames of the ACD system necessary to meet the client's short- and long-term speech-language needs.

- 7.2.12. Identification of the assistance or support needed by, and available to, the client to use and maintain the ACD system.
- 7.2.13. Statement that the licensed SLP is financially independent of the ACD system manufacturer/vendor.
- 7.2.14. Speech- and language- skills assessment that includes the prognosis for speech or written communication.
- 7.2.15. Interactional/behavioral and social abilities.
- 7.2.16. Capabilities, including intellectual, postural, sensory (visual and auditory), and physical status.
- 7.2.17. Documentation that the client 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.
- 7.2.18. Residential, vocational, and educational setting.
- 7.2.19. 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 client's needs.
- 7.3. A signed prescription/Title XIX form and evidence that the prescribing physician familiar with the client has reviewed the SLP evaluation of the client's cognitive and language abilities.
- 7.4. For new purchases of ACD systems, proof of successful completion of three-month trial period.
- **8.** 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
- **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.
- 10.10. 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:

Peer Reviewed Publications:

- Ansel BM, Weinrich M. Computerized approaches to communication retraining after stroke. Curr Atheroscler Rep. 2002; 4(4):291-2
- Baxter S, Enderby P, Evans P, Judge S. Barriers and facilitators to the use of high-technology augmentative and alternative communication devices: a systematic review and qualitative synthesis. 2012; 47(2):115-129
- Downey M, Hurtig R. Augmentative and alternative communication. Pediatr Ann. 2003; 32(7):466-474.
- Drager KD, Clark-Serpentine EA, Johnson KE, Roeser JL. Accuracy of repetition of digitized and synthesized speech for young children in background noise. Am J Speech Lang Pathol. 2006; 15(2):155-164
- Drager KD, Reichle J, Pinkoski C. Synthesized speech output and children: a scoping review. Am J Speech Lang Pathol. 2010; 19(3):259-273.
- Ganz JB, Earles-Vollrath TL, Heath AK, et al. A meta-analysis of single case research studies on aided augmentative and alternative communication systems with individuals with autism spectrum disorders. J Autism Dev Disord. 2012; 42(1):60-74.
- Ganz JB, Mason RA, Goodwyn FD, et al. Interaction of participant characteristics and type of AAC with individuals with ASD: a meta-analysis. Am J Intellect Dev Disabil. 2014; 119(6): 516-535
- Ganz JB, Rispoli MJ, Mason RA, Hong ER. Moderation of effects of AAC based on setting and types
 of aided AAC on outcome variables: an aggregate study of single-case research with individuals with
 ASD. Dev Neurorehabil. 2014; 17(3):184-192.
- Ganz JB, Morin KL, Foster MJ, Vannest KJ, Genç Tosun D, Gregori EV, Gerow SL. High-technology augmentative and alternative communication for individuals with intellectual and developmental disabilities and complex communication needs: a meta-analysis. Augment Altern Commun. 2017 Dec;33(4):224-238. doi: 10.1080/07434618.2017.1373855. Epub 2017 Sep 19.
- Hustad KC, Keppner K, Schanz A, Berg A. Augmentative and alternative communication for preschool children: intervention goals and use of technology. Semin Speech Lang. 2008; 29(2):83-91
- Kasari C, Kaiser A, Goods K, et al. Communication interventions for minimally verbal children with autism: a sequential multiple assignment randomized trial. J Am Acad Child Adolesc Psychiatry. 2014; 53(6):635-646.
- 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
- Natalie R. Andzik, John M. Schaefer, Robert T. Nichols & Yun-Ching Chung. National survey describing and quantifying students with communication needs. Developmental Neurorehabilitation, 2018, 21:1, 40-47, DOI: 10.1080/17518423.2017.1339133
- Rispoli M, Franco JH, van der Meer L, et al. The use of speech generating devices in communication interventions for individuals with developmental disabilities: a review of the literature. Dev Neurorehabil. 2010; 13(4):276-293.
- Schlosser RW, Wendt O. Effects of augmentative and alternative communication intervention on speech production in children with autism: a systematic review. Am J Speech Lang Pathol. 2008; 17(3):212-230.
- van der Meer L, Kagohara D, Achmadi D, et al. Speech-generating devices versus manual signing for children with developmental disabilities. Res Dev Disabil. 2012; 33(5):1658-1669.

- van der Meer L, Sigafoos J, O'Reilly MF, Lancioni GE. Assessing preferences for AAC options in communication interventions for individuals with developmental disabilities: a review of the literature. Res Dev Disabil. 2011; 32(5):1422-1431.
- Whitmore AS, Romski MA, Sevcik RA. Early augmented language intervention for children with developmental delays: potential secondary motor outcomes. Augment Altern Commun. 2014; 30(3):200-212.
- Reichle J, Simacek J, Wattanawongwan S, Ganz J. Implementing Aided Augmentative Communication Systems With Persons Having Complex Communicative Needs. *Behav Modif*. 2019;43(6):841-878.

Government Agency, Medical Society, and Other Publications:

Texas Medicaid Provider Procedures Manual Accessed June 1, 2020
 http://www.tmhp.com/manuals_pdf/tmppm/tmppm_living_manual_current/2_DME_and_Supplies.pg

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