This provider guide, along with the Division of Developmental Disabilities (DDD) Policies 310-P and 1250-E, is intended for health care professionals such as physicians, speech-language pathologists (SLP), occupational therapists (OT), and physical therapists (PT) who assist DDD members considering augmentative and alternative communication (AAC) as a system of techniques and tools to address the needs of members with significant and complex communication disorders characterized by impairments in speech-language production and/or comprehension, including spoken and written modes of communication.

AAC device systems can be defined as any system or method that improves the ability of the member who has difficulties in communicating. AAC device systems can include no-tech unaided forms (sign language) of AAC and aided low-tech/light-tech aided form of AAC (Communication Boards)., or speech-generating devices [SGDs]) as well as less complex means (pictures or objects used as symbols). An AAC Device can be used by a member who needs assistance with communicating needs, wants, and ideas.

Licensed and health plan approved SLPs with expertise in AAC device systems are the most qualified to guide members in the identification, development, and provision of AAC device systems. SLPs will obtain necessary input and assistance from the other qualified health care professionals, including physicians, PTs, and OTs.

This guide will help providers understand the process and requirements when assisting a member with determining the need for an AAC Device and which AAC device system may best meet the member's needs.

Content:

Provider Provision for New AAC Device Systems:

- Once there is an identified communication disorder, the member or family can request an AAC assessment from a contracted SLP in the health plan network. The DDD Support Coordinator, health plan Member Services, or the health plan DDD Liaison can help locate a contracted provider to conduct the AAC assessment.

- The member's physician will need to prescribe the AAC assessment of medical necessity. The prescription should include:
    - The medical condition or developmental disability
    - Any previous or current treatments
    - An assessment of the member's ability to comprehend and express language
    - Any other medical conditions that would change the member's need for an AAC device system
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- The prescription needs to be signed and dated by the physician. The prescription is valid 12 months from the date of the order.
- In addition to the prescription, if prior authorization is required, the documentation needed for an AAC evaluation can include but not limited to:
    - Individual Support Plan (ISP)
    - Individualized Education Program (IEP) (education system document showing when/how a device would be/is used)
- Habilitative therapy progress notes from occupational therapy, physical therapy, and/or speech-language pathology where appropriate. Refer to Prior Authorization Criteria below.

- A contracted SLP will conduct an AAC evaluation of the member's cognitive readiness to use an AAC device system. This evaluation includes other qualified health care professionals such as an OT or PT for physical assessments, as appropriate.

- During the AAC assessment, the SLP evaluator will select the most appropriate device for the member and it should be trialed for up to 30 days. This is coordinated with the SLP and includes the treatment services for the programming and modification of the AAC device system. All AAC device system components, accessories, and switches, including mounting systems and lap trays necessary for use, during the trial period.

- When the assessment is completed, the SLP will submit a prior authorization request with documented AAC assessment findings as outlined in DDD policy 310-P, including a statement about whether an AAC device system is recommended. If an AAC device system is recommended, the therapy provider should describe which AAC device system is being requested and provide a treatment plan (appropriate plan of care). The

treatment plan (plan of care) should include the requested therapeutic dosage specifications, e.g. amount, frequency, and duration of treatment in accordance with standards of practice., Treatment goals, and expected outcomes. The request should be sent to the member's health plan within 20 days of the AAC assessment's conclusion.

- The health plan will review the request for authorization, including a review of all the documentation provided.
    - If the health plan needs additional information, the health plan will contact the DDD Support Coordinator, the SLP, the member's physician or other providers who contribute to the member's care.
    - If the health plan cannot get the necessary information, the health plan may request an extension up to 14 days to allow additional time to receive the information.
    - The health plan will also reach out to the appropriate provider for a peer-to-peer discussion in order to obtain additional information and clarification required.
    - Once the health plan has received the information, it will review the request for medical necessity.
        - If the request is approved, the SLP will be advised of the approval.
- If the request is denied, the member and the SLP will be provided with a Notice of Adverse Benefit Determination which includes the member's appeal rights.

- If the request for an AAC is approved, the SLP will coordinate the AAC device system fulfillment with the durable medical equipment (DME) Manufacturer(s) and/or Distributor(s).

- The DME manufacturers and/or distributors will work with the SLP to deliver the AAC device system to the member's home. Once the AAC device system has been received, the therapy provider will schedule time for the member and family to set up the device, train on the device, and mount the device, if appropriate.

AAC Device System Forms

AAC device systems can range from low- to high-tech. Low-tech AAC systems typically include simple non-electronic aids created by placing pictures, symbols, letters, or words on a board or in a book. The member then accesses the aids by direct selection or eye gaze, or by using a pointer with the head or mouth or a switch. Low-tech aids usually do not need batteries, electricity, or electronics. In contrast, high-tech AAC device systems are electronic forms that allow for the storage and retrieval of electronic messages and communication through speech output. High-tech devices can use similar methods of access as low-tech, including pointers and direct selection.

Difference between the forms of AAC device systems can be seen in the table below:

	Low-Tech	Mid-Tech	High-Tech
Details	Low-tech (non-electronic) AAC systems may include language boards, pictures, objects, or writing.	Mid-tech includes programmable communication aids with a limited symbol, message, and recording output.	High tech includes speech amplifiers, text and speakerphones, voice dictation devices, and SGDs.
Cost	Free/Inexpensive	Moderate	Expensive
Training	Little or no training required	Some training required	Extensive training required
Skill Set	Simple	Somewhat sophisticated	Sophisticated

AAC Device System Trial Period

To ensure the member's needs are met in the most cost-effective manner and ascertain the most appropriate AAC device system for the member, the AAC device system is authorized for purchase only after the member has completed a trial period that includes experience with the requested AAC device system and accompanying accessories. Trial periods should last no longer than 30 days.

The SLP coordinates with the DME vendor to acquire the trial device and appropriate trial setting as determined by the licensed SLP.

A trial period is not required when replacing an existing AAC device system unless the member's needs have changed, and a new AAC device system is being considered.

A waiver of the trial period may be granted by the Health Plan.

Prior Authorization Criteria

Medical documentation, including the member's medical records, practitioner's office records, therapy service records, other records from healthcare professionals, and test reports relevant to the request should be submitted or may be requested to support/demonstrate that the coverage criteria for an AAC device . The following should be included in the request for an AAC device system:

- A written AAC assessment report by a licensed SLP is required with the request and must include the following information:

- Communication status and limitations, including prognosis for speech or written communication and documentation of previous use of low technology devices such as picture boards or dial scanners.
- Sensory functioning including:
    - Hearing ability
    - Visual abilities
    - Postural abilities
    - Physical status
- A description of the member's cognitive readiness
- Behavioral and learning abilities observed, evaluated, or gathered from records of evaluations:
    - Executive function skills, including attention span
    - Memory
    - Problem-solving skills
    - Ability to understand cause and effect
    - Presence of significant behaviors, such as physical aggression and property destruction.
- Motor abilities and assessments, if applicable:
    - Gross motor abilities (e.g., ambulatory, or walks with crutches/walker, or uses a wheelchair; seating and positioning/posture; head control and trunk mobility; ability to use a head stick).
- Fine motor and upper-extremity abilities and function (e.g., ability to point, type, write, access a device via direct selection).
- Ability to access via gaze, head mouse, single-switch or multiple-switch scanning, or other alternative access methods.
- Treatment options considered, including types of communication support used in the past to meet goals, and why each is or is not appropriate.
- The results of the data-driven AAC device or software trials, including the following information for each device or software trialed:
    - Length of trial
    - Data collected during the trial
    - The environment in which the AAC device system and/or software trial took place (e.g., home, school, community).
    - The manner in which the device or software was accessed (e.g., gaze, direct selection, scanning)
    - Member’s ability to learn to use the device or software functionally for communication.
    - A sampling of messages communicated, including frequency, level of cueing, and communication partner(s).
    - Number of messages expressed in a time period and level of cueing required for expression of such messages.

    - The degree to which the member was able to move beyond the exploratory phase and use the device or software to communicate intentionally, whether such progress occurred in both structured and unstructured settings, and with what level of proficiency progress beyond the exploratory phase occurred.
- Description of the recommended device/accessory/software, the rationale for selection (including cost comparisons among the devices or software trialed), and how the recommended option meets the communication needs of the member.

A) The member has a significant expressive communication impairment related to a medical condition or developmental disability that significantly limits daily functional communication.

B) The member cannot meet daily functional communication needs by using unaided forms (natural modes) of communication.

C) The member has the cognitive, visual, language, and physical abilities to effectively use an AAC device.

D) A multidisciplinary team must recommend the device or software. The team must include:
- A licensed, certified SLP meeting nationally accepted knowledge and skill qualifications for augmentative and alternative communication device delivery.
- A licensed physician must prescribe the device or software.
- Other professionals may be included (PT, OT) to determine motor or other needs, such as physical access to the device.

E) The recommended device or software is the least costly and medically appropriate option.

F) The recommended device or software matches the cognitive and physical capabilities of the member.

G) AAC device system recommendations include all significant behaviors, if applicable, such as physical aggression and property destruction as a factor of consideration

H) The member has demonstrated the ability to learn to effectively use the recommended device and accessories or software for functional communication, as evidenced by a data-driven AAC device trial supporting the ability to use the AAC device system and any necessary accessories functionally for communication.

I) Include a training plan established by an appropriately credentialed and trained SLP and prescribed by the member's physician for the treatment services to use the AAC device system.

J) The certified plan of care must:

- Be signed and dated by the licensed physician, nurse practitioner, or physician's assistant familiar with the member.
- Be signed and dated by the member's evaluating or treating licensed and certified SLP.
- Include the NPI numbers of all the qualified health professionals certifying the plan of care.
- Include an itemization of the anticipated treatment service dosage (amount, frequency, and duration) necessary for the member to use the AAC device system, not to exceed a service period more than 365-days without revision and review.
- Include the Current Procedural Terminology (CPT) for the treatment services that most appropriately represent the proposed procedures or services established.
- Include the treatment services long-term and short-term goals based on the generally accepted standards of practice represented as functional, measurable, and time-specific objectives.
- Include the maintenance plans for discharge from treatment
- Include a description of the member's progress, as applicable, toward the established goals, the home-programing provided, collaboration with other professionals and services, any appropriate modifications to the initial plan of care, and plans for continuing care.

K) The current Individual Support Plan/Individualized Family Services Plan/Person-Centered Plan (Planning Documents), including long-term communication goals.

L) For a subsequent upgrade of a previously provided AAC device system, the determination of medical necessity will also be based on additional clinical and medical evidence documented on the AAC device Medical Necessity Form. Additionally, clinical data-driven information must demonstrate why the initially covered AAC device system is no longer effective in meeting the member's medical needs and support the functional medical benefit of the upgrade to the member.

AAC Device System Modification:

Modifications require prior authorization with adequate supporting documentation of medical necessity and appropriateness when one of the following occurs:

- The member's needs have changed.
- A capability of or potential for communication develops that could not have been anticipated.

AAC device system modifications and requests for accessories that were unavailable at the time of the initial prescription may be considered once every 12 months with adequate supporting documentation.

If a modification is required, the member must reach out to the support coordinator for assistance.

Prior Authorization Requirements for Modifications include:

- A Reassessment by a licensed SLP
- A Prescription from the treating physician
- Documentation that significant changes have occurred in the member's environment, physical abilities, or linguistic abilities and that such changes impair or affect the member's ability to benefit from the AAC device system currently in use.
- Documentation that the prescribed modification provides the member with the potential for increased functional communication abilities with a significant reduction of disability.

AAC Device System Repair:

All repairs require prior authorization. Non-warranty repairs of an AAC device require documentation from the manufacturer explaining why the repair is not covered by warranty and documentation of medical necessity.

The following prior authorization documentation for AAC device repairs is required:

- A prescription from the treating physician
- A statement that describes the needed repair
- Justification of medical necessity
- The estimated cost of repairs

AAC Device System Replacement:

Replacement of AAC device system or components require prior authorization and is considered in the following circumstances:

- When loss or irreparable damage has occurred
- It has been 36-months since the initial prescription, and the AAC device system is no longer functional.
- Documentation supports the medical necessity or appropriateness of replacing the current AAC device system.

The following prior authorization documentation for AAC device system replacement is required:

- A joint statement from the prescribing physician and a licensed SLP that includes:
    i. The cause of loss or damage and what measures have been taken to prevent recurrences
    ii. Documentation reporting the member's abilities or communication needs are unchanged, or no other AAC device systems currently available are better suited to the member's needs.
    iii. A new assessment if requesting a different AAC device from the one that has been lost or damaged.

Coverage Policy:

Purchase of an AAC Device System

An AAC device system may be purchased when medical necessity criteria are met. AAC device system, equipment, and accessories that have been purchased are anticipated to last a minimum of 36-months.

Approval for replacement or an upgrade may be considered within 36-months of purchase when one of the following occurs:

- Documentation reporting the member's abilities or communication needs are unchanged, or no other AAC device system currently available is better suited to the member's needs.
- The AAC device system is no longer functional, and either cannot be repaired, or it is not cost-effective to repair. The health plan will not pay for repairs or damages resulting from abuse or misuse, as determined by the DME manufacturers and/or distributors.
- 36-months have passed since the initial AAC device system order, and the equipment is no longer repairable.
- A new assessment if requesting a different AAC device system from one that has been lost or damaged.
- The clinical and medical documentation supports the medical necessity and appropriateness of replacing the current AAC device system.

Covered Benefits
For a full list of covered benefits, see the AdSS Division Medical Policy Manual Policy 310-P on the DDD website.

Software vs. Device

Manufacturers must use Healthcare Common Procedure Coding (HCPCS) System code E2511 when billing for speech-generating software. Requests for AAC device system software may be considered for approval if the software is more cost-effective than a device.

Covered Accessories:

- Accessories for an AAC device system include, but are not limited to, attachments that enable the selection of letters, words, or symbols by direct or indirect selection techniques such as optical head pointers, joysticks, and AAC scanning devices.
- Fine motor access devices, such as switches and buttons, may be considered for members with poor motor and head control.
- ine 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 accessories are necessary to place the AAC device, switches, and other access attachments within the member's reach. Mounting accessories and their installation may be considered for reimbursement when used to attach an AAC device system to a wheelchair or table. Wheelchair mounting must include the manufacturer name, model, and purchase date of the wheelchair. One additional mounting accessory separate from the one included with the AAC device, may be considered for prior authorization for the same member. The accessories manufacturer must use procedure codes E2512 and E2599 when billing for accessories. The purchase price of the mount is inclusive of the installation service.

- Carrying Case. If a member requires a carrying case, these may be considered for separate reimbursement with supporting documentation of medical necessity and following the rules pertaining to accessories. The manufacturer of the carrying case must use procedure code E2599 and modifier U1 when billing for the carrying case. Carrying cases are considered for medical necessity once every 36-months.
- Replacement of applications does cover the following:
  - If the application was deleted
  - Cannot be accessed due to loss of username and password

Limitations and Exclusions:

Laptop or desktop computers, PDAs, or other devices that are not dedicated AAC device systems may not be covered by DDD health plan's because they do not meet the definition of DME.

Items that are not necessary to operate the device and are unrelated to the AAC device system components are not covered. These items include, but are not limited to:

- Printer
- Wireless Internet access devices

AAC device systems and equipment that have been purchased are anticipated to last a minimum of 36-months. An AAC device system is not approved for purchase unless the member has used the requested AAC device for a trial period of 30 days.

Training for Professionals and Caregivers

All evaluators must be trained on the required documentation, process for determining medical necessity, AAC device system authorizations, services requirements, and claims processing details outlined in prior sections.

- Training for professionals and caregivers (this includes, but is not limited to types of documentation and the various components included within, what types of information should be included, and who completes the various components) should emphasize the requirement to recommend the lowest cost and least complex device, which would satisfy the member's needs, as determined by the assessment process. Treatment falls under CPT code 92609. Any request for an AAC device system would have to include all the relevant detail and documentation to meet all medical necessity requirements.
- The approved authorization for an AAC device system will also include four units of treatment services for the use of the AAC device system for programming and modification. The SLP should confirm and arrange this for the member upon choosing an AAC system.
- Once the AAC device system is approved treatment for the member should be obtained through speech therapy services.
- A Plan of Care should include treatment in the basic operations (turning on the device, using the device in various settings, how to operate the device.) of the recommended AAC system necessary to ensure optimal use by the member/caregiver and a therapy schedule for the member to gain proficiency in using the AAC system. The plan of care must: :
    - Be signed and dated by the member's evaluating or treating licensed and certified speech-language pathologist.
    - Include the NPI numbers of all the qualified health professionals certifying the plan of care.
    - Include an itemization of the anticipated treatment service dosage (amount, frequency, and duration) necessary for the member to use the AAC device system, not to exceed a service period more than 365-days without revision and review.
    - Include the Current Procedural Terminology (CPT) for the treatment services that most appropriately represent the proposed procedures or services established.
    - Include the long-term and short-term goals of the treatment services based on the generally accepted standards of practice represented as functional, measurable, and time-specific objectives.

- Include the maintenance plans for discharge from treatment.
- Include a description of the member's progress, as applicable, toward the established goals, the home-programing provided, collaboration with other professionals and services, any appropriate modifications to the initial plan of care, and plans for continuing care.

Coding Information for Medical Policies

The health plan guidelines regarding coding processes assure that all relevant coverage, coding, and clinical documentation requirements are met before the item is furnished to the member and before the claim is submitted for payment.

- An AAC device (E2500, E2508-E2511, E2502-E2506) is covered when medical necessity is met per prior authorization criteria.
- Duplicative Codes E2500, E2508-E2511, and E2502-E2506 perform the same essential function. Therefore, claims for more than one AAC device will be denied as not medically necessary.
- Accessories (E2599) for E2500, E2508, E2510, and E2502-E2506 are covered if the basic coverage criteria for the base device are met and the medical necessity for each accessory is clearly documented in the assessment by the SLP and prior authorization is obtained

HCPCS Codes

Code	Description
E2500	HCPCS and FOCUS Authorization Code for a speech-generating device, digitized speech, using pre-recorded messages, less than or equal to 8 minutes of recording time.
E2502	Speech generating device, digitized speech, using pre-recorded messages, less than or equal to 8 minutes recording time
E2504	HCPCS FOCUS Authorization Code for a speech-generating device, digitized speech, using pre-recorded messages, greater than 20 minutes but less than or equal to 40 minutes of recording time.
E2506	HCPCS and FOCUS Authorization Code for a speech-generating device, digitized speech, using pre-recorded messages, greater than 40 minutes of recording time.
E2508	HCPCS and FOCUS Authorization Code for a speech-generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device.

E2510	HCPCS and FOCUS Authorization Code for a speech-generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access.
E2511	HCPCS and FOCUS Authorization Code for a speech-generating software program, for personal computers or personal digital assistants.
E2512	HCPCS and FOCUS Authorization Code for an accessory for speech-generating device, mounting systems.
E2599	HCPCS and FOCUS Authorization Code for an accessory for speech-generating devices, not otherwise specified.
92507	Used for therapy services that address communication/cognitive impairments, voice prosthetics, and auditory rehabilitation
92609	Used to report therapeutic services provided by the clinician for use of speech-generating devices. Programming and modifications necessary for the device are included as part of the procedure and are, therefore, not separately reported
92607	Evaluation for prescription of speech-generating AAC device, first hour
92608	Evaluation for prescription of speech-generating AAC device, each additional 30 minutes
K0739	Repair or nonroutine service for durable medical equipment other than oxygen equipment requiring the skill of a technician, labor component, per 15 minutes
V5336	Repair/modification of augmentative communicative system or device (excludes adaptive hearing aid)

Coding Guidelines

- Digitized speech (E2500, E2502-E2506), sometimes referred to as devices with “whole message” speech output, utilize words or phrases that have been recorded by an individual other than the member for playback upon command of the member.
- Synthesized speech (E2508, E2510), unlike the pre-recorded messages of digitized speech, is a technology that translates a member’s input into device-generated speech. Members of synthesized speech SGDs are not limited to pre-recorded messages but rather can independently create messages as their communication needs dictate.
- E2508 devices require that the member make physical contact with a keyboard, touch screen or other display containing letters.
- E2510 devices permit the member multiple methods of message formulation and multiple methods of device access. Multiple methods of message formulation must include the capability for message selection by two or more of the following methods: letters, words, pictures, or symbols. Multiple methods of access must include the capability to access the device by two or more of the following: direct physical contact with a keyboard or touch screen, indirect selection techniques with a specialized access device such as a joystick, head mouse, optical head pointer, switch, light pointer, infrared pointer, scanning device, or Morse Code.

- Personal digital assistants (PDAs) are handheld devices that integrate the functions of a small computer with features such as a cell phone, personal organizer, electronic mail, or pager. Information may be input via a pen-based system using a stylus and handwriting recognition software, keyboard or downloaded from a personal computer using special cables and software.
- Mounting systems (E2512) are devices necessary to place the AAC device, switches, and other access devices within the reach of the patient.
- Accessories for speech generating devices (E2599) include, but are not limited to, access devices that enable selection of letters, words, or symbols via direct or indirect selection techniques. Examples of access devices include, but are not limited to, optical head pointers, joysticks, switches, wheelchair integration devices and SGD scanning devices. In addition, replacement accessories such as batteries, battery chargers and AC adapters are included in this code.
- Code E1900 (Synthesized speech augmentative communication device with dynamic display), effective for dates of service on or after the effective date of this policy, is no longer valid for submission to the DMERC (Durable Medical Equipment Regional Carrier).
- Codes E2500 and E2502-E2506 must be used to code devices that generate only digitized speech output. Codes E2508 and E2510 must be used to code devices that generate synthesized speech. Devices that have the capability to generate both digitized and synthesized speech must be coded E2508 or E2510, depending on the method of synthesized speech formulation and device access.
- Codes E2500, E2508, E2510, and E2502-E2506 include the device, any applicable software, batteries, battery chargers, and AC adapters. These items may not be billed separately.
- Code E2511 is used to code for a speech generating software program that enables a laptop computer, desktop computer or personal digital assistant (PDA) to function as an SGD. The allowance for code E2511 includes the speech generating software program only. Installation of the program or technical support must not be billed separately. Code E2511 must not be used to code software included with the initial provision of the SGD (E2500, E2508, E2510, E2502-E2506) since the software cost is included in the reimbursement for those SGD codes. In addition, code E2511 must not be used to code software included with the initial provision of the access device (E2599) since the software cost is included in the reimbursement for the access device.
- Upgrades to E2511 are subsequent versions of a speech generating software program that may include enhanced features or other improvements. Upgrades to E2511 must be coded E2511.
- Mounting systems necessary to place the AAC device, switches, and other access devices within the reach of the patient must be coded E2512. Accessories to AACs such as access devices should be coded E2599. There should be no separate billing of any software, interfaces, cables, adapters, interconnects, or switches necessary for the accessory to interface with the SGD (E2500, E2508-E2511, E2502-E2506).

- Upgrades to E2500, E2508, E2510, and E2502-E2506 are subsequent versions of the device's software program or memory modules that may include enhanced features or other improvements. Upgrades to E2500, E2508, E2510, and E2502-E2506 must be coded E2599.
- Suppliers should contact the Statistical Analysis Durable Medical Equipment Regional Carrier (SADMERC) for guidance on the correct coding of these items.