

# **Augmentative Communication and Speech Generating Systems**

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Effective Date 11/2008

Next Review Date 8/2024

Coverage Policy DME 30

<u>Version</u> 7

Member-specific benefits take precedence over medical policy and benefits may vary across plans. Refer to the individual's benefit plan for details \*.

# Purpose:

This policy addresses Augmentative Communication and Speech Generating Systems and their accessories.

# **Description & Definitions:**

Augmentative and alternative communication (AAC) systems, to include speech generating devices (SGD), are designed to support the needs of members with complex, significant communication disorders as evidenced by impairments of comprehension, cognition, and/or speech-language production. An AAC device can be used to assist impaired members with communication of ideas, wants and needs.

#### Criteria:

An augmentative communication device or speech generating system is considered medically necessary for **ALL** of the following:

- Individual has indications of 1 or more of the following:
  - Individual has degenerative disease causing the speech impairment with ALL of the following:
    - The communication device selected should be capable of modification to meet the individual's anticipated needs.
  - Individual is preliterate with ALL of the following:
    - It is anticipated they will be able to learn to read, spell, or communicate
    - The communication device selected should be programmable to meet the specific needs of the member to include symbols, pictures, spelling and text capabilities
  - Individual's request is for a synthesized speech device that requires the ability to spell words with ALL of the following:
    - Documentation shows that the individual has the ability to spell words
- The device is recommended by the individual's physician
- A speech language pathologist has conducted a thorough written assessment including ALL of the following information:
  - Medical diagnosis
  - o Physiological description of the underlying disorder

- Description of functional limitation
- Nature and severity of speech or communication impairment
- Prognosis for improvement (or deterioration)
- Medical need for the device with 1 of the following:
  - Request is for a low technology system device
  - High technology device is requested, must be demonstrated that a trial of an equally equipped low technology communication system (e.g. iPad, iPad mini or android product) over a period of 90 days is inadequate to meet the individual's current functional communication needs (ability to direct behavior of caregivers, report medical status and complaints, participate in decision making). Failure is defined as the demonstrated inability of the device to meet the functional communication needs of the member rather than other difficulties with the device i.e. distractions from other programs on the device, ability of the device to tolerate normal wear and tear, etc. Clinical documentation will be used to support the adequacy of the trial and failure of the low technology device
- Therapeutic history including speech, occupational, and/or physical therapies
- Documentation of member's cognitive ability to utilize the specific device
- Documentation of the visual, auditory, language and motor ability to utilize the selected system.
- Documentation of the specific daily functional communication needs
- Expected functional communication goals with the device
- o Plan of care for the device: anticipated training needs, programming needs, evaluations, etc.
- Individual has severe expressive speech impairment and alternative natural communication methods such as
  writing or sign language are not conducive or are inadequate for that individual's daily functional
  communication needs (ability to direct behavior of caregivers, report medical status and complaints,
  participate in decision making)
- Individual has tested the device, and can demonstrate the ability to effectively use the device with documentation of the rationale for the specific system selected
- Individual and caregiver demonstrate motivation to learn and use the device, as evidenced by participation in therapies, Head Start or other age appropriate learning

The following Augmentative speech devices **do not meet the definition of medical necessity**, to include but not limited to:

- MyGuide is a software application for a personal mobile device used for organizational and progress monitoring needs used mostly by caregivers and teachers (families, professionals, schools, and facilities.)
- Reading programs such as Fast ForWord
- More than one item of durable medical equipment for the same or similar purpose
- Multi-lingual modules unless the primary caretaker speaks a language other than English
- An alternative input device if the member is able to use a standard input device

# Coding:

Medically necessary with criteria:

Coding	Description
E1399	Durable medical equipment, miscellaneous
E2500	Speech generating device, digitized speech, using prerecorded messages, less than or equal to eight minutes recording time
E2502	Speech generating device, digitized speech, using prerecorded messages, greater than 8 minutes but less than or equal to 20 minutes recording time
E2504	Speech generating device, digitized speech, using prerecorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time
E2506	Speech generating device, digitized speech, using prerecorded messages, greater than 40 minutes recording time

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E2508	Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device
E2510	Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access
E2511	Speech generating software program, for personal computer or personal digital assistant
E2512	Accessory for speech generating device, mounting system
E2599	Accessory for speech generating device, not otherwise classified

Considered Not Medically Necessary:

Coding	Description
	None

# **Document History:**

#### Revised Dates:

- 2022: August
- 2021: April, November
- 2020: October
- 2019: September, November
- 2016: March
- 2015: March, July
- 2014: March
- 2013: November
- 2012: October
- 2011: October (changed from Medical 138)

## **Reviewed Dates:**

- 2023: August
- 2022: October
- 2018: August
- 2017: November
- 2013: October
- 2010: October
- 2009: October

# Effective Date:

November 2008

## References:

Including but not limited to: Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

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# Special Notes: \*

Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment, and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving, and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.

Services mean both medical and behavioral health (mental health) services and supplies unless We specifically tell You otherwise. We do not cover any services that are not listed in the Covered Services section unless required to be covered under state or federal laws and regulations. We do not cover any services that are not Medically Necessary. We sometimes give examples of specific services that are not covered but that does not mean that other similar services are covered. Some services are covered only if We authorize them. When We say You or Your We mean You and any of Your family members covered under the Plan. Call Member Services if You have questions.

#### MUST SEE MEMBER BENEFIT FOR DETERMINATION.

We only cover DME that is Medically Necessary and prescribed by an appropriate Provider. We also cover colostomy, ileostomy, and tracheostomy supplies, and suction and urinary catheters. We do not cover DME used primarily for the comfort and wellbeing of a Member. We will not cover DME if We deem it useful, but not absolutely necessary for Your care. We will not cover DME if there are similar items available at a lower cost that will provide essentially the same results as the more expensive items.

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Pre-Authorization is Required for All Rental Items.

Pre-Authorization is Required for All Repair and Replacement.

# Keywords:

SHP Augmentative Speech Device, SHP Durable Medical Equipment 30, keyboard, iPad, screen, mouse, computer, speech pathologist, functional limitation, speech therapy, occupational therapy, physical therapy, auditory, expressive speech impairment, alternative natural communication, sign language, Synthesized speech devices, degenerative disease, speech impairment, Speech-Generating Devices, communication aids, voice output communication aids (VOCAs), Speech Enhancer SGD, DynaMyte, DragonDictate, VitalVoice, Dialo, Evegaze, Alternative communication device, AAC, speech-generating device, SGD, Devices with Digitized or Synthesized Speech Output and Ocular, optical, or eye tracking speech devices, BIGmack®, Cheap Talk 8 6-levels Communicator, GoTalk™ Series, Hip Talker, iTalk2™ Communication Aid, Little Mack®, One by Four Talker, Partner/One™, Partner/Two™, Personal Talker, Sequencer, Stepby-Step™ with Levels Communicator, Talking Brix™ Communicators, TalkTrac™ Plus, TalkTrac™ Plus with Levels, TECH/Plus: 32, TECH/Plus: 32+, Tech/Speak, Tech/Talk, Ultimate 8, VoicePal, VoicePal Max, VoicePal Pro, EasyTalk, Hand Held Voice, MessageMate, SuperTalker™ Progressive Communicator, DynaVox M3, EasyTalk, ET-24, ET-32, Springboard Lite, Talara-32, Tobii ATI s32, Allora, E-talk Tablet, DynaWrite™ 2.0, DynVox T10, DynaVox T15, Freedom 2000, Optimist MMX, Nova Chat 8, Nova Chat 10, Tobii Dynavox T7, Tobii Dynavox T10, Tobii Dynavox T15, Tobii I-12, Tobii I-15, Accent™ 800-M, Accent™ 1000-M, QuickTalker™ Freestyle, QuickTalker™, Freestyle mini, Visual Suite, TapToTalk, AAC, Ablenet's QuickTalker Freestyle, Accent™ 1000-M, Accent™ 800-M, ACD, Allora, Alternative communication device, Augmentative and alternative communication, Beamz Interactive Music System, Big Talk Assistive Technology Communicator, BIGmack®, ChatterVox Voice Amplifier, Cheap Talk 8 6-levels Communicator, Clicker 4. ComLink, Devices with Digitized or Synthesized Speech Output and Ocular, optical, or eye tracking speech devices, Dialo, Dragon Computer Speech Recognition Software, Dragon Speak, DragonDictate, DvnaMvte, Dvnavox, DvnaVox M3, DynaVox T15, DynaWrite™ 2.0, DynVox T10, EasyTalk, ECO-14, Enabling Devices Tactile Symbol Communicator, ET-24, ET-32, E-talk Tablet, E-triloquist, EyeGaze, FAB Frenchay Alphabet Board, Freedom 2000, Freestyle mini, GOTALK 9+, GoTalk Express 32 – Advanced Communication Aid, GoTalk™ Series, Grid 3 for WindowsGoTalk Now, Grid for iPad, Gus pocket communicator, Hand Held Voice, Hip Talk Plus Communicator, Hip Talker, iCommunicate, iCommunicate for iPad, iTalk2™ Communication Aid, LetMeTalk, Lightwriter, Lightwriter SL40, LINK Plus Communication Aid, Little Mack®, Logan ProxTalker Modular AAC Device Package, LogansVoice Communication Bundle, MegaBee Assisted Communication and Writing Tablet, MegaBee Eye Pointing Communication Tablet, MessageMate, Metacom, MyTobii, NextUp Talker, Nova Chat 10, Nova Chat 8, One by Four Talker, Optimist MMX, PalmOne, Partner/One™, Partner/Two™. Personal Talker. Picture exchange communication system PECS. Pocket Go-Talk 5-Level Communication Device, Predictable text-to-speech app, Pretke Romich, Proloquo2Go, Quick Glance/Eye Gaze System, QuickTalk AAC, QuickTalker™ Freestyle, Rolltalk Maxi Smart, Sequencer, SGD, SofType, SonoFlex, Speech Enhancer SGD, Speechgenerating device, Springboard Lite, Step-by-Step™ with Levels Communicator, SuperTalker™ Progressive Communicator, Talara-32, Talk to Me - Text to Speech, Talking Brix™ Communicators, TalkTablet, TalkTrac™ Plus with Levels, TalkTrac™ Plus, TapToTalk, TECH/Plus: 32+, TECH/Plus: 32, Tech/Speak, Tech/Talk, Tobii ATI s32, Tobii Dynavox, Tobii Dynavox app, Tobii Dynavox T10, Tobii Dynavox T15, Tobii Dynavox T7, Tobii I-12, Tobii I-15, Tobii Sono Flex, Toshiba Notebook w/Grid2, TouchChat, TouchChat HD – AAC, TouchChat HD – AAC with WordPower, Ultimate 8, Ultratec Operator Assisted, Visual Suite, VitalVoice, Voice4U, VoicePal Max, VoicePal Pro, VoicePal, Words+ Ez keys, Zygo Pollyanna

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