



# Guidelines for Medical Necessity Determination for Augmentative and Alternative Communication Devices

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These Guidelines for Medical Necessity Determination (“Guidelines”) identify the clinical information that MassHealth needs to determine medical necessity for coverage of augmentative and alternative communication (AAC) devices. MassHealth bases these Guidelines on generally accepted standards of practice, review of the medical literature, and federal and state policies and laws applicable to Medicaid programs.

Providers should consult MassHealth regulations at 130 CMR 409.000, giving particular attention to Section 409.428. Providers serving members enrolled in a MassHealth-contracted managed care organization (MCO) or a MassHealth-contracted integrated care organization (ICO) should refer to the MCO’s or ICO’s medical policies for covered services.

MassHealth reviews requests for prior authorization (PA) on the basis of medical necessity. If MassHealth approves the request, payment is still subject to all general conditions of MassHealth, including member eligibility, other insurance, and program restrictions.

## 1

### SECTION I. GENERAL INFORMATION

Strategies to augment communication or provide alternative communication employ various methods to assist individuals who are unable to effectively use speech to communicate. Augmentative and alternative communication strategies may supplement existing speech or replace it when it is not functional for communication. Such strategies may be unaided, and include gestures, body language, and/or sign language; or aided, and include paper/pencil, communication books/boards, and/or voice output Speech Generating Devices (SGD).

This guideline addresses PA for Augmentative and Alternative Communication (AAC) devices and software for devices that produce speech for people with severe expressive communication impairments. This device or software must be an integral part of a treatment plan for a person with severe expressive communication impairment who is otherwise unable to communicate basic functional needs or more complex concepts, such as ideas and questions. In addition, the device must be medically necessary and for use in all environments, including in the home and community.

The technological complexity of communication aids ranges from low- to high-tech. Low-tech communication aids typically include simple non-electronic aids created by placing pictures, symbols, letters, or words on a board or in a book. The individual 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 communication aids are electronic devices that allow for the storage and retrieval of electronic messages, as well as communication through speech output. High-tech devices can use similar methods of access as low-tech, including pointers and direct selection.

AAC devices aid communication for people with severe expressive communication impairment due to developmental and acquired conditions including, but not limited to, cerebral palsy, autism, aphasia, and amyotrophic lateral sclerosis. Successful use of a device requires both the ability to learn to communicate using the output as well as the physical ability to manipulate the device independently and functionally for communication. Detailed assessment of the person's communication abilities and needs, cognition, motor abilities, and vision is required to match the capability of the device to the person's medical needs. The person's ability to learn to communicate must be taken into account when choosing an appropriate device.

MassHealth reviews requests for PA for AAC devices on the basis of medical necessity, using 130 CMR 450.204 and 130 CMR 409.000, and, in particular, section 130 CMR 409.428, when needed to augment or replace communication skills in people with severe expressive communication impairment. PA to obtain an SGD or relevant software requires submission of a comprehensive AAC assessment documenting both medical necessity and information gathered during a trial period to demonstrate the ability to use the device effectively to communicate. If MassHealth approves the request, payment is still subject to all general conditions of MassHealth, including member eligibility, other insurance, and program restrictions.

# 2

## SECTION II. CLINICAL GUIDELINES

### A. CLINICAL COVERAGE

MassHealth bases its determination of medical necessity for AAC devices or software for devices that produce speech on clinical data including, but not limited to, indicators that would affect the relative risks and medical benefits related to the use of the equipment. These criteria include, but are not limited to, all of the following:

1. The member has a severe expressive communication impairment related to a medical condition or developmental disability that severely limits daily functional communication. AND
2. The member cannot meet daily functional communication needs by using unaided strategies. AND
3. The member has the cognitive, visual, language, and physical abilities to effectively use an AAC device. AND
4. A multidisciplinary team must recommend the device or software. The team must include a licensed, certified speech-language pathologist meeting nationally accepted knowledge and skill qualifications for augmentative and alternative communication service delivery. A licensed physician, nurse practitioner, or physician's assistant must prescribe the device or software. Other professionals may be included as needed for determining motor or other needs, such as physical access to the device. AND
5. The recommended device, system, or software is the least costly, medically appropriate alternative. AND
6. The recommended device or software matches the cognitive and physical capabilities of the member. AND

7. Device recommendations include the consideration of the impact of the presence of significant behaviors, if applicable, such as physical aggression and property destruction. AND
8. 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 device trial supporting the ability to use the device and any necessary accessories functionally for communication.
9. For subsequent upgrade of a previously provided AAC device or software, the determination of medical necessity will also be based on additional clinical data including, but not limited to clinical data-driven information supporting the functional medical benefit of the upgrade to the member in comparison to the initially provided AAC device or software.

## **B. NONCOVERAGE**

Under certain circumstances, MassHealth does not cover AAC devices or software for devices that produce speech. Examples of such circumstances include, but are not limited to, the following.

1. Devices or software used primarily for school or educational purposes.
2. Devices or software not limited to or configured to limit use to the purpose of communication.
3. Multiuse and general use devices not configured to limit the primary use to a medical purpose, such as for use as a speech-generating device, and not configured to prevent uses unrelated to communication.
4. Devices without accessories to protect them from damage.
5. Duplicate devices or software, including accessories for mounting and protection.
6. Web, cellular, or other device connectivity charges, and home modifications.
7. Failure to demonstrate during the trial period or at any subsequent time the ability to learn to use the device or software functionally for communication.

# 3

## **SECTION III. SUBMITTING CLINICAL DOCUMENTATION**

### **A. DURABLE MEDICAL EQUIPMENT**

All AAC devices and software require PA from MassHealth. Requests for PA for AAC must be accompanied by clinical documentation that supports the medical necessity for AAC, as described below, and must be submitted to MassHealth in accordance with 130 CMR 450.204 and 130 CMR 409.000, and, in particular, section 130 CMR 409.428. As part of the PA request, the provider of DME must obtain a written prescription and letter of medical necessity signed by the member's prescribing provider as required by 130 CMR 409.000.

Providers must use the MassHealth Prescription and Medical Necessity Review Form for DME, at <http://www.mass.gov/eohhs/gov/departments/masshealth/masshealth-provider-forms.html>, for this

purpose. Any additional clinical documentation supporting medical necessity must be submitted with the PA request. *Providers are strongly encouraged to submit PA requests electronically.* Providers must submit all information related to the request through the Provider Online Service Center (POSC) or by completing a *MassHealth Prior Authorization Request* form (PA-1) and attaching the documentation. Providers with any questions about POSC access may direct them to the MassHealth Customer Service Center, at 1-800-841-2900.

Documentation of medical necessity must include all of the following.

1. Documentation of the medical diagnosis or treatment of medical diagnoses related to the need for the AAC device or software by a licensed physician, licensed nurse practitioner, or licensed physician assistant, and containing the following information.
  - a. Severe expressive speech impairment
  - b. Medical condition or developmental disability causing speech impairment
  - c. Other medical conditions that might impair or change needs, e.g., motor, cardiovascular, pulmonary, neurologic
  - d. Medications and previous and current treatments
  - e. Prognosis of the medical condition and resulting speech impairment
  - f. Prescription or detailed written order, including the following information
    - i. Member's name
    - ii. Name of prescribing physician, licensed nurse practitioner, or licensed physician assistant
    - iii. Date of the prescription or order and start date (if start date different from the order date)
    - iv. The prescribing practitioner's National Provider Identifier (NPI) number
    - v. The signature of the prescribing practitioner
    - vi. Signature date
2. A formal face-to-face evaluation and assessment by a licensed, certified speech-language pathologist within six months prior to the date of the written request. The evaluation of communication skills and needs, cognition, and motor and visual abilities conducted must include the following elements.
  - a. Communication abilities and levels of function (including results of most recent formal and informal testing, name of test, and date performed, as appropriate):
    - i. Speech (articulation/intelligibility, oral-motor function, respiratory insufficiency, and other relevant information)
    - ii. Expressive language
    - iii. Receptive language
    - iv. Use of nonverbal communication strategies (signs, eye gaze, gestures, or other nonverbal communication strategies)
    - v. Other language skills (reading, writing, telephone, and computer)

- vi. Current and previous history using AAC devices, including dates utilized, and, if applicable, the reason the currently used device no longer meets communication needs
  - vii. Projected course of speech progress and needs
  - b. Sensory functioning:
    - i. Hearing ability
    - ii. Visual abilities
  - c. Psychometric or developmental testing characterizing cognitive and learning abilities and levels of function (include results of most recent formal testing, name of test, IQ or developmental levels, and date performed)
  - d. Behavioral and learning abilities observed, evaluated, or gathered from records of evaluations:
    - i. Executive-function skills, including attention span
    - ii. Memory
    - iii. Problem-solving skills
    - iv. Ability to understand cause and effect
    - v. Presence of significant behaviors, such as physical aggression and property destruction
  - e. Motor abilities and assessments:
    - i. Gross motor abilities (ambulatory, or walks with crutches/walker, or uses wheelchair; seating and positioning/posture; head control and trunk mobility; ability to use head stick)
    - ii. Fine motor and upper-extremity abilities and function (ability to point, type, write, access a device via direct selection)
    - iii. Ability to access via gaze, head mouse, single-switch or multiple-switch scanning, or other alternative access method
3. Detailed plan of care.
- a. Detailed description of the short- and long-term communication goals for device use
  - b. Treatment options considered, including types of communication support used in the past to meet goals, and why each is or is not appropriate
  - c. Data-driven AAC device or software trials, including the following information for each device or software tried:
    - i. Length of trial
    - ii. Data collected during the trial
    - iii. Environment in which the SGD or software trial took place (e.g., home, school, community)
    - iv. Manner in which the device or software was accessed (e.g., gaze, direct selection, scanning)
    - v. Member's ability to learn to use the device or software functionally for communication
    - vi. Sampling of messages communicated, including frequency, level of cueing, and communication partner

- vii. Number of messages expressed in a time period and level of cueing required for expression of such messages
  - viii. 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
  - ix. Communicative intents expressed
- d. Description of the recommended device/accessory/software; the rationale for selection, including cost comparisons among the devices or software tried; and how the recommended option meets the communication needs of the member. Documentation in the recommendation must specify that the devices/accessories/software are limited to or configured to limit use to the purpose of communication.
  - e. If this is a replacement device, document the cost to repair the existing device or software, and compare to the cost of the recommended replacement device.
  - f. Indicate the criteria that will be used to measure progress toward both short- and long-term goals.
  - g. Outline the training plan that will be used to maximize the use of the device or software, including plans for maintaining the system and implementing programming updates and modifications to accommodate changes in needs due to progression of the medical condition over time.
4. Attestation that the recommended device or software is limited to or configured to limit use to the purpose of communication is required.
- a. Speech-language pathologists must indicate in their documentation that the recommended device or software is limited to or configured to limit use to the purpose of communication.
  - b. The prescribing physician, licensed nurse practitioner, or licensed physician assistant meets the attestation by signing the *MassHealth Prescription and Medical Necessity Review Form for DME* in Section 7.
  - c. The DME provider meets the attestation by signing the *MassHealth Prescription and Medical Necessity Review Form for DME* in Section 4b.
  - d. The member or guardian meets the attestation by signing the delivery ticket specifying that the device or software received is limited to or configured to limit use to the purpose of communication.

## SELECT REFERENCES

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These Guidelines are based on review of the medical literature and current practice in Augmented and Alternative Communication (AAC). MassHealth reserves the right to review and update the contents of these Guidelines and cited references as new clinical evidence and medical technology emerge.

This document was prepared for medical professionals to assist them in submitting documentation supporting the medical necessity of the proposed treatment, products, or services. Some language used in this communication may be unfamiliar to other readers; in this case, contact your health care provider for guidance or explanation.

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