



Guidelines for Medical Necessity Determination for Augmentative and Alternative Communication Devices and Speech Generation Devices

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) or speech generation 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).

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.

Dedicated AAC devices are devices limited to primarily serve a medical purpose (e.g., solely for the purpose of expressive communication) such that they are generally NOT useful in the absence of disability, illness, or injury. Non-dedicated devices are non-medical devices designed for a non-medical purpose and are generally useful in the absence of disability, illness, or injury; however, they may also include functionality for use as a communication tool.

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.

This guideline addresses PA for AAC devices and software for medically necessary devices that produce speech for people with severe expressive communication impairments. When medical necessity for a speech generation device is established, such coverage may include both dedicated devices and—under certain circumstances set forth in state law, for children under 21 years of age with Autism Spectrum Disorder—non-dedicated devices. The medical necessity for an AAC device must be met regardless of whether the member's provider recommends a dedicated or non-dedicated device. 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 for use in all environments, including in the home and community.

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 AAC, 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 requested 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, 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 eligible for federal matching funds. AND
6. For members under age 21, MassHealth covers non-dedicated devices under certain circumstances if the total net cost to MassHealth for the non-dedicated device is equal to or less than the total net cost of a comparable dedicated device.

Specifically, MassHealth covers non-dedicated devices for:

- Members under 21;
- With a diagnosis of an autism spectrum disorder;
- Who meet MassHealth's prior authorization (PA) requirements set forth in these guidelines;
- **Only if** the total cost to MassHealth for a comparable non-covered, non-dedicated device is equal to or less than the net cost of the approved, covered (dedicated) AAC device. For purposes of this cost comparison, MassHealth will compare its net cost for a dedicated device **after applying any costs covered by a member's insurance other than MassHealth (third party liability or TPL)** to the cost of a non-dedicated device.

Note that all other MassHealth requirements apply and must be met, including but not limited to, member eligibility requirements and third party liability requirements, such as those related to MassHealth's role as payor of last resort. See e.g., 130 CMR 409.403 (member eligibility) and 409.428 (DME AAC provisions); 130 CMR 450.316 (TPL). MassHealth regulations at 130 CMR 450.105 specifically state, for each coverage type, which services are covered and which members are eligible to receive those services. AND

7. The recommended device or software matches the cognitive and physical capabilities of the member. AND
8. Device recommendations include the consideration of the impact of the presence of significant behaviors, if applicable, such as physical aggression and property destruction. AND
9. 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.
10. 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 that demonstrates why the initially covered AAC device or software is no longer clinically effective in meeting the member's medical need and that supports 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 (i.e., "dedicated" devices) except for non-dedicated devices that meet the state net cost comparison described in Section II.A.6. above for children under 21 years of age with autism spectrum disorder.

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 with the exception of medically necessary, cost effective, non-dedicated devices for children under 21 years of age with autism spectrum disorder as above.
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

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 in Section III.A. 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. Required clinical documentation can be found below in subsection A and instructions for submission of the PA request in subsection B.

A. DOCUMENTATION OF MEDICAL NECESSITY FOR ALL AAC DEVICES MUST INCLUDE ALL OF THE FOLLOWING:

1. A prescription by the primary care provider documenting the following information:
 - a. Severe expressive speech impairment
 - b. Medical condition or developmental disability or treatment of medical diagnoses causing speech impairment and/or related to the medical need for the AAC device or software
 - 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. A 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 is 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 speech-language pathologist experienced in AAC service delivery within six months prior to the date of the written PA 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 by the evaluating Speech Language Pathologist.
 - 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.

B. INSTRUCTIONS FOR SUBMISSION OF PRIOR AUTHORIZATION REQUESTS

- 1. AAC Dedicated Devices - Durable Medical Equipment—PA Must be Submitted by the MassHealth Enrolled DME Provider

Providers are strongly encouraged to submit PA requests electronically. DME providers must submit with the PA request the following documentation and any additional clinical documentation, containing the elements described in Section III.A. above and supporting medical necessity:

- a. DME providers must submit all information related to the request through the Provider Online Service Center (POSC) or by completing both a MassHealth Prior Authorization Request form (PA-1) and attaching the supporting documentation. Providers with any questions about POSC access may direct them to the MassHealth Customer Service Center, at 1-800-841-2900.

- b. a written prescription signed by the member's primary care provider as per Section III.A.1. above
 - c. an evaluation by a speech language pathologist experienced in AAC service delivery, as per Section III.A.2.
 - d. Providers must also submit 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.
 - e. DME provider's attestation that the requested device or software is dedicated—limited to or configured to limit use to the purpose of communication is required. The DME provider meets the attestation by signing Section 4b of the MassHealth Prescription and Medical Necessity Review Form for DME.
2. AAC NON-DEDICATED DEVICES for Children Under 21 Years of Age with Autism Spectrum Disorder – PA Must be Submitted by a MassHealth Enrolled SPEECH LANGUAGE PATHOLOGIST

Providers are strongly encouraged to submit PA requests electronically. Providers must submit with the PA request the following documentation and any additional clinical documentation, containing the elements described in Section III.A. above and supporting medical necessity:

- a. 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 supporting documentation. Providers with any questions about POSC access may direct them to the MassHealth Customer Service Center, at 1-800-841-2900. The Prior Authorization for the non-dedicated device must itemize these requirements:
 - i. A primary medical diagnosis corresponding to the speech impairment, per Section II.A.1 above; and a secondary medical diagnosis corresponding to autism spectrum disorder by a licensed physician or licensed psychologist (See Section III.B.2.d below).
 - ii. The submitting speech language pathologist will coordinate with the MassHealth durable medical equipment (DME) provider and submit with the PA request for the non-dedicated AAC device a request for any medically necessary accessories a member may need to assist in using the non-dedicated AAC device. The type of accessories a member may require to assist in using the non-dedicated AAC device may include: speakers; mounting post; installation of necessary AAC software such as speech device software; or other items.
 - iii. The MassHealth-enrolled DME Provider's NPI should be listed on the Prior Authorization request with any medically necessary accessories requested for the member.
- b. a written prescription signed by the member's primary care provider as per Section III.A.1. above
- c. an evaluation by a speech language pathologist experienced in AAC service delivery, as required by Section III.A.2.
- d. a copy of an evaluation documenting a diagnosis of autism spectrum disorder made by a licensed physician or psychologist experienced in the diagnosis and treatment of autism with developmental or child/adolescent expertise
- e. Supporting documentation signed by the submitting Speech Language Pathologist attesting that the recommended device or software is to be used for the purpose of communication.

4

SECTION IV. NON-DEDICATED DEVICES—SPEECH LANGUAGE PATHOLOGIST FOLLOW-UP OFFICE VISIT

1. The MassHealth-enrolled Speech Language Pathologist must have an in person office visit with the member to instruct the member in the appropriate use of the AAC device and accessories furnished for the member. Such instruction must include, but not be limited to:
 - a. The provision of appropriate information related to setup, features, routine use, troubleshooting, cleaning, infection control practices, and other issues related to the use and maintenance of all devices and accessories provided.
 - b. Training and instruction materials tailored to the needs, abilities, learning preferences, and language of the member and as appropriate.
 - c. Confirmation that the member can use all devices and accessories provided safely and effectively in the settings of anticipated use.
 - d. Written description of the instruction and the provision of such instruction in the member's record including the MassHealth-enrolled Speech Language Pathologist's signed documentation that the member received the device and accessories as generally required by 130 CMR 450.000 recordkeeping requirements and as more specifically set forth below:
 - instruct the member, or the member's caregiver, in the appropriate use of the device furnished to the member. Such instruction must include, but not be limited to, the provision of appropriate information related to setup, features, routine use, troubleshooting, cleaning, and other issues related to the use and maintenance of all the devices provided. Instructions must be commensurate with the risks, complexity, and manufacturer's instructions and specifications for the device;
 - tailor training and instruction materials and approaches to the needs, abilities, learning preferences, and language of the member and caregivers, as appropriate;
 - document the provision of such instruction in the member's record;
 - ensure that the member and the member's caregivers, as appropriate, can use all DME provided safely and effectively in the settings of anticipated use.
 - e. Delivery to the member for medical use of the non-dedicated AAC device and, if applicable, medically necessary accessories.

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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