# Guidelines for Medical Necessity Determination for Augmentative and Alternative Communication Devices, Including Speech-Generating Devices

These guidelines for medical necessity determination (guidelines) identify the clinical information that MassHealth needs to determine medical necessity for coverage of speech-generating devices (SGD). For the purposes of these guidelines, the term SGD is a category of alternatives for expressive communication within the broader scope of augmentative and alternative communication (AAC). 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: Durable Medical Equipment Services* giving particular attention to Section 409.428: A*ugmentative and Alternative Communication Devices and Speech Generation Devices (AAC)* and the MassHealth DME and Oxygen Payment and Coverage Guidelines Tool for information about coverage, limitations, service conditions, and other prior-authorization (PA) requirements. Providers serving members enrolled in a MassHealth-contracted accountable care partnership plan (ACPP) or managed care organization (MCO) should refer to the ACPP's or MCO's medical policies for covered services.

Providers serving members enrolled in a MassHealth-contracted accountable care partnership plan (ACPP), managed care organization (MCO), integrated care organization (ICO), Senior Care Organization (SCO), or Program of All-inclusive Care for the Elderly (PACE) should refer to the ACPP's, MCO's, ICO's, SCO's, or PACE's medical policies, respectively, 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

### AUGMENTATIVE AND ALTERNATIVE COMMUNICATION

Augmentative and alternative communication (AAC) is an area of clinical practice that supplements or compensates for impairments in speech-language production and/or comprehension, including spoken and written modes of communication. 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).

## COMMUNICATION AIDS AND DEVICES

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 such as SGDs are electronic devices that allow for the storage and retrieval of electronic messages, as well as communication through speech output. High-tech SGD devices can use similar methods of access as low-tech, including pointers and direct selection.

SGDs 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 an SGD requires both the ability to learn to communicate using the output as well as the physical ability to manipulate the device independently 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.

## DEDICATED VERSUS NON-DEDICATED SGD

For the purposes of these guidelines, SGDs are categorized as two types:

1) dedicated; or

2) non-dedicated.

Dedicated SGD devices are devices originally designed 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. Dedicated devices qualify for Medicaid federal matching funds. In contrast, non-dedicated SGD devices are devices originally designed for non-medical purposes and are generally useful even in the absence of disability, illness, or injury; however, they may also include functionality for use as a communication tool.

Non-dedicated SGDs are devices designed for a non-medical purpose and are generally useful in the absence of disability, illness, or injury. Non-dedicated devices are not considered medical devices and therefore do not qualify for Medicaid federal matching funds.

These guidelines address PA for both dedicated or non-dedicated SGDs, software, and accessories for medically indicated purposes that require speech to be produced for people with severe expressive communication impairments. When medical necessity for a SGD is established, such coverage may include both dedicated devices and—*under certain circumstances set forth in state law, for individuals younger than 21 years of age with autism spectrum disorder*—non-dedicated devices. The medical necessity for an SGD 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 an SGD, software, and accessories on an individual, case-by-case basis, and considers approval for coverage in accordance with 130 CMR 450.204: *Medical Necessity* and 130 CMR 409.000, and, in particular, section 130 CMR 409.428. PA review focuses on the medical need to augment or replace communication skills for people with severe expressive communication impairment. PA to obtain an SGD, relevant software, and accessories 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.

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## SECTION II. CLINICAL GUIDELINES

### A. CLINICAL COVERAGE

MassHealth bases its determination of medical necessity for an SGD, software, and accessories 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.

For *any SGD*, 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 a SGD; AND
4. A multidisciplinary team must recommend the device, software, and accessories. The team must include a licensed, certified speech-language pathologist meeting nationally accepted knowledge and skill qualifications for augmentative and alternative communication service delivery. Other professionals may be included as needed for determining motor or other needs, such as physical access to the device. Pursuant to 130 CMR 409.402: *Definitions* and in accordance with 130 CMR 409.416: *Requirements for Prescriptions or Letters of Medical Necessity Completed by the Ordering Practitioner*, the ordering practitioner must prescribe the device, software, and accessories being requested; AND
5. The recommended device or software matches the cognitive and physical capabilities of the member; AND
6. Device recommendations include the consideration of the impact of the presence of significant behaviors, if applicable, such as physical aggression and property destruction; AND
7. 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 functionally use the device and any necessary accessories for communication.
8. The recommended *dedicated SGD*, system, or software must be the least costly, medically appropriate alternative eligible for federal matching funds.

9. For any *non-dedicated SGD*, additional criteria apply. *Coverage of non-dedicated devices is for members younger than 21, under certain circumstances.*

   Specifically, MassHealth covers non-dedicated devices for members who:

   - are younger than 21; AND
   - have a diagnosis of an autism spectrum disorder; AND
   - meet MassHealth's PA requirements set forth in these guidelines; AND
   - have evidence that the non-dedicated SGD is determined to be the most clinically appropriate communication device versus a dedicated SGD and all attempts have been made to obtain coverage of the non-dedicated SGD through the member's insurance other than MassHealth (third-party liability (TPL)); AND
   - MassHealth has determined that the device meets the cost comparison requirement of M.G.L. c. 118E section 10H.

10. *Coverage of subsequent upgrade of a previously provided SGD.* For subsequent upgrade of a previously provided SGD device or software, MassHealth's 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 SGD 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 SGD device or software.

## B. NONCOVERAGE

Under certain circumstances, MassHealth does not cover an SGD 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. Non-dedicated devices that DO NOT meet the requirements described in Section II.A.9. for individuals younger than 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. This does not apply to coverage of non-dedicated devices for individuals younger than 21 years of age with autism spectrum disorder pursuant to the requirements of Section II.A.9. 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 costs, and home modifications.
7. Failure to demonstrate during the trial period or at any subsequent time the ability to learn to functionally use the device or software for communication.

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## SECTION III. SUBMITTING CLINICAL DOCUMENTATION

All SGD, software, and accessories require PA from MassHealth. Requests for PA for SGD must be accompanied by clinical documentation that supports the medical necessity for SGD, 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 in the instructions for submission of the PA request in subsection B.

### A. DOCUMENTATION OF MEDICAL NECESSITY FOR ALL SGD, SOFTWARE, AND ACCESSORIES MUST INCLUDE ALL OF THE FOLLOWING:

1. A prescription or a MassHealth DME Prescription and Medical Necessity Review Form completed by the ordering practitioner in accordance with 130 CMR 409.416, documenting the following information:
    a. the member's name;
    b. the date of the prescription;
    c. the name and quantity of the prescribed item and the number of refills (if appropriate);
    d. the name, National Provider Identifier (NPI) number, and signature of the ordering practitioner and date signed;
    e. medical justification for the item(s) being requested, including diagnosis or ICD-10 code;
    f. the equipment settings, hours to be used per day, options, or additional features, as they pertain to the equipment;
    g. anticipated length of need;
    h. the expected outcome and therapeutic benefit of providing the requested item(s) or treatment, when requested; and
    i. upon request, a summary of any previous treatment plan, including outcomes, that was used to treat the diagnosed condition for which the prescribed treatment is being recommended.
2. A formal evaluation and assessment by a licensed speech-language pathologist experienced in AAC service delivery within six months before 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 used, and, if applicable, the reason the currently used device no longer meets communication needs; and

vii. Projected course of speech progress and needs;

b. Sensory functioning:

i. Hearing ability; and

ii. Visual abilities;

c. 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; and

v. Presence of significant behaviors, such as physical aggression and property destruction;

d. 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); and

iii. Ability to access via gaze, head mouse, single-switch or multiple-switch scanning, or other alternative access method;

3. A detailed plan of care by the evaluating speech language pathologist must include the following elements:

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 SGD 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. Data sheets, including messages communicated, 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; and

ix. Communicative intents expressed;

d. Description of the recommended device/accessory/software; the rationale for selection, and how the recommended option meets the communication needs of the member. Documentation in the recommendation must specify that the devices/accessories/software will be limited to or configured to limit use to the purpose of communication;

e. If PA is sought for 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; and

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 PA REQUESTS

1. *For dedicated SGDs,* a durable medical equipment (DME) PA must be submitted by the MassHealth-enrolled DME provider.

   *Providers are strongly encouraged to submit PA requests electronically.* The DME provider is required to follow PA requirements as identified on the MassHealth Payment and Coverage Guideline Tools 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. a written prescription signed by the member's ordering practitioner as per Section III.A.1. or a completed MassHealth Prescription and Medical Necessity Review Form for DME at MassHealth DME Prescription and Medical Necessity Review Form, for this purpose.

   b. a formal evaluation and assessment by a speech language pathologist experienced in AAC service delivery, as per Section III.A.2.

   c. a DME provider's attestation that the requested device or software is dedicated—limited to or configured to limit use to the purpose of communication. The DME provider meets the attestation by signing the MassHealth Prescription and Medical Necessity Review Form for DME.

2. *For non-dedicated SGDs for members younger than 21 years of age with autism spectrum disorder,* a PA must be submitted by a speech language pathologist (SLP) enrolled in MassHealth or affiliated with a MassHealth provider (e.g., outpatient clinic or hospital outpatient department).

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

a. a written prescription signed by the member's ordering practitioner as per Section III.A.1. or a completed MassHealth Prescription and Medical Necessity Review Form for DME at MassHealth DME Prescription and Medical Necessity Review Form, for this purpose.

b. a formal evaluation and assessment by a speech language pathologist experienced in AAC service delivery, as per Section III.A.2.

c. a DME provider's attestation that the requested device or software is dedicated—limited to or configured to limit use to the purpose of communication. The DME provider meets the attestation by signing the MassHealth Prescription and Medical Necessity Review Form for DME.

2. For non-dedicated SGDs for members younger than 21 years of age with autism spectrum disorder, a PA must be submitted by *a speech language pathologist (SLP) enrolled in MassHealth or affiliated with a MassHealth provider (e.g., outpatient clinic or hospital outpatient department).*

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

a. a primary medical diagnosis corresponding to the speech impairment, and a secondary medical diagnosis corresponding to autism spectrum disorder by a licensed physician or licensed psychologist;

b. for members for whom MassHealth is not the primary health coverage, a copy of a denial letter from the member's primary health insurance or written evidence of policy coverage criteria indicating non-coverage of the requested non-dedicated device;

c. a written prescription signed by the member's prescribing provider as per Section III.A.1. or a completed 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;

d. an evaluation by a speech language pathologist experienced in AAC service delivery, as required by Section III.A.2;

e. indication from the SLP of the specific device, software application, and protective case and accessories being requested, as appropriate; and

f. supporting documentation signed by the submitting SLP attesting that the recommended device or software is to be used for the purpose of communication.

Please note: The SLP will coordinate with a MassHealth DME provider to obtain additional DME needed to operate the non-dedicated SGD device with applicable HCPCS coding. This may include, but is not limited to, items such as wheelchair mounting devices. The DME provider is required to follow PA requirements as identified on the MassHealth Payment and Coverage Guideline Tools.

3. Prior Authorization Submission Instructions

a. Providers must submit all information, related to the request, electronically through the Long-Term Services and Supports Management System (LTMS) or, if submitted by mail, by completing a MassHealth Prior Authorization Request form (PA-1) and attaching

supporting documentation. If submitting a non-electronic request, the provider should mail the PA-1 form and any supporting documentation to the address on the back of the PA-1 form. Providers can call the MassHealth LTSS Provider Service Center at (844) 368-5184 with any questions about LTMS access.

b. *Community Case Management (CCM) members:* When submitting PA requests for CCM members, all information related to the request should be submitted using the Provider Online Service Center (POSC) or, if submitting by mail, complete a MassHealth Prior Authorization Request form (PA-1) and attach any supporting documentation. If submitting a non-electronic request, the provider should mail the PA-1 form and any supporting documentation to the address on the back of the PA-1 form. Providers can call the MassHealth Customer Service Center at (800) 841-2900 with any questions about POSC access.

4. Non-Dedicated SGD Procedure Codes and Modifiers

| Authorized Provider Type | Description of Service | Procedure Code | Modifier | Biled Amount | Comments |
|---|---|---|---|---|---|
| Speech language pathologist | Non-dedicated SGD | E2510 - Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access (MassHealth usage of this code with modifier is for non-dedicated speech generating device.) | TW | $0 | MassHealth will purchase the non-dedicated SGD and will provide the therapist with the device for delivery to the member. |
| Speech language pathologist | Non-dedicated SGD software | E2511 – Speech generating software program | TW | $0 | MassHealth will purchase the non-dedicated SGD and will provide the therapist with the device for delivery to the member. |

| Authorized Provider Type | Description of Service | Procedure Code | Modifier | Biled Amount | Comments |
|---|---|---|---|---|---|
| Speech language pathologist | Protective case | E2599 - Accessory for speech generating device, not otherwise classified (protective case) | TW | $0 | MassHealth will purchase the protective case and will provide the therapist with the device for delivery to the member. |
| DME provider | Accessories other than protective case (e.g., mounting systems, speakers, etc.) | E2512 - Accessory for speech generating device, mounting system<br><br>E2599 - Accessory for speech generating device, not otherwise classified (not covered if used as a modificatwion to home internet or phone services) | NU | DME provider's billed amount is set forth in 101 CMR 322.00. | DME providers should continue to follow current MassHealth billing protocol when billing for DME accessories other than protective case. |

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

Follow up visits for training should be governed by appropriate standards of care and applicable MassHealth regulations.

## SELECT REFERENCES


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4. United States Society for Augmentative and Alternative Communication. Available at: http://ussaac.org/about -us/. Accessed February 12, 2016.

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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, such readers should contact their health care provider for guidance or explanation.

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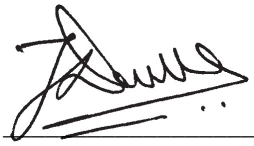
Approved by: 

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