MINNESOTA MEDICAL ASSISTANCE
CRITERIA FOR AUTHORIZATION
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Standards for Augmentative Communication Devices (E2500-E2599)

Augmentative Communication Device: A device dedicated to transmitting or producing messages or symbols in a manner that compensates for the impairment and disability of a recipient with severe expressive communication disorders (e.g., communication picture books, communication charts and boards, and mechanical/electronic devices). Devices requested for the sole purpose of education will not be approved.

• Augmentative communication devices are obtained from MHCP enrolled medical equipment and supply providers and manufacturers of augmentative communication devices.

• Technical services, such as repairs, are covered. Bill repairs with the augmentative communication device HCPCS code and the repair modifier (RP). Labor time (number of hours) for repairs is billed with the HCPCS labor code.

• Indirect time spent programming, upgrading, modifying or setting up an augmentative communication device or communication/picture book for a recipient is not billable. Only direct time spent with the recipient is billable and documentation in the patient's records must support the need for face-to-face involvement.

Criteria for Authorization of Augmentative Communication Devices

All points must be addressed for the authorization to be considered.

• A description of the current medical status and history.

• An assessment of the verbal and physical capabilities in relation to need and use of an augmentative communication device (electronic and non-electronic). **Speech dx must be severe. Prognosis for verbal speech should be poor/chronic/stable.

• A detailed description of the therapeutic history in the areas of physical and occupational therapy and speech-language pathology. The nature, frequency, and duration of total therapeutic history provided to the recipient. Speech-language treatment approaches in relation to the need and use of an augmentative communication device must be detailed.. MN MA focuses the most on speech therapy history and takes into consideration the patient (an ALS patient would not have a history of any of these services). Occasionally, Blue Plus MCO will still follow this guideline and request this information. However, speech therapy history is the most important. For children in need of eye gaze, PT/OT history can be included.

• An explicit evaluation of each augmentative communication device or method of communication tried by the recipient and information on the effectiveness of each device. All parameters of device selection must be addressed (e.g., interactive ability in all situational contexts; school, home, community, vocational, work, and social environments). A trial period of the device is requested when there is no device currently being used.

• A detailed description of the recipient's ability to use the proposed device, including speed and accuracy. Situation references dependent upon the mobility level of the recipient must be addressed (e.g., How will the device be adapted to meet the needs of a recipient who uses a walker? Is the communication device less obtrusive than other methods when mobility levels are considered?). Empirical data regarding the trial period of use with the device is required (e.g., frequency of device use in various settings).

• A description of the level of communication initiation with the selected communication device and indicate whether or not the equipment is used accurately and spontaneously. If the pattern of initiation is different from past history, provide an explanation and justification for the change.

Trials: Trial period does not have a specific time requirement. MN MA just requires that some sort of AAC has been trialed and requires justifications for why techniques/devices were ruled in/out. Regarding the recommended equipment, they do prefer to see success with the equipment in various environments (home, school, therapy). However, they will take into consideration the client and the client's circumstances. For example, they do not expect an ALS patient to participate in a one-month trial, as patients with ALS are typically cognitively intact, and this disease is progressive. Trial periods within therapy sessions are appropriate. For children, they can trial snap+core on an iPad – the SLP will just need to justify that the child was able to generalize the software from the iPad to the recommended device and rule out the iPad. For children requiring gaze, the reps typically have them complete a one-month trial to ensure they can use it properly.

**If a child/patient had a previous device in the past, that can count as trial data, and the new device being requested does not have to be trialed. Rationale for the new device will be required.

**Device use trialed in various environments with various partners are preferred, but not always necessary, and the client's situation is taken into account. For example, a child may only have access to a school owned iPad, utilization of the device in the classroom, in speech therapy, in the cafeteria, etc. should be documented, along with teachers, therapists, principals (as communication partners). For patients participating in a one month trial/for those who have trialed AAC for an extended amount of time, this should be documented with various environments and communication partners (family, siblings, doctors, therapists, teachers).

**There is no specific time requirement, as long as there is documentation of a trial period.

**Sign language, writing, PECS/communication boards must all be ruled out.

• A detailed description and plan for the proposed nature, frequency, and duration of therapeutic intervention in relation to the augmentative communication device. Include all therapeutic intervention necessary.

For additional authorization policies and procedures, refer to the Authorization chapter (Ch. 5).

**Treatment schedule with a duration and frequency (1x/week for 6 weeks; 1x/week for 12 weeks with reassessment occurring every 12 weeks; based on IEP minutes) is required; *Goals: do not have to have criteria (accuracies); but should be based on trial success/what the patient has already accomplished and should not be overly simple (should not be will turn on/off device). Example, if a patient already calibrated a device

during the trial and it is noted, that should not be a goal.

Non-covered Services Relating to Augmentative Communication Devices

• Environmental control devices such as switches, control boxes or battery interrupters;

• Modification, construction, programming, or adaptation of communication systems;

• Facilitated communication: a technique by which a "facilitator" provides physical and other supports in an attempt to assist a person with a significant communication disability to point to pictures, objects, and printed works or letters. (MHCP does not cover facilitated communication by any provider.);

• Personal computers and laptop computers that are not dedicated communication devices;

• Telephones; and

• Carry cases when a mounting device has been purchased.