STATE OF IOWA DEPARTMENT OF
Health AND Human
SERVICES

Augmentative Communication Systems
DME-003

Iowa Medicaid Program:	Prior Authorization	**Effective Date:**	1/1/2005
Revision Number:	10	**Last Rev Date:**	4/19/2024
Reviewed By:	Speech-Language Consultant	**Next Rev Date:**	4/18/2025
Approved By:	Medicaid CAC	**Approved Date:**	9/10/2019

Descriptive Narrative

Speech generating devices (SGDs), also called augmented communication devices, enable an individual to communicate with others more effectively. There are many devices that assist individuals by using speech or voice output and other combinations of assistance. SGDs have been created for individuals who cannot speak, are difficult to understand, or have language retrieval issues. Digitized speech devices are referred to as devices with "whole message" speech output. Digitized speech devices utilize words and phrases that have been pre-recorded by someone other than the user and used for playback by the user. Synthesized speech devices translate a user's input into device-generated speech. Users of synthesized speech devices are not limited to prerecorded messages but can independently create messages as their own communication needs arise.

These devices require the user to use a keyboard, touch screen, or other display containing an alphanumeric display. Synthesized speech devices allow the user different methods of message formulation and many methods of access. These methods of message formulation must include the capability for message selection by two or more of the following methods: letters, words, pictures, or symbols. Multiple methods of access must include the capability to access the device by two or more of the following methods: entering information by a keyboard, touch screen, or indirect selection techniques via a specialized access device such as a joystick, a head-mouse, an optical head-pointer, a switch, a light pointer, an infrared pointer, a scanning device, or Morse code.

Augmentative communication systems require prior authorization. In addition to the Request for Prior Authorization, form 470-2145, Augmentative Communication System Selection, is required. Information requested on form 470-2145 includes a medical history, diagnosis, and prognosis completed by a physician.

Criteria

SGDs may be considered medically necessary only in members with a medical condition resulting in a permanent severe expressive speech and/or language disability including, but not limited to, anarthria, aphasia, aphonia, apraxia, dysarthria, Down's syndrome, or childhood apraxia.

Prior to the approval of the speech-generating device, the member needs a formal evaluation of their cognitive and language abilities by a speech-language pathologist (SLP). The formal written evaluation must include, at a minimum, **ALL** the following elements:

1. The member has a permanent severe expressive speech and/or language disability including, but not limited to, anarthria, aphasia, aphonia, apraxia, or dysarthria; **AND**
2. An evaluation of current communication impairment, including the type, severity, language skills, cognitive ability, and anticipated course of the impairment; **AND**
3. Assessment of whether the individual's daily communication needs could be met using other natural modes of communication (e.g. sign language, writing) or other forms of treatment have been considered and ruled out. The assessment should include the description of the functional communication goals expected to be achieved and treatment options; **AND**
4. Demonstration that the individual possesses the cognitive and physical abilities to effectively use the selected device and any accessories to communicate including a 30-day trial that documents the successful use of the device; **AND**
5. For a subsequent upgrade to a previously issued SGD, information regarding the functional benefit to the individual of the upgrade compared to the initially provided SGD; **AND**
6. Rationale for selection of a specific device and accessories, specifically the need for any upgraded features from a basic device; **AND**
7. Treatment plan that includes a training schedule for the selected device; **AND**
8. A copy of the SLP's written evaluation and recommendation has been forwarded to the individual's treating physician prior to ordering the device.

A minimum 1-month trial period is required during which time the member should have access to the device daily in a variety of communication situations. Previous communication device use, cognitive level, and age of the member are considered in determining whether the trial period is adequate.

Exclusions

Desktop computers, laptop computers, pagers, personal digital assistants, portable multi-media players (e.g., iPod), smart phones, and tablet devices (e.g., Galaxy, iPads, Kindle), or other devices that are not dedicated SGDs are not a covered benefit. They do not meet the definition of durable medical equipment because they are useful in the absence of illness and injury.

Coding

The following list(s) of codes and product information are provided for reference purposes only and may not be all inclusive. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment, nor does the exclusion of a code imply that its association to the HCPCS code is inappropriate.

HCPCS	Description
E2500	Speech generating device, digitized speech, using prerecorded messages, less than or equal to 8 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.
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.
V5336	Repair/modification of augmentative communicative system or device (excludes adaptive hearing aid).

Compliance

1. Should conflict exist between this policy and applicable statute, the applicable statute shall supersede.
2. Federal and State law, as well as contract language, including definitions and specific contract provisions or exclusions, take precedence over medical policy and must be considered first in determining eligibility for coverage.
3. Medical technology is constantly evolving, and Iowa Medicaid reserves the right to review and update medical policy on an annual and as-needed basis.

Medical necessity guidelines have been developed for determining coverage for member benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in the service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. Criteria are revised and updated annually, or more frequently if new evidence becomes available that suggests needed revisions.

References

Optum 360 EncoderPro.

American Speech-Language-Hearing Association Position Guidelines: Augmentative and Alternative Communication. https://www.asha.org/Practice-Portal/Professional-Issues/Augmentative-and-Alternative-Communication/.

Development of utilization management criteria may also involve research into other state Medicaid programs, other payer policies, consultation with experts and review by the Medicaid Clinical Advisory Committee (CAC). These sources may not be referenced individually unless they are specifically published and are otherwise applicable to the criteria at issue.

Criteria Change History

Change Date	Changed By	Description of Change	Version
Signature			

Change Date	Changed By	Description of Change	Version
Signature			

Change Date	Changed By	Description of Change	Version
4/19/2024	CAC	Annual review.	10
Signature William Jagiello, DO			

Change Date	Changed By	Description of Change	Version
4/21/2023	CAC	Annual review.	9
Signature William Jagiello, DO			

Change Date	Changed By	Description of Change	Version
4/15/2022	CAC	Annual review.	8
Signature William Jagiello, DO			

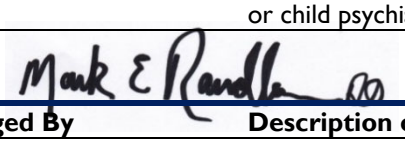
Change Date	Changed By	Description of Change	Version
4/16/2021	CAC	Annual review. Minor formatting changes.	7
Signature William Jagiello, DO			

Change Date	Changed By	Description of Change	Version
3/9/2020	Medical Director	Revisions made to Descriptive Narrative, Criteria, Coding, and References.	6
Signature William Jagiello, DO			

Criteria Change History (continued)

Change Date	Changed By	Description of Change	Version
8/23/2019	CAC	Criteria h – Added 'developmental pediatrician or child psychiatrist'.	5

Signature
Mark E. Randleman, DO



Change Date	Changed By	Description of Change	Version
1/16/2015	Medical Director	Added last paragraph in References.	4

Signature

Change Date	Changed By	Description of Change	Version
12/29/2014	Speech-Language Consultant	Criteria h - i and ii added "if relevant".	3

Signature

Change Date	Changed By	Description of Change	Version
2/8/2013	Policy	Added reference to electronic tablets, such as IPADS under non-covered.	2

Signature

Change Date	Changed By	Description of Change	Version
1/18/2013	CAC	Removed second paragraph under criteria.	1

Signature