

Revised Policy Information for ACDs

This is an update to an article posted on the TMHP website on February 8, 2008, entitled "Current Policy Information for ACDs." HHSC has completed its review of the current policy for ACDs.

Effective for dates of service on or after June 1, 2008, the benefit criteria for augmentative communication device (ACD) systems changed for Texas Medicaid.

An ACD system, also known as an augmentative and alternative communication (AAC) device system, allows a client with an expressive speech-language disorder to electronically represent vocabulary and express thoughts or ideas to meet the client's functional speech needs.

An ACD system is a benefit of Texas Medicaid (Title XIX) Home Health Services when the following criteria are met:

- The documentation submitted with the request supports the determination of medical necessity based on the criteria listed in this article.
- Federal financial participation is available.
- The requested equipment or supplies are safe for use in the home.

A digitized speech device (procedure codes J/L-E2500, J/L-E2502, J/L-E2504, and J/L-E2506), sometimes referred to as a "whole message" speech output device, uses words or phrases that have been recorded by someone other than the ACD system user for playback upon command of the ACD system user.

A synthesized speech device (procedure code J/L-E2508) requires the user to make physical contact with a keyboard, touch screen, or other display and translates a user's input into device-generated speech using algorithms representing linguistic rules. Users of synthesized speech ACD systems are not limited to prerecorded messages, but can independently create messages as their communication needs change. Synthesized speech devices containing letters may be reimbursed.

Other synthesized devices allow for multiple methods of message formulation and multiple methods of device access. Multiple methods of message formulation must include message selection by two or more of the following methods:

- Letters
- Words
- Pictures
- Symbols

Multiple methods of access must include the capability to access the device by direct physical contact with a keyboard or touch screen and one or more of the following indirect selection techniques:

- Joystick/switches
- Head mouse
- Optical head pointer
- Light pointer

- Infrared pointer
- Scanning device
- Morse code

These synthesized speech devices may be reimbursed using procedure code J/L-E2510.

Items included in the reimbursement for an ACD system and not reimbursed separately include, but are not limited to, the following:

- ACD.
- Basic, essential software (except for software purchased specifically to enable a client-owned computer or personal digital assistant [PDA] to function as an ACD system).
- Batteries.
- Battery charger.
- Power supplies.
- Interface cables.
- Interconnects.
- Sensors.
- Moisture guard.
- Alternating current (A/C) and/or other adapters.
- Adequate memory to allow for system expansion within a five-year timeframe.
- Access device, when necessary.
- Mounting device, when necessary.
- All basic operational training necessary to instruct the client and family/caregiver(s) in the use of the ACD system.
- Manufacturer's warranty.

Note: *With documentation from the manufacturer explaining why the repair is not covered by the warranty, nonwarranty repairs may be considered for prior authorization with procedure code 9-E1340.*

Noncovered items that are not necessary to operate the system and are unrelated to the ACD system or software components are not benefits of Texas Medicaid. These items include, but are not limited to:

- Carrying case

Exception: *Carrying cases may be reimbursed for ambulatory clients with documentation of medical necessity.*

- Printer
- Voice prosthetic or artificial larynx
- Wireless Internet access device

Computer software that enables a client's computer or PDA to function as an ACD system may be covered as an ACD system using procedure code J-E2511. Requests for ACD software may be considered for prior authorization if the software is more cost effective than an ACD system. If an ACD system is more cost effective than adapting the client's computer or PDA, an ACD system may be prior authorized instead of the ACD software.

Laptop or desktop computers, PDAs, or other devices that are not dedicated ACD systems are not a benefit of Texas Medicaid, because they do not meet the definition of durable medical equipment (DME).

Prior Authorization

Prior authorization is required for ACD systems provided through Home Health Services. The prior authorization also includes all related accessories and supplies.

A completed Home Health Services (Title XIX) Durable Medical Equipment (DME)/Medical Supplies Physician Order Form prescribing the DME and/or medical supplies including the prescribed ACD system, access device, and accessories (such as a mounting device) must be signed and dated by the prescribing physician familiar with the client before requesting authorization. All signatures must be **dated**, current, original, unaltered, and handwritten. Computerized or stamped signatures will not be accepted. The completed Home Health Services (Title XIX) Durable Medical Equipment (DME)/Medical Supplies Physician Order Form must be maintained by the requesting provider and the prescribing physician. The original signed copy must be kept in the physician's medical record for the client. The prescribing physician familiar with the client must review the speech-language pathologist (SLP) evaluation of the client's cognitive and language abilities and base the prescription and treatment plan on the SLP's recommendations.

To avoid unnecessary denials, the physician must provide correct and complete information, including documentation of medical necessity for the equipment and/or supplies requested. The physician must maintain documentation of medical necessity in the client's medical record. The requesting provider may be asked for additional information to clarify or complete a request for the ACD system.

The physician must provide information supporting the medical necessity of the equipment and/or supplies requested, including:

- Accurate diagnostic information pertaining to the underlying diagnosis or condition and any other medical diagnoses or conditions, including the client's overall physical and cognitive limitations.
- Diagnosis or condition causing the impairment of speech.
- Any significant medical information pertinent to ACD system use.
- Limitations of the client's current communication abilities, systems, and devices.
- Statement as to why the prescribed ACD system is the most effective, including a comparison of benefits using other alternatives.
- Complete description of the ACD system with all accessories, components, mounting devices, and/or modifications necessary for client use (must include manufacturer's name, model number, and retail price).

- Documentation that the client is mentally, emotionally, and physically capable of operating the device.
- A formal written evaluation performed by an SLP (signed and dated before the date on the physician's prescription) that includes:
 - The client's medical status/condition and the medical diagnoses underlying the client's expressive speech-language disorder that leads to the need for an ACD system.
 - The client's current expressive speech-language disorder, including the type and severity, present language skills, and anticipated course of the disorder.
 - A description of the practical limitations of the client's current aided and unaided modes of communication.
 - The client's motivation to communicate.
 - Assessment of the client's speech and language skills that includes the prognosis for speech and/or written communication.
 - Other forms of therapy/intervention that have been considered and ruled out.
 - Alternative ACD systems considered with a comparison of capabilities.
 - Rationale for the recommended ACD system and each accessory, including why the recommended device is the most appropriate, least costly alternative for the client and how the recommended system will benefit the client.
 - Documentation that the client possesses the cognitive, physical, interactional/behavioral, and social abilities to use the recommended system.
 - The client's intellectual, postural, visual and auditory sensory, and physical capabilities.
 - A comprehensive description of how the ACD system will be integrated into the client's everyday life, including home, school, or work.
 - Treatment plan that includes training in the basic operation of the recommended ACD system necessary to ensure optimal use by the client and, if appropriate, the client's caregiver, and a therapy schedule for the client to gain proficiency in using the ACD system.
 - A description of the client's speech-language goals and how the recommended ACD system will assist the client in achieving these goals.
 - Anticipated changes, modifications, or upgrades that will be needed to meet the client's long- and short-term speech-language needs.
 - Identification of the assistance and support needed by and available to the client to use and maintain the ACD system.
 - A statement that the SLP is financially independent of the ACD system manufacturer and vendor.

It is recommended that the preliminary evaluation for an ACD system include the involvement of an occupational or physical therapist to address the client's seating and postural needs, and the motor skills required to use the ACD system.

ACD System Accessories

Accessories for rental or purchase (procedure code J/L-E2599) are a benefit of Texas Medicaid if the criteria for ACD system prior authorization are met and the medical necessity for each accessory is clearly documented in the SLP evaluation.

All accessories necessary for proper use of an ACD system, including those necessary for the potential growth and expansion of the ACD system (such as a memory card), should be included in the initial prescription.

Access devices for an ACD system include, but are not limited to, devices that enable selection of letters, words, or symbols via direct or indirect selection techniques such as optical head pointers, joysticks, and ACD scanning devices. Gross motor access devices, such as switches and buttons, may be considered for clients with poor fine motor and head control. Fine motor, head control access devices, such as laser or infrared pointers, may be considered for clients with poor hand control and good head control.

Mounting systems (procedure code J/L-E2512) are devices necessary to place the ACD system, switches and other access devices within the reach of the client. Mounting devices may be considered for reimbursement when used to attach an ACD system or access device to a wheelchair or table. A request for prior authorization of a wheelchair mounting device must include the manufacturer name, model, and purchase date of the wheelchair. One additional mounting device, separate from the one included in the system, may be considered for prior authorization for the same client.

Rental and Purchase

To ensure the client's needs are met in the most cost-effective manner and to ascertain the most appropriate system and access device for the client, the ACD system will not routinely be prior authorized for purchase until the client has completed a six-month trial period that includes experience using the requested system. Prior authorization may be provided for rental during this trial period. All components necessary for use of the device, such as access devices, mounting devices, and lap trays, must be evaluated during this trial period. When the SLP has confirmed the appropriateness of a specific device for the client, the trial/ rental period can be cancelled.

When an ACD system is not available for rental, purchase may be prior authorized with documentation that the client has had recent experience with the requested ACD system.

A trial period is not required when replacing an existing ACD system unless the client's needs have changed and another ACD system or access device is being considered.

Replacement

ACD system equipment that has been purchased is anticipated to last a minimum of five years. Prior authorization for replacement may be considered within five years of purchase when one of the following occurs:

- The client's condition has changed such that the current device no longer meets his or her communication needs.
- The ACD system is no longer functional and cannot be repaired or it is not cost effective to repair.

- The ACD system has been lost or irreparably damaged. A copy of the police or fire report, when appropriate, and the measures to be taken to prevent reoccurrence must be submitted.

Replacements for clients 20 years of age and younger that do not meet these criteria may be prior authorized through the Texas Health Steps-Comprehensive Care Program (THSteps-CCP).

In situations where the equipment has been abused or neglected by the client, the client's family, or the caregiver, a referral to the Department of State Health Services (DSHS) THSteps Case Management unit will be made by the Home Health Services unit for clients 20 years of age and younger. Providers will be notified that DSHS will monitor the client's services to evaluate the safety of the environment for both the client and equipment.