MO HealthNet PA Criteria

Medical Procedure Class:	Augmentative Communication Devices (ACD) E1902RR, E1902NU, E2500RR, E2500NU, E2502RR, E2502NU, E2504RR, E2504NU, E2506RR, E2506NU, E2508RR, E2508NU, E2510RR, E2510NU, E2511NU, E2512NU, E2599NU
Implementation Date:	12/29/2009
Prepared for:	MO HealthNet
Prepared by:	MO HealthNet/Conduent

☒**New Criteria** ☐**Revision of Existing Criteria**

Executive Summary

Purpose:	To allow a more consistent and streamlined process for authorization of speech generating devices.

Why was this Issue Selected:	Senate Bill 577 passed by the 94th General Assembly directs MO HealthNet to utilize an electronic web-based system to authorize Durable Medical Equipment (DME) using best medical evidence and care and treatment guidelines, consistent with national standards to verify medical need.
Procedures subject to Pre-Certification	E1902: Communication board, non-electronic augmentative or alternative communication device E2500: Speech generating device, digitized speech, using pre-recorded messages, less than or equal to 8 minutes recording time E2502: Speech generating device, digitized speech, using pre-recorded messages, greater than 8 minutes but less than or equal to 20 minutes recording time E2504: Speech generating device, digitized speech, using pre-recorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time E2506: Speech generating device, digitized speech, using pre-recorded 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

Setting & Population:	All MO HealthNet fee-for-service participants

Approval Criteria

An ACD may be covered when criteria A, B and C are met.

A. An ACD evaluation has been performed by a MO HealthNet approved evaluation site. The evaluation must recommend the device requested. The ACD evaluation must be submitted in report form to the patient's physician and ACD device provider and must contain all of the following information:
   - Medical diagnosis related to communication dysfunction leading to the need for an ACD;
   - Current communication status and limitations;
   - Speech and language skills, including prognosis for speech and/or written communication;
   - Cognitive readiness for use of an ACD;
   - Interactional/behavioral and social abilities, both verbal and nonverbal;
   - Cognitive, postural, mobility, sensory (visual and auditory) capabilities and medical status;
   - Limitations of client's current communication abilities without an ACD (if a device is currently in use, a description of the limitations of this device);
   - Motivation to communicate via use of an ACD;
   - Residential, vocational, educational and other situations requiring communication;
   - Participant's name, address, date of birth, and MO HealthNet/MO HealthNet managed care ID Number;
   - Ability to meet projected communication needs: (Does ACD have growth potential? How long will it meet needs?);
   - Anticipated changes, modifications or upgrades for up to 2 years;
   - Training plans;
   - Plans for parental/caregiver training and support;
   - Statement as to why prescribed ACD is the most appropriate and cost effective device. Comparison of the advantages, limitations and cost of alternative systems evaluated with the participant *must* be included; AND

- Complete description of prescribed ACD including all medically necessary accessories or modifications.

B. One of the following criteria are met:
   - The participant *cannot* functionally communicate basic wants and needs either verbally or through gestures due to various medical conditions in which speech is *not* expected to be restored. (Basic needs include eating, drinking, toileting and indicating discomfort or pain); OR
   - The participant *cannot* verbally or through gestures participate in medical care, i.e., make decisions regarding medical care or indicate medical needs; OR
   - The participant *cannot* verbally or through gestures functionally communicate informed consent on medical decisions.

C. The ACD must be:
   - Medically necessary;
   - Consistent with the diagnosis condition or injury and *not* furnished for the convenience of the participant or family;
   - Necessary and consistent with generally accepted professional medical standards of care (i.e., *not* experimental or investigational);
   - Established as safe and effective for the participant's treatment protocol;
   - The most appropriate and least expensive device that meets the communication needs of the participant, and is *not* intended for vocational or academic reasons; AND
   - Supported by the client/family.

NOTE: Pre-certification of procedure code E2599, accessory for speech generating device not otherwise classified, requires the DME provider to contact the help desk at 800-392-8030.

Denial Criteria

The approval criteria are not met.

Quantity Limitation

Rental: Three (3) units of any one of the following: E1902, E2500, E2502, E2504, E2506, E2508, E2510.

Purchase: One (1) unit of one of the following: E1902, E2500, E2502, E2504, E2506, E2508, E2510; one (1) unit of E2511; one (1) unit of E2512; one (1) unit of E2599.

Approval Period

The approval period is 90 days.