



MO HealthNet PA Criteria

Medical Procedure Class:	Augmentative Communication Devices
Procedure Codes	E1902RR, E1902NU, E2500RR, E2500NU, E2502RR, E2502NU, E2504RR, E2504NU, E2506RR, E2506NU, E2508RR, E2508NU, E2510RR, E2510NU, E2511NU, E2512NU, E2599NU
Implementation Date:	12/29/2009

New Criteria

Revision of Existing Criteria

Executive Summary

Purpose:	To allow a consistent and streamlined authorization process for Speech Generating Devices.
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Why was this Issue Selected:	Senate Bill 577 passed by the 94 th General Assembly directs MO HealthNet to utilize an electronic web-based system to authorize Durable Medical Equipment using best medical evidence and care and treatment guidelines, consistent with national standards to verify medical need.
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Procedures subject to Pre-Certification	<p>E1902: Communication board, non-electronic augmentative or alternative communication device</p> <p>E2500: Speech generating device, digitized speech, using pre-recorded messages, less than or equal to 8 minutes recording time</p> <p>E2502: Speech generating device, digitized speech, using pre-recorded messages, greater than 8 minutes but less than or equal to 20 minutes recording time</p> <p>E2504: Speech generating device, digitized speech, using pre-recorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time</p> <p>E2506: Speech generating device, digitized speech, using pre-recorded messages, greater than 40 minutes recording time</p> <p>E2508: Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device.</p> <p>E2510: Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of</p>
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	<p>device access</p> <p>E2511: Speech generating software program, for personal computer or personal digital assistant</p> <p>E2512: Accessory for speech generating device, mounting system</p> <p>E2599: Accessory for speech generating device not otherwise classified</p>
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Setting & Population

All MO HealthNet fee for service participants.

Approval Criteria

An Augmentative Communication Device (ACD) may be covered when criteria A, B, and C are met.

- A. An augmentative communication device 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 units of any one of the following: E1902, E2500, E2502, E2504, E2506, E2508, E2510.

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

Conversion

Manual conversion of existing precertification that are unused.

Approval Period

90 days

Appendix A: Potential Questions for Step 1 and Step 2

****The following questions may be encountered as part of the approval and denial criteria. Depending on the patient's history and the way previous questions may be answered, not every question may be asked for every patient.**

1. Does the patient currently own an Augmentative Communication Device?
2. Was a referral for an evaluation received from a MO HealthNet enrolled physician?
3. Does the patient have a medical condition resulting in a severe expressive speech impairment?
4. Is the patient unable to functionally communicate basic wants and needs verbally or through gestures due to a medical condition?
5. Is the patient unable to participate in medical care (i.e. making decisions or indicating needs) either verbally or through gestures?
6. Are the patient speaking needs unable to be met using natural communication methods?
7. In addition to the speech pathologist, did at least two of the following individuals participate in the evaluation? Licensed audiologist, educator, OT, PT, physician, mnfr rep, social worker, case manager or second speech pathologist
8. Does the evaluation document the following (check all that apply):
 - 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 clients' 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
 - Complete description of ACD prescribed including all medically necessary accessories or modifications

9. Is the prescribed device the most appropriate, least expensive device that will meet the patient communication needs and is not intended for vocational or academic reasons?
10. Does the DME provider record contain a copy of the ACD Evaluation?
11. Is the HCPCS code selected the Pricing, Data Analysis and Coding (PDAC) approved code for the device recommended in the ACD evaluation?
12. Are additional items medically necessary?
13. If E2599 is medically necessary then you must contact the helpdesk at 1-800-392-8030. Please have available a description of the items being requested and medical justification.
14. Does the evaluation document the medical necessity of the requested device?
15. Is a trial period necessary for this device?