

# AUGMENTATIVE AND ALTERNATIVE COMMUNICATION (AAC)

## SPEECH-GENERATING DEVICES

### Overview:

Speech-generating devices (referred to as SGDs) for augmentative communication are devices providing voice output (recorded or digital) that are 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 and limitations.

Prior Authorization is required for the purchase of all devices and accessories, replacements and repairs. All prior authorization requests must be submitted through the Provider Portal.

You MUST submit an itemized listing of ALL components requested (including a brief description; e.g., E2512 Daessy Mount, E2599 Daessy Inner Piece, etc.).

### Eligible Providers:

Augmentative/alternative communication (AAC) devices are obtained from any of the following contracted OHCA providers of durable medical equipment (DME):

- Medical equipment and supply providers
- AAC device manufacturers

### Covered Devices and Accessories:

The Oklahoma Health Care Authority may cover the following items for augmentative communication if supported by medical necessity:

AAC devices including:

- Speech-generating devices, digitized speech, using prerecorded messages (refer to HCPCS coding instructions for specific codes)
- Speech-generating devices, synthesized speech, requiring message formulation by spelling and access via physical contact (refer to HCPCS coding instructions for specific codes)
- Speech-generating devices, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access (refer to HCPCS coding instructions for specific codes)

## AUGMENTATIVE AND ALTERNATIVE COMMUNICATION (AAC)

### SPEECH-GENERATING DEVICES

- Non-dedicated devices (will consider most recent tablet model with the smallest storage capacity): The non-dedicated device should be coded as E2599 for 1 unit and is manually priced. (Included are the tablet device, ONE comprehensive AAC application (“app”), and carrying case)

For non-dedicated tablet devices, OHCA will consider comprehensive augmentative communication applications including, but not limited to the following:

- \* Proloquo2Go
- \* Sono Flex
- \* GoTalkNow
- \* LAMP Words for Life
- \*Tobii Dynavox Snap & Core First
- \*TouchChatHD
- \*Speak for Yourself

Other AAC applications may be considered on a case-by-case basis.

Accessories may include the following:

- A carrying case
- A mounting system and hardware (note: only ONE mount will be considered medically necessary)
- A protective case for non-dedicated tablets
- ONE key guard if supported by medical necessity

# AUGMENTATIVE AND ALTERNATIVE COMMUNICATION (AAC) SPEECH-GENERATING DEVICES

**Non-covered Items:** The following items will NOT be covered:

- Extended warranties
- Multiple key guards (one key guard may be covered if medically necessary)
- Optional accessories (USB cables, Bluetooth adapters, extra battery chargers, etc.)
- If a mounting system is required, only ONE mount will be considered.
- Devices and applications recommended solely for educational purposes
- Computers and software
- Smartphones
- Wi-Fi or Internet Access (AAC applications requiring an ongoing internet subscription will not be considered)

## Coverage Criteria

**Documentation Required:** *(REFER TO GUIDELINES FOR EVALUATION FOR SPEECH-GENERATING DEVICES FOR DETAILED DESCRIPTION OF REQUIREMENTS)*

- ◆ Augmentative and Alternative Communication (AAC) Assessment to include:
  - Recommendations for AAC device must be performed by speech—language pathologist (other disciplines may assist with components of the evaluation such as positioning, adaptive switches, etc., but the AAC evaluation itself and recommendations must have been completed within the last 6 months by an SLP)
- ◆ AAC evaluation report to include:
  - Discussion of member’s strengths/deficits relevant to speech/language abilities and factors that affect communication and justify need for AAC device. Examples of such factors include but are not limited to:
    - Lengthy history of speech therapy with minimal improvement in speech production
    - Diagnoses affecting current or potential speech/language skills such as cerebral palsy, muscular dystrophy, traumatic brain injury, etc.
    - Poor speech intelligibility in most situations, etc.

## AUGMENTATIVE AND ALTERNATIVE COMMUNICATION (AAC)

### SPEECH-GENERATING DEVICES

- Information from speech-language diagnostic testing (NOT AAC evaluation) must be current within one year
  - Discussion of specific devices/systems trialed and ruled out with explanation of why these did not meet the member's needs (e.g., Picture Exchange System, low-tech communication devices, speech generating devices using different operating systems than the device recommended, etc.) At least three different devices/systems must be tried and discussed with rationale for the device selected vs. the devices/systems excluded.
  - Full descriptions of the type of AAC device that best meets the member's needs and justification for this decision, including data from device trials that documents use of device and how abilities changed over time.
- ◆ Physician's prescription for specific service
  - ◆ Video media (USB Drive or DVD) showing member functionally using device.
    - Video media should include clear views of both the member and device and views of the communication partners who may be prompting or assisting.
    - Assure the lighting and volume is adequate for viewing.
    - The video media in its entirety (including all segments or video clips combined) should not exceed 15 minutes. Video media may be submitted in a format that is compatible with viewing in Windows Media Player. As of November 1, 2017, OHCA will accept video media in either a USB drive (aka-jump drives, thumb drives) or DVD form.
      - **NEW MAILING ADDRESS:** Use the following address to mail your video media and label the media clearly to insure that OHCA can match the media to the Prior Authorization request. You will need to place an HCA-13A Fax Cover Sheet with the PA number in Block 3 with the video media.
        - Mail to:
        - DXC
        - ATTENTION: PRIOR AUTHORIZATIONS
        - 2401 NW 23<sup>RD</sup>, SUITE 11
        - OKLAHOMA CITY, OK 73107

\*OHCA will enter the received date in PA note history for provider reference

\*Please be prepared to submit a replacement video media in the event the original is compromised, damaged, or lost in transit.