310-P MEDICAL EQUIPMENT, MEDICAL DEVICES, AND MEDICAL SUPPLIES

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REFERENCES: A.A.C. R9-28-202, A.A.C. R9-22-212, A.A.C. R9-28-101, A.A.C. R9-28-201 42 CFR 440.70, 42 U.S.C. 1396d (a), Division Medical Policy Manual, Policy 430, AdSS Medical Manual Policy Chapter 1020.

Purpose

This policy applies to the Division of Developmental Disabilities (the Division, DDD) Administrative Services Subcontractors (AdSS) that serve DDD Arizona Long Term Care System (ALTCS) members. The Division contracts with AdSS and delegates the responsibility of implementing this policy to those Subcontractors. This policy outlines the requirements for coverage of medically necessary medical equipment, medical devices, appliances, and medical supplies.

Definitions

A. Medical Equipment and Medical Devices - Any item, device, or piece of equipment (as specified in 42 CFR 440.70) is not a prosthetic or orthotic. For this policy's purposes, Medical Equipment, medical devices, and appliances are defined as Durable Medical Equipment (DME) when all the following criteria are met:

1. It is customarily used to serve a medical purpose and is generally not useful to a person in the absence of an illness, disability, or injury.

2. Can withstand repeated use

3. Can be reusable by others or removable.

B. Medical Supplies - Any healthcare-related items that are consumable or disposable or cannot withstand repeated use by more than one member required to address an individual medical disability, illness, or injury.

C. Setting in Which Normal Life Activities Take Place - A setting other than a hospital, nursing facility, intermediate care facility for individuals with intellectual disabilities, or any setting in which payment is or could be made under Medicaid for inpatient services that include room and board.

D. Augmentative and Alternative Communication (AAC) Device Systems - An AAC device systems or speech-generating devices (SGD) represent high-technology aided forms of DME. AAC device systems and SGDs represent forms of external hardware and software systems dedicated to transmitting or producing messages or symbols in a manner that compensates for the impairment and disability of a member with significant communication disorders. AAC device systems produce messages or symbols using one of the following methods:

1. Digitized audible/verbal speech output, using pre-recorded messages.

2. Synthesized audible/verbal speech output, which requires message

formulation by spelling and device access by physical contact with the device-direct selection techniques.

3. Synthesized audible/verbal speech output, which permits multiple methods of message formulation and multiple methods of device access.

4. Software that allows a computer or other electronic device to generate speech.

E. Dedicated AAC Devices - Purpose-built systems primarily designed to serve a medical purpose (e.g., solely for the purpose of expressive communication). Dedicated AAC device systems are generally not useful in the absence of disability, or illness or injury.

F. Integrated AAC Devices - Non-medical systems designed for non-medical purposes and are generally useful in the absence of disability, illness, or injury; however, they may also include functionality for use as a communication tool.

G. Early and Periodic Screening, Diagnostic and Treatment (EPSDT) - A comprehensive child health program of prevention, treatment, correction, and improvement of physical and behavioral health conditions for AHCCCS members under the age of 21. EPSDT services include screening services, vision services, dental services, hearing services, and all other medically necessary mandatory and optional services listed in Federal Law 42 U.S.C. 1396d (a) to correct or ameliorate defects and physical and mental illnesses and conditions identified in an EPSDT screening whether or not the services are covered under the AHCCCS State Plan. Limitations and exclusions, other than the requirement for medical necessity and cost-effectiveness, do not apply to EPSDT services.

H. AAC Assessment - A comprehensive AAC assessment includes the culturally and linguistically appropriate behavioral observation and standardized and/or criterion-referenced tools; use of instrumentation; review of records, case history, and prior test results; and interview of the member and/or family to the guide decision-making process for AAC methods, devices, aids, techniques, symbols, and/or strategies to represent and/or augment spoken and/or written language in ways that optimize communication. The AAC assessment process may be static (i.e., using procedures designed to describe current levels of functioning within relevant domains) or dynamic (i.e., using hypothesis testing procedures to optimize selection and use of AAC systems).

I. Treatment - Treatment services represent medically necessary skilled interventions conducted at a level of complexity and sophistication that requires the expertise, knowledge, clinical judgment, decision-making of an appropriately credentialed and trained qualified healthcare professional to perform the tasks.

J. Maintenance Plan - A maintenance plan is intended to ensure that the transition of skills achieved within isolated treatment contexts can be maintained across settings after treatment is completed to support the generalization of the achieved communication skills across settings, activities, and communicative partners. A maintenance plan and procedures support the effectiveness of the intervention, the

level of function achieved at the end of the intervention, and the appropriateness of clinical decisions and clinical recommendations. A maintenance plan may result in recommendations for continued or repeated assessment, intervention, and/or referral for other assessments or services.

K. Practitioner - For the purposes of this policy, Practitioner refers to a Physician, Nurse Practitioner, Physician Assistant, or Clinical Nurse Specialist.

Medical Equipment and Medical Devices Coverage

A. The AdSS shall cover medically necessary Medical Equipment, Medical Appliances and Medical Supplies (including incontinence briefs), under the home health services benefit, that are suitable for use in any Setting in Which Normal Life Activities Take Place, as explained in this policy when the following conditions are met:

1. Provided in Settings in Which Normal Life Activities Take Place
2. Ordered by the member's practitioner or beginning March 1, 2020, ordered by the member's:
   - Nurse Practitioner
   - Physician's Assistant
   - Clinical Nurse Specialist
3. As a part of the plan of care and is reviewed by the practitioner annually.
4. Authorized as required by the Division or the AdSS.

B. Medical equipment and medical supplies cannot be limited to members who are homebound.

C. Related Services, AAC Device Systems, and Requirements:

1. Nursing, home health aide, and home health services, as specified in the Division's *Medical Policy 1240-G - Home Nursing, Medical Policy 1240-H - Home Health Aide, and AdSS Medical 310-I – Home Health Services.*
2. Therapies—Occupational, Physical and Speech-Language Pathology (Rehabilitative and Habilitative), as specified in the Division's *AdSS Medical 1250-E Therapies (Rehabilitative and Habilitative*)
3. Orthotic and Prosthetic Devices, as specified in the *AHCCCS Medical Policy Manual (AMPM) 310-JJ - Orthotic and Prosthetic Devices*
4. Prior Authorization Requirements, as specified in the *AMPM 820 - Prior Authorization Requirements*
5. Institutional Services and Settings, as specified in the Division's *AdSS Medical Policy 1210-Institutional Services and Settings*

6. AAC Device Systems, as outlined in this policy.

D. Examples of medically necessary Medical Supplies and Medical Equipment are:

1. Medical Supplies- Incontinence briefs, surgical dressings, splints, casts, and other consumable items are not reusable and explicitly designed to meet a medical purpose.

2. Medical Equipment -Wheelchairs, walkers, hospital beds, AAC device systems, SGDs, AAC software that enables dynamic symbol/language representation used with some form of dedicated hardware, and other durable items that are rented or purchased.

Medical Equipment and Medical Devices Coverage Determinations

A. Medical Equipment and Medical Supply coverage are not restricted to the items covered as DME in the Medicare program. Coverage of Medical Equipment and Medical Supplies cannot be contingent upon the member needing nursing or therapy services.

B. Absolute exclusions for coverage of medical equipment, medical appliance, and medical supplies are prohibited. A list of pre-approved medical equipment, medical appliances, and medical supplies are permissible for administrative ease. However, processes and criteria for requesting medical equipment, appliances, and supplies not on the pre-approved lists shall be made available to members and providers. The procedure shall use reasonable and specific criteria to assess items for coverage.

C. The AdSS shall make determinations of coverage in accordance with all requirements of Exhibit F1 Member Grievance and Appeal System Standards of the AdSS contract and with all requirements of the Division Administrative Service for Subcontractors (AdSS) *Medical Manual Policy Chapter 1020 - Medical Management Scope and Components*. The AdSS shall render the determination within the required timeframes regardless of the member's dual eligibility status or the providers' contract status with the AdSS.

D. To determine coverage of medical equipment and medical supplies, the following shall be used:

1. Services shall be determined to be medically necessary, cost-effective and federally, and state reimbursable.

2. Services shall be provided at the Setting in Which Normal Life Activities Take Place, be on the member's plan of care, and ordered by the member's practitioner.

3. The member's need for medical equipment, appliance, and/or supplies shall be reviewed by a practitioner as specified in this policy, annually. The frequency for further practitioner review for the member's continuing need for services is determined on an individualized, case by case basis based on the nature of the prescribed item.

4. Medical equipment and medical supplies are reasonable and necessary in amount, duration, and scope to achieve the intended purpose.

E. Medical equipment and medical supply coverage determinations are not based solely on the practitioner's prescription. Coverage decisions are based on evidence-based clinical and medical findings, about the member's condition in relation to the medical equipment or medical supplies prescribed. The member's medical record must contain sufficient documentation of the member's medical condition to substantiate the necessity for the prescribed medical equipment or medical supplies. The member's medical record is not limited to the practitioner's office records. It may include hospital, nursing home, or home health agency records and records from other professionals (if applicable) including, but not limited to, nurses, occupational therapists, physical therapists, speech-language pathologists and prosthetists, and orthotics.

F. Services shall be authorized, set up, and maintained to maximize the member's independence and functional level in the most appropriate Setting in Which Normal Life Activities Take Place as defined in this policy.

G. The AdSS shall ensure that the provider network includes a choice of vendors for customized Medical Equipment and Appliances to meet the needs of members.. Timeliness standards for the creation, repair, and delivery of customized Medical Equipment and Appliances shall be in accordance with the AdSS required Utilization, Grievance, and Appeals deliverable and included in the contract with the vendor. The AdSS shall monitor the standards and act when the vendor is found to be out of compliance.

H. Medical equipment may be purchased or rented, and the total expense of the rental cannot exceed the purchase price of the item.

I. Rental fees shall terminate no later than the end of the month in which the member no longer needs the Medical Equipment, or when the member is no longer eligible or enrolled with the AHCCCS, except during transitions as specified by the Division's Chief Medical Officer or designee.

J. Reasonable repairs or adjustments of purchased Medical Equipment are covered when necessary to make the equipment serviceable and when the repair cost is less than the cost of rental or purchase of another unit. In circumstances where the cost of replacement is less than repair, purchase is covered if medically necessary.

Incontinence Briefs

A. Incontinence Briefs for Members 21 years of age and older

Incontinence briefs, including pull-ups and incontinence pads, are covered when necessary to treat a medical condition. The AdSS may require prior authorization.

For ALTCS members 21 years of age and older, incontinence briefs, including pull-ups and incontinence pads, are also covered as specified in A.A.C. R9-28-202 to prevent skin breakdown when all the following are met:

1. The member is incontinent due to a documented medical condition that causes incontinence of bowel and bladder.

2. The Primary Care Provider (PCP) or attending practitioner has issued a prescription ordering the incontinence briefs.

3. Incontinence briefs, including pull-ups and incontinence pads, do not exceed 180 in any combination per month unless the prescribing practitioner presents evidence of the medical necessity for more than 180 per month.

4. The member obtains incontinence briefs from vendors within the AdSS network.

5. Prior authorization has been obtained as appropriate. The AdSS must not require a new prior authorization to be issued more frequently than every 12 months.

B. Incontinence Briefs for Members under the Age of 21 Years

1. AdSS shall cover incontinence briefs when necessary to treat a medical condition.

2. AdSS shall cover incontinence briefs for preventative purposes for members over the age of three and under 21 years of age, as described in *Division Medical Policy Manual, Policy 430,* and A.A.C. R9-22-212.

Limitations

A. Except for incontinence briefs as specified in this policy, personal care items, including items for personal cleanliness, body hygiene, and grooming, are not covered unless needed to treat a medical condition.

B. First aid supplies are not covered unless prescribed in accordance with a prescription.

Augmentative and Alternative Communication (AAC) Device Systems

This policy's AAC section provides information and requirements related to medical necessity determination and for coverage of augmentative and alternative communication (AAC), speech-generating device (SGD) systems. The Division bases this policy on generally accepted standards of practice, review of the medical literature, and federal and state policies and laws applicable to the Medicaid program.

The information in this policy is intended for AdSS qualified, licensed, and credentialed healthcare professionals involved in assessing, treating, and supporting Division ALTCS members with significant communication disorders who may benefit from AAC.

Speech-language pathologists' function as the lead professional in the assessment, treatment, monitoring, and management of members with significant communication disorders. Speech-language pathologists support members using AAC in collaboration with multi-professional (multidisciplinary, interdisciplinary, and trans-disciplinary) teams using

family and person-centered, inclusive, and rights-based approaches. The extent of involvement depends on the healthcare professional's expertise, the nature of the clinical setting, the support needs of the member, and the context of the referral.

AAC refers to all communication forms other than oral speech (e.g., pictures, symbols, writing, hand gestures). AAC systems may be unaided (e.g., signing, gestures) or aided. Aided AAC systems include non-technology assistive products (e.g., communication boards, books) and technology-based products (e.g., SGDs, mobile technologies) that compensate for the impairment and disability of a member with a significant communication disorder. AAC systems are used to establish functional communication when natural speech methods are insufficient to achieve daily communication goals and meet communication needs.

Aided AAC systems can be categorized into non-technology and technology-based products. Non-technology products are non-electronic boards or books that contain images that the member selects to convey messages (e.g., picture symbols, alphabet boards, photograph books). Technology-based systems employ hardware and software to produce visual output, that is, digitally displayed messages (i.e., dynamic, or static displays) or voice output (verbal messages [SGDs and mobile AAC software]). For this policy, the term "AAC device system" generally refers to technology-based communication systems with voice output and includes both SGDs AAC software.

Coverage

The provision of AAC systems includes coverage for all AdSS eligible members of all ages if the services, supplies, and accessories are considered medically necessary as defined in A.A.C. R9-28-101 and R9-28-201.

Prior Authorization is required for all AAC Device Systems and services. Refer to *Prior Authorization Requirements* section for requirements. For services to be considered medically necessary, the services must be reasonable and necessary to treat illness, injury, disease, disability, or developmental condition. Medical necessity is a critical factor for determining eligibility for reimbursable therapy and treatment services.

AdSS shall review requests for prior authorization based on medical necessity. If the AdSS approves the request, payment is still subject to all general conditions of the AdSS, including member eligibility, other insurance, and program restrictions.

Benefits

A. Items that are included in the AdSS covered benefits for an AAC device system and are not reimbursed separately include, but are not limited to, the following:

   1. Applicable software (except for software purchased specifically to enable a member-owned computer or a Personal Digital Assistant (PDA) to function as an AAC device system).

   2. Batteries

   3. Battery charger

   4. Power supplies

5. Interface cables
6. Interconnects
7. Sensors
8. Alternating Current (A/C) or other electrical adapters
9. Adequate memory to allow for system expansion within a 3-year time frame
10. Access device when necessary
11. Mounting device when necessary
12. Any extended warranty
13. Carrying case
14. Any medically necessary treatment services for the programming and modification or adaptation of purchased devices by the Division, the AdSS, or the primary payor.

B. Other Benefit Considerations

Replacement of applications covers the following:

1. If the application was deleted.
2. Cannot be accessed due to loss of username and password.

C. Limitations

Non-covered items that are not necessary to operate the device and are unrelated to the AAC system or software components are not covered. These items include, but are not limited to:

1. Printer
2. Wireless Internet access devices.

Medical Review Criteria

The AdSS must review the assessment and clinical documentation to determine medical necessity. The AdSS shall base its determination of the medical necessity for the coverage of AAC device hardware, software, and skilled treatment services for systems dedicated to transmitting or producing messages or symbols, based on the evidence-based clinical and medical records including, but not limited to, indicators that would affect the relative risks and medical benefits of the AAC device system, and the following criteria:

A. The member has a significant communication disorder related to a medical condition or developmental disability that significantly limits daily functional communication.

B. The member cannot meet daily functional communication needs by using unaided forms (natural modes) of communication.

C. The member has had a formal, face-to-face comprehensive speech-language assessment administered according to the generally accepted standards of practice by an appropriately credentialed and trained speech-language pathologist within one calendar year before the date of the written prior authorization request. Refer to the Division's *Medical Policy Manual*; *Policy 1250-E Therapies (Rehabilitative/Habilitative) for Therapy* assessment requirements. Refer to the American Speech-Language-Hearing Association (ASHA) Preferred Practice Patterns for the Profession of Speech-Language Pathology for "*The Fundamental Components and Guiding Principles for Comprehensive Speech-Language Assessment.*"

D. A formal AAC assessment has been conducted by an appropriately credentialed and trained speech-language pathologist to determine and recommend methods, devices, aids, techniques, symbols, and/or strategies to represent and/or augment spoken and/or written language in ways that optimize communication in accordance with the " *Assessment Requirements"* section of this policy. Refer to the ASHA Preferred Practice Patterns for the Profession of Speech-Language Pathology for "*The Fundamental Components and Guiding Principles for AAC Assessment."*

E. The recommended AAC device system is the least costly and clinically appropriate.

F. The recommended AAC device system matches the cognitive, visual, language, and physical abilities of the member.

G. The viability for use, including the member's physical and behavioral health care needs, is considered for the type of AAC device system recommended. The member has demonstrated the ability to learn to use the recommended AAC device system and accessories or software for functional communication as evidenced by a data-driven AAC device system trial supporting the ability to use the AAC device system and any necessary accessories functionally for communication. Refer to Prior Authorization Requirements of this policy for device trial requirements. For a subsequent upgrade of a previously provided AAC device system or software, evidence-based clinical and medical findings including, but not limited to, indicators that would affect the relative risks and medical benefits of the AAC device system should demonstrate why the initially covered AAC device system or software is no longer clinically effective in meeting the member's medical need.

H. When the medical necessity for an AAC device system is established, coverage may include dedicated devices and—under certain circumstances, for members under 21 years old—integrated devices systems. The medical necessity for an AAC device must be met regardless of whether the member's provider recommends a dedicated or integrated AAC device system, and the AAC device system must be functional for use in all environments, including in school, in the home and in community settings.

I. Clinical documentation includes applicable descriptions that align with the *International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM)* diagnosis codes. Diagnosis descriptions must be to the highest level of specificity available. Diagnosis codes that are included must be appropriate for the

age of the member, as identified in the ICD-10-CM description of the diagnosis code.

Refer to the Official ICD-10-CM and American Speech-Language-Hearing Association (ASHA) resources for the most up-to-date information on ICD coding:

- *National Center for Health Statistics: www.cdc.gov/nchs/icd/icd10.htm*
- *Centers for Medicare and Medicaid Services: www.cms.gov/ICD10/*
- *ICD-10-CM Official Guidelines for Coding and Reporting: www.cdc.gov/nchs/icd/data/10cmguidelines-FY2020_final.pd*
- *ICD-10-CM Diagnosis Codes for Audiology and Speech-Language Pathology: www.asha.org/Practice/reimbursement/coding/ICD-10/*
- *ICD-10-CM Coding FAQs for Audiologists and SLPs: www.asha.org/Practice/reimbursement/coding/ICD-10-CM-Coding-FAQs-for-Audiologists-andSLPs/*
- *Coding Normal Results: www.asha.org/practice/reimbursement/coding/normalresults/*
- *Coding to the Highest Degree of Specificity: www.asha.org/practice/reimbursement/coding/codespecificity/*

Note: Refer to the Division's Health Plan Guide to Augmentative and Alternative Communication (AAC) Systems for further coding information.

EPSDT Criteria

Service limitations and exclusions for AAC systems, other than the requirement for medical necessity and cost-effectiveness, do not apply to members under the age of 21.

Service limitations on scope, amount, duration, frequency, or other specific criteria described in this policy may be exceeded or may not apply to members under the age of 21. Clinical documentation must include how the service, product, or procedure will correct or ameliorate defects, or improve or maintain the member's health, compensate for a health problem, prevent it from worsening or prevent the development of additional health problems.

Refer to the Division's Health Plan Guide to *Augmentative and Alternative Communication (AAC) Systems* for EPSDT information.

Prior Authorization Requirements

Prior authorization is required for AAC systems and services provided through the AdSS. The prior authorization also includes all related accessories and supplies.

All relevant clinical and medical documentation, including the member's medical records, Practitioner's office records, therapy service records, other records from healthcare professionals, and test reports as requested by the AdSS relevant to the request should be

submitted or may be requested to support/demonstrate that the coverage criteria for an AAC device system is medically necessary and that other requirements have been met.

The AdSS shall comply with all prior authorization requirements, including timeliness standards in accordance with Exhibit F1 Member Grievance and Appeal System Standards of the AdSS contract.

If during the prior authorization review additional information is requested or the device does not meet clinical criteria, the AdSS is required to offer a peer to peer discussion and shall coordinate the discussion with the requesting provider when appropriate and comply with the Division's *Administrative Service for Subcontractors (AdSS) Medical Manual Policy Chapter 1020 - Medical Management Scope and Components.*

- Prior authorization is required for:
  - AAC device system rentals or purchases
  - AAC device system modifications
  - All AAC device system accessories
  - Replacement of AAC device system or components
  - AAC device system repairs
  - Treatment services for the programming and modification or adaptation of an AAC device system.
- Prior authorization may not be required for device trial, initial device mounting, and initial treatment units.

A. AAC Device System Purchases or Rentals

1. Prior authorization requests for AAC device system purchases must consider all projected changes in the member's communication abilities for a minimum of three years. AAC device systems that have been purchased are anticipated to last a minimum of three years.

2. An AAC device system is not approved for purchase unless the member has used the requested AAC device system for a trial period a minimum of three devices are required to be trialed.

3. Prior authorization is required for AdSS rental or loaner coverage for the trial period, as requested. All components, accessories, and switches, including mounting devices and lap trays necessary for use, may be used during the trial period before a decision to purchase can be approved. If an AAC device system is unavailable for rental, a waiver of the trial period may be granted by the AdSS with supporting documentation.

4. Prior authorization requests must include all the following information or documentation:

a. Include a detailed written order or prescription for the purchase or rental of the prescribed AAC device system by the member's practitioner. The detailed written order must:

- Be signed and dated by the licensed practitioner, familiar with the member dated within 365 days of the prior authorization request.
- Include the National Provider Identifier (NPI) numbers of the prescribing qualified health professional.
- Include an itemized description, including quantities, manufacturer's name, model, and retail price for all prescribed AAC device system accessories, components, mounting devices, modifications for the member to use the AAC device system.

b. Include a plan of care established by an appropriately credentialed and trained speech-language pathologist and prescribed by the member's practitioner for the treatment services to use the AAC device system. The plan of care must:

- Be signed and dated by the member's evaluating or treating licensed and certified speech-language pathologist.
- Include the NPI numbers of all the qualified health professionals certifying the plan of care.
- Include an itemization of the anticipated treatment service dosage (amount, frequency, and duration) necessary for the member to use the AAC device system, not to exceed a service period more than 365-days without revision and review.
- Include the Current Procedural Terminology (CPT) for the treatment services that most appropriately represent the proposed procedures or services established.
- Include the long-term and short-term goals of the treatment services based on the generally accepted standards of practice represented as functional, measurable, and time-specific objectives.
- Include the maintenance plans for discharge from treatment.
- Include a description of the member's progress, as applicable, toward the established goals, the home-programing provided, collaboration with other professionals and services, any appropriate modifications to the initial plan of care, and plans for continuing care.

c. Documentation of the appropriate ICD-10-CM medical and treating diagnoses (if applicable) and a description of how the diagnoses relate

to the member's communication needs and any significant medical information pertinent to the use of the AAC device system.

d. The written report of the member's current communication abilities and levels of function, including the results as reported on the member's most recent formal, face-to-face comprehensive speech-language assessment administered according to the generally accepted standards of practice by an appropriately credentialed and trained speech-language pathologist, within one calendar year before the date of the written prior authorization request.

Refer *to* the *Division's Medical Policy Manual; Policy 1250-E Therapies (Rehabilitative/Habilitative)*

e. Documentation to demonstrate how the prescribed AAC device system is medically necessary and the most effective form of communication to correct or improve or maintain the member's health in the best condition possible, compensate for a health problem, prevent it from worsening or prevent the development of additional health problems, with a comparison of benefits versus alternative communication forms.

f. The written AAC assessment report is conducted by a speech-language pathologist individually, or in collaboration with the multidisciplinary, which may include the member being assessed, family/caregivers, and other relevant professionals (e.g., educational, vocational, and medical personnel).

g. The current Individual Support Plan/Individualized Family Services Plan/Person-Centered Plan (Planning Documents), including long-term communication goals.

B. AAC Device System Repairs

All repairs require prior authorization. Non-Warranty repairs of an AAC device system require documentation from the manufacturer explaining why the repair is not covered by warranty and medical necessity documentation. During the repair process period, a short-term rental of a device may be allowed.

The following prior authorization documentation for AAC device system repairs is required:

1. A prescription from the treating Practitioner

2. A statement that describes the needed repair

3. Justification of medical necessity

4. The estimated cost of repairs is determined by the DME supplier.

C. AAC Device System Replacement

Replacement of AAC device system or components require prior authorization and is considered in the following circumstances:

1. When loss or irreparable damage has occurred

2. It has been three (3) years since the initial prescription, and the AAC device system is no longer functional.

3. Documentation supports medical necessity or appropriateness of replacing the current AAC device system.

4. The following prior authorization documentation for AAC device system replacement is required:

   A joint statement from the prescribing practitioner's and a licensed speech-language pathologist that includes:

   a. The cause of loss or damage and what measures have been taken to prevent recurrences.

   b. Information stating the member’s abilities or communication needs are unchanged if the device replacement is greater than three years of initial device order, or no other AAC device systems currently available are better suited to the member’s needs.

   c. A new evaluation if requesting a different AAC device system from one that has been lost or damaged.

D. AAC Device System Treatment

1. The authorization and provision of AAC device system treatment and intervention includes four-unit of initial treatment services for the member in the appropriate use of the AAC device system by the speech-language pathologist.

2. The treating speech-language pathologist is responsible to coordinate, schedule, and confirm the services for the member. The initial services must include the following interventions:

   a. Treatment services for the use of AAC device system

   b. Programming and modification

   c. Established on the member’s plan of care by a qualified speech-language pathologist.

3. The intervention must include, but not be limited to:

   a. The provision of appropriate information related to set up, features, routine use, troubleshooting, cleaning, infection control practices, and

other issues related to the use and maintenance of all devices and accessories provided.

i. Treatment and instruction materials tailored to the needs, abilities, learning preferences, and language of the member and appropriate.

ii. Confirmation that the member can use all devices and accessories provided safely and effectively in the settings of anticipated use.

iii. Written description of the instruction and the provision of such instruction in the member's clinical treatment and progress report record to include, but not be limited to:

- Instructions commensurate with the risks, complexity, and manufacturer's instructions and specifications for the device.
- Instruction provided to the member, or the member's caregiver, in the appropriate use of the AAC device system provided to the member.

Assessment Requirements

A. AAC assessment is provided to determine and recommend methods, devices, aids, techniques, symbols, and/or strategies to represent and/or augment spoken and/or written language in ways that optimize communication. These components, in any combination, are known collectively as an AAC system.

B. AAC assessments are conducted by appropriately credentialed and trained speech-language pathologists. AAC evaluations shall be completed and submitted to AdSS within 65 days of the initiating referral, including the device trial period of up to 30 days.

C. Speech-language pathologists may perform these assessments individually or as members of collaborative teams that may include the individual being assessed, family/caregivers, and other relevant persons (e.g., educational, vocational, and medical personnel).

D. AAC assessment is conducted to identify, measure, and describe these expected outcomes:

1. Structural/functional strengths and deficits related to speech and language factors that affect communication performance and justify the need for AAC devices, equipment, materials, strategies, and/or services to augment speech production or comprehension, to support and promote spoken and written language learning, or to provide an alternative mode of communication.

2. Effects of speech-language and communication impairments on the individual's activities and participation (capacity and performance in everyday

communication contexts), and how an AAC system would support such activities and participation.

3. Contextual factors that serve as barriers to or facilitators of successful communication and participation for individuals who need AAC systems.

4. Assistance to members in selecting and obtaining components (e.g., aids, techniques, symbols, strategies) to optimize communication and activity/participation.

5. Recommendations for AAC systems, for AAC intervention, for follow-up, and for a referral for other examinations or services.

E. Clinical Indications:

1. AAC assessment services are provided to members as needed, as requested, or mandated or when other evidence suggests that individuals have communication impairments associated with their body structure/function and/or activities/participation that might justify the need for an AAC system.

2. An assessment is prompted by referral, by the individual's speech-language, communication, educational, vocational, social, and/or health needs, or following completion of a speech-language assessment that is sensitive to cultural and linguistic diversity.

F. Clinical Assessment:

A comprehensive assessment is sensitive to cultural and linguistic diversity. The assessment may be static (i.e., using procedures designed to describe current levels of functioning within relevant domains) or dynamic (i.e., using hypothesis testing procedures to optimize selection and use of AAC systems), and includes the following:

1. Review of auditory, visual, neuromotor, speech-language, and cognitive status, including observation of posture, gross and fine motor coordination, and any existing adaptive and/or orthotic devices currently used by the patient/client (e.g., wheelchair, neck braces, communication devices and/or techniques, other specialized equipment).

2. Relevant case history information, including medical status, education, vocation, socioeconomic, cultural, and linguistic background regarding activities in which the person needs an AAC system to support communication.

3. Standardized and/or non-standardized methods for assessing the individual's use and acceptance of a range of AAC devices, aids, symbol systems, techniques, and strategies.

4. Examination of specific aspects of voice, speech, language (e.g., spoken, written language samples, and reading level), cognition, and existing communication options and abilities.

5. Methods for identifying associated barriers and facilitators that are addressed in an intervention plan.

6. Varied parameters of the AAC assessment(e.g., tests, materials) that depend on levels of severity, whether the patient/client is a child or an adult, and whether the expressive or receptive communication disorder is congenital or acquired.

7. Selection of measures for AAC assessment with consideration for ecological validity, environments in which AAC systems routinely will be used, technology and device features, and preferences of the patient/client and communication partners (e.g., family/caregivers, educators, service providers).

8. The assessment of a range of potential AAC systems in multiple controlled and natural contexts.

9. Follow-up services to monitor individuals with identified speech-language and communication disorders justifying the need for AAC systems.

10. Cognitive-communication and language status

11. Appropriate intervention and support

12. Optimal use of the recommended AAC system

13. Adjustments in the AAC system as necessary

14. Assessment of the member’s ability to use the AAC system effectively in various contexts, with adjustments made to the system, as necessary.

G. Assessment Report:

A written AAC assessment report by a licensed speech-language pathologist is required with the request for prior authorization and may include the following information:

1. Communication status and limitations, including prognosis for speech or written communication and documentation of previous use of low technology devices such as picture boards. Sensory functioning

   a. Hearing ability

   b. Visual abilities

   c. Postural abilities

   d. Physical status

2. A description of the member's cognitive readiness

3. Behavioral and learning abilities observed, evaluated, or gathered from

records of assessments:

a. Executive function skills, including:

i. Attention span

ii. Memory

iii. Problem-solving skills

iv. Ability to understand cause and effect.

v. Presence of significant behaviors, such as physical aggression and property destruction.

b. Motor abilities and assessments, if applicable:

Gross motor abilities (e.g., ambulatory, or walks with crutches/walker, or uses a wheelchair; seating and positioning/posture; head control and trunk mobility; ability to use a head stick).

c. Fine motor and upper-extremity abilities and function (e.g., ability to point, type, write, access a device via direct selection).

d. Ability to access via gaze, head mouse, single-switch or multiple-switch scanning, or other alternative access methods.

e. Treatment options considered, including types of communication support used in the past to meet goals, and why each is or is not appropriate.

4. The results of the data driven AAC device or software trials, including the following information for each device or software trialed:

a. Length of trial

b. Data collected during the trial

c. The environment in which the AAC device system and/or software trial took place (e.g., home, school, community).

d. The manner in which the device or software was accessed (e.g., gaze, direct selection, scanning).

e. Member's ability to learn to use the device or software functionally for communication.

f. A sampling of messages communicated, including frequency, level of cueing, and communication partner(s).

g. Number of messages expressed in a time period and level of cueing required for expression of such messages.

h. The degree to which the member was able to move beyond the exploratory phase and use the device or software to communicate intentionally, whether such progress occurred in both structured and unstructured settings, and with what level of proficiency progress beyond the exploratory phase occurred.

5. Description of the recommended device/accessory/software, the rationale for selection (including cost comparisons among the devices or software trialed), and how the recommended option meets the communication needs of the member.

Durable Medical Equipment Service Delivery Reporting

The AdSS shall provide reporting for timeliness of DME service delivery for specified DME as required in the Medical Equipment Service Delivery deliverable in accordance with the AdSS contract.