1250-F **MEDICAL SUPPLIES, EQUIPMENT, APPLIANCES, AND CUSTOMIZED DURABLE MEDICAL EQUIPMENT**

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Medical supplies, equipment, appliances, and customized Durable Medical Equipment (DME) are covered, as specified in Chapter 300, Policy 310 of this Medical Policy Manual, and are provided to members eligible for Arizona Long Term Care Services (ALTCS). Purchase, rental, replacement, and/or repair, of DME are included.

These services require orders from the member’s Primary Care Provider (PCP), or attending physician, and prior authorization from the Division of Developmental Disabilities (Division)/Acute Health Plan. Medical supplies, equipment, appliances, and customized DME services may be provided to members eligible for ALTCS who reside in their own home or any ALTCS-approved Home and Community Based (HCB) alternative residential setting, and in conjunction with any HCBS. Customized DME and medical equipment may also be provided in an institutional setting, upon orders from the member’s PCP and approval by the Division/Acute Health Plan.

A physician’s order is not required for repair or replacement of identical DME.

**Disposition of DME and Other Medical Supplies**

A. Non-customized DME meets these criteria:

1. Durable (can withstand repeated use)
2. Used for a medical reason
3. Not usually useful to someone who is not sick or injured
4. Used in the member's home
5. Has an expected lifetime of at least 3 years.

B. Customized DME

Customized DME is defined as equipment that has been altered, or built, to specifications unique to a member’s medical needs and, most likely, cannot be used or reused to meet the needs of another individual.

**Augmentative Alternative Communication**

The Augmentative Alternative Communication (AAC) Unit authorizes evaluations for Speech Generating Devices (SGDs), recommended/standard accessories, and training and repair of the SGD for members eligible for ALTCS.

The Health Care Services Unit of the Division of Developmental Disabilities manages the AAC Program.
Definitions

A. Augmentative Alternative Communication (AAC) – An umbrella term that encompasses all communication methods used to supplement or support speech.

B. Speech Generating Device (SGD) - A voice output communication aid.

Considerations

A. AAC Evaluations may be considered when the member both:

1. Shows communicative intent (e.g., pointing, gesturing, signing, vocalizing sounds or eye gaze) but whose expressive skills are currently below their receptive language skills and are not adequately meeting their day to day functional communication needs; and/or produces unintelligible speech

2. Has a documented “poor” prognosis for functional speech and language development.

B. AAC Evaluations may not be considered when the member:

1. Has functional speech and language skills as determined by clinical review, and/or

2. Does not intend to use the device in all settings.

Member/Responsible Person’s Responsibilities

The responsible person will:

A. Ensure the device will be used in all settings (home, school, community).

B. Respond to the provider to schedule the evaluation and training within no more than three attempts by the provider to schedule.

C. Submit any additional required documentation within 10 business days to the requestor (e.g., Division, purchasing vendor, private insurance company).

D. Document and save the username and password.

Incomplete documentation or failure to follow and complete the above requirements will result in a delay or denial of the service.

Referral Packet

If the Planning Team identifies the need for an SGD, an initial AAC referral packet is required within 14 calendar days. The packet must include:

A. Augmentative Alternative Communication (AAC) Evaluation Request (DDD-1151A)

B. Copy of the front and back of the insurance card, if the member has insurance other than Medicaid (e.g., Medicare, private insurance)
C. The current Planning Document (Individual Support Plan [ISP]/Individualized Family Service Plan [IFSP]).

The AAC referral packet expires after one year of the signed date on form DDD-1151A. One year after the date of signature, the information in the referral packet is no longer considered clinically valid.

Augmentative Communication Evaluation Report

Augmentative Communication Evaluation reports are:

- Current for six months
- Accepted by the Division from Division-contracted AAC providers, school systems, and other evaluators.

The formal, written evaluation must include, at a minimum, information indicating:

A. Current communication impairment, including the type, severity, language skills, cognitive ability, and anticipated course of the impairment

B. An assessment of whether the individual's daily communication needs could be met using other natural modes of communication

C. A description of the functional communication goals expected to be achieved and treatment options

D. Rationale for selection of a specific device and any accessories

E. Demonstration that the member possesses a treatment plan that includes a training schedule for the selected device

F. The cognitive and physical abilities to effectively use the selected device and any accessories to communicate.

G. For a subsequent upgrade to a previously issued SGD, the functional benefit to the member of the upgrade compared to the initially provided SGD. Include information indicating:

1. The member’s medical condition results in a severe expressive speech impairment.

2. The member's speaking needs cannot be met using natural communication methods.

3. Other forms of treatment have been considered and ruled out.

4. The member's speech impairment will benefit from the device ordered.

5. A copy of the Speech Language Pathologist’s (SLP's) written evaluation and recommendation have been forwarded to the member's treating physician prior to ordering the device.
6. The SLP performing the member’s evaluation may not be an employee of or have a financial relationship with the supplier of the SGD.

**AAC Equipment Purchase**

The following requirements apply to the purchase and receipt of the SGD and accompanying accessories:

A. The equipment must be medically necessary.

   The Division will deny the purchase of AAC equipment if the equipment is not considered cost effective or medically necessary.

B. The equipment must be prescribed as medically necessary.

   1. The prescription must be obtained by the SLP who provided the AAC Evaluation, using the form provided by the Division.
   
   2. The SLP will submit an official prescription to the Division within 10 business days.
   
   3. Additional information (e.g., information relating to Assignment of Benefits, prescriptions, report requirements) may be required by the Division when the member has private insurance or Medicare.

The SGD including mounts and accessories purchased for the member by the Division or by any other payor is owned by the member and cannot be returned to the Division if used. Any unused SGDs, mounts, and accessories must be returned to the AAC Unit.

**Repair and Replacement**

A. An SGD or equipment needing repair is covered when the SGD:

   1. Was purchased by the Division
   
   2. Is the current medically necessary device.

The Division will cover one device repair per year per member due to damage unless the device is under warranty. A repair will not be covered, if a request for reevaluation is submitted simultaneously. If a request for reevaluation is submitted after a repair has been authorized, the AAC Unit will attempt to cancel the repair in progress as the old device is no longer meeting the member’s needs.

B. Replacement equipment is covered when:

   1. There is a change in the member’s condition that affects the use of the current SGD.
   
   2. The current SGD is not meeting the member’s needs despite adequate training.
3. The SGD has been lost or stolen, and the following documentation is submitted:
   a. A police report, if stolen
   b. A “Find My iPad” report from Apple (iPad only)
   c. Documentation of the insurance claim filed against all other payor sources (e.g., homeowners/property insurance, school), if stolen, if applicable.

The Division will cover a replacement device one time per year per member.

4. There is documentation, from the manufacturer, that the SGD can no longer be repaired.

5. Accessories purchased by the Division become damaged or worn.

C. The Division will not cover the replacement of applications that:
   1. Have been deleted
   2. Cannot be accessed due loss of username and password.

Additional Equipment and Training

Additional equipment or training is covered, if the member’s Speech Language Pathologist, Occupational Therapist, or Physical Therapist provides documentation (e.g., prescription, quote, clinical justification) demonstrating medical necessity and cost effectiveness.

Additional equipment, including applications, will not be obtained for a device that was not purchased by the Division.

Reevaluations

A. Reevaluation is covered, if any of the following apply:
   1. There has been a change in a member’s condition and the current device no longer meets the member’s needs as documented by a physician, physician’s assistant, or SLP.
   2. There is documentation from the manufacturer that the SGD can no longer be repaired and a replacement device is not available for purchase.
   3. The Division determines reevaluation is appropriate.

B. Reevaluation is not covered, if any of the following apply:
   1. The member and/or responsible person has not used their training hours.
   2. The Augmentative Communication Evaluation Team determines the current device is meeting the member’s needs.
3. The device is lost or stolen and replacement is possible. If a replacement device is not available for purchase, reevaluation is covered.

4. It has been less than two years since the last evaluation was completed.