

<b>Division of Medicaid State of Mississippi Provider Policy Manual</b>	<b>New:</b> <b>Revised: X</b> <b>Current:</b>	<b>Date:</b> <b>Date: 07/01/02</b> <b>04/01/08</b>
<b>Section: Durable Medical Equipment</b>	<b>Section: 10.11</b>	
<b>Subject: Augmentative Communication Device</b>	<b>Pages: 3-2</b>	
	<b>Cross Reference:</b>	
	<b>Reimbursement 10.02</b>	
	<b>Documentation 10.07</b>	

Based on medical necessity and satisfaction of the criteria below and all other terms of the Mississippi Medicaid program, this item is available for coverage for:

- Beneficiaries under age 21
- Beneficiaries age 21 and over who are receiving services through the home health program
- All beneficiaries (no age restriction)
- Beneficiaries who are pregnant

The provider must refer to the current fee schedule for the acceptable codes and fee schedule allowances available under Medicaid.

**The following criteria for coverage apply to augmentative (alternative) communication device:**

This item may be approved for :

- Rental only
- Purchase only
- Rental for X months, then recertification is required
- Rental up to the purchase amount or purchase when indicated

This item must be ordered by a pediatrician, neurologist, or a physiatrist (a physician specializing in physical rehabilitation and who has documented training in assessment for and prescription of ACD's). When appropriate, the beneficiary should be evaluated by a licensed psychologist with expertise in administering nonverbal tests for intelligence.

An augmentative (alternative) communication device (ACD) is any type of system that allows beneficiaries with severe, expressive communication disorders (speech-language impairments) to overcome the disabling effects of communication impairment by representation of vocabulary or ideas and expression of messages.

An evaluation and recommendation must be performed by a team of licensed, qualified professionals including but not limited to, a speech-language pathologist, a licensed psychologist with expertise in administering nonverbal tests for intelligence, and a physical therapist. A written copy of the evaluation and recommendation must be submitted with the request for approval. This evaluation must include at a minimum:

- Communication status and limitations, abilities to meet communication needs through other means such as sign language, manual communication, etc.
- Current speech and language skills.

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- Prognosis for speech and/or written communication.
  - Cognitive readiness, interactional/behavioral and social abilities.
  - Capabilities and needs including intellectual (educational), postural, physical, sensory (visual and auditory), motor, and cognitive.
  - Motivation to communicate.
  - Environmental (residential, vocational and educational) assessment.
  - Current seating or positioning equipment and any modification that would be required secondary to the ACD.
  - Integration of communication with other behavior.
  - Alternative ACD(s) considered with comparison of capabilities.
  - Other communication methods/devices tried.
  - Ability of recommended ACD to be implemented/integrated into environments.
  - Ability to meet projected communication needs (growth potential), projected length of time the patient will be able to use the proposed system.
  - Anticipated changes, modifications, or upgrades with projected time frames (short and long term).
  - Anticipated prognosis with the specific device requested.
  - Training plan – who, what, when, where to include names, addresses, and capabilities of available caregivers.
  - Statement of other funding resources that have been explored.

An ACD will be covered when **all** of the following apply:

- The patient's ability to communicate using speech and/or writing is insufficient for communication purposes.
- Documentation clearly supports that the patient is mentally, emotionally, and physically capable of operating/using an ACD.
- Evaluation and recommendation by a licensed speech-language pathologist is completed.
- The prescription includes specification for ACD, component accessories, and all necessary therapies and/or training.

**Carrying cases are considered a part of the device and may not be billed separately.**

The physician may request a trial period of at least 30 days, not to exceed 90 days, to ensure that the patient's needs are met by the proposed system and in the most cost-effective manner. Rental will be covered up to the price of purchase. ~~The Division of Medicaid will reimburse up to a maximum of ten thousand dollars (\$10,000) per lifetime up to age 21 per beneficiary for ACD equipment and related supplies.~~