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:

_X_ Beneficiaries under age 21

_X_ 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

_X_ 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.
- 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.