Clinical Review Criteria
Speech Generating Devices

- Augmented and Alternative Communication Devices or Communicators

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Criteria
For Medicare Members

<table>
<thead>
<tr>
<th>Source</th>
<th>Policy</th>
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<tbody>
<tr>
<td>CMS Coverage Manuals</td>
<td>Update to Pub. 100-03, NCD Manual, Chapter 1, Part1, Section 50.1 Speech Generating Device</td>
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<tr>
<td>National Coverage Determinations (NCD)</td>
<td>Speech Generating Device (50.1)</td>
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<tr>
<td>Local Coverage Determinations (LCD)</td>
<td>LCD for Speech Generating Device (L33739)</td>
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<tr>
<td>Local Coverage Article</td>
<td>None</td>
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For Non-Medicare Members
Kaiser Permanente has elected to use the Speech Generating Devices (KP-0516) MCG* for medical necessity determinations.

MCG* are proprietary and cannot be published and/or distributed. However, on an individual member basis, Kaiser Permanente can share a copy of the specific criteria document used to make a utilization management decision. If one of your patients is being reviewed using these criteria, you may request a copy of the criteria by calling the Kaiser Permanente Clinical Review staff at 1-800-289-1363.

If requesting this service, please send the following documentation to support medical necessity:
- Last 6 months of clinical notes from requesting provider and/or specialist (neurology)
- Speech therapy notes

The following information was used in the development of this document and is provided as background only. It is not to be used as coverage criteria. Please only refer to the criteria listed above for coverage determinations.

Background

Augmentative and alternative communication (AAC) is an area of clinical practice that attempts to temporarily or to permanently compensate for the impairment and disability patterns of children with severe oral and written expressive communication disorders. Interventions that use AAC should incorporate the individual’s full communication abilities e.g. any existing speech or vocalization, gestures, manual signs, communication boards, and speech output communication devices. Abilities may change over time and the AAC may need to be modified as a child grows and develops.

AAC has four components: symbols, aids, techniques, and strategies. Aids are the physical objects or devices used to transmit or receive messages. These include books, communication boards, charts, mechanical or electronic devices, and computers. The AAC devices have variable capabilities, durability, and cost. The delivery of AAC services to children with severe spoken language disorders requires the collaboration and competence of families, professionals, and paraprofessionals. Effective, co-coordinated multidisciplinary and an integrated service is crucial in achieving optimal outcome for the children.

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The role an AAC system plays in a particular child’s life varies with the type and severity of the language disorder. Children with congenital language disorders who may benefit from AAC include those with cerebral palsy, dual sensory impairments, developmental apraxia, oro-motor dyspraxia, language learning disabilities, mental retardation, autism, and pervasive developmental disorders. Acquired language disorders include: traumatic brain injury, aphasia, spinal cord injuries, and other physical disabilities. Not all these indications are covered by health insurance companies.

**Medical Technology Assessment Committee (MTAC)**

**Augmentative Communication Devices**

02/13/2002: MTAC REVIEW

**Evidence Conclusion:** The study reviewed had several limitations; it had a small sample size, lacked a control group, used only subjective measures, and was subject to selection and observation biases. In conclusion the literature available does not provide enough evidence to determine the effect of the augmentative communication devices on the communication skills of children with speech impairments.

**Articles:** The search yielded 43 articles. Most were reviews, tutorials, notes, and discussions. The search did not reveal any randomized controlled trials, or meta-analyses, only four case reports and two studies that only measured young patients’ or parents’ satisfactions and/or utilization of the communication systems. The study with the larger sample size was selected for critical appraisal. An evidence table was created for the following study: Ko MLB, et al. Outcome of recommendations for augmentative communication in children. Child Care, Health and Development 1998; 24(3): 195-205. See Evidence Table.

The use of augmentative communication devices on the communication skills of children with speech impairments not voted using the Kaiser Permanente Medical Technology Assessment Criteria.

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<thead>
<tr>
<th>Creation Date</th>
<th>Review Date</th>
<th>Date Last Revised</th>
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**MDCRPC** Medical Director Clinical Review and Policy Committee

**MPC** Medical Policy Committee

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<tr>
<th>Revision History</th>
<th>Description</th>
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<tr>
<td>08/31/2015</td>
<td>Added Update to Pub. 100-03 NCD Manual</td>
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**Codes**