
 Augmentative Communication Devices ~~and~~ Systems

~~7507.4.211 Augmentative Communication Devices and Systems (04/01/1999, 98-11F)~~
~~4.211.1 Definitions~~
~~For the purposes of this rule the term:~~
~~An “**Augmentative Communication Device or System**” means a specialized type of prosthetic device that transmits or produces messages or symbols in a manner that compensates for the disability of a beneficiary with severe communication impairment.~~
~~It is a specialized prosthetic device consistent with the federal definition found at 42 CFR 440.120 7507.1 Eligibility for Care (04/01/1999, 98-11F)~~
~~Coverage for augmentative communication devices or systems is provided to all Medicaid beneficiaries 4.211.2 7507.2 Covered Services (04/01/1999, 98-11F)~~

- (a) ~~Covered~~ Augmentative communication devices or systems ~~that have been pre-approved for coverage~~ are limited to the following:
 - (1) ~~Non~~-powered devices;
 - (2) ~~B~~attery-powered systems such as specialized typewriters;
 - (3) ~~E~~lectronic ~~and/or~~ computerized devices, such as: electrolarynges; portable speech devices; hand-held computers and memo pads; typewriter-style communication aids with -an electronic display LCD and/or synthesized speech; electronic memo writers with key or membrane pad; customized assisted keyboards; scanning devices including optical pointer, single switch, mouse, trackball, and/or Morse code access; laptop or micro computers; and computer software;
 - (4) Peripheral equipment including but not limited to: mounts, cases, speakers, pointers and switches and switch interfaces that are specific to the medical use of the device or system.
- ~~(b) Other covered services include:~~
 - (1) ~~M~~odification, programming, or adaptation of Medicaid-purchased devices when provided by qualified speech ~~language providers~~ pathologists; and,
 - (2) ~~R~~epairs/service on Medicaid-purchased items after one year when the repair/service is ordered by a qualified provider and provided by a qualified vendors.

~~7507.3 4.211.3 Conditions for Coverage (04/01/1999, 98-11F)~~
~~Qualified Providers (04/01/1999, 98-11F)~~

- (a) Providers must be licensed, working within the scope of his or her practice registered and/or certified by the state (where applicable) and be enrolled with-in Vermont Medicaid.
- (b) ~~Augmentative~~ Augmentative communication devices and systems must be prescribed by a speech

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language pathologist, based on a comprehensive evaluation, and endorsed by a physician working within his or her scope of practice. ~~prescriptions~~ Prescriptions must take into account the beneficiary's current and future needs.

- (c) Vendors must be Medicaid enrolled providers of Durable Medical Equipment. ~~are expected to maintain adequate and continuing service support for Medicaid beneficiaries.~~
- (d) Payment will be made for purchase or rental of augmentative communication devices or systems to assist a beneficiary in communication when the impairment prevents writing, telephone use, or talking.
- ~~(d)~~(e) An augmentative communication device or system will be approved only if the device/system will be used to meet specific medical objectives or outcomes. The ~~beneficiary's~~ beneficiary's cognitive level of functioning will be taken into consideration when matching the device to the beneficiary. Approved devices or systems shall be used independently by the beneficiary.
- ~~(e)~~(f) Before authorizing purchase of ~~selected~~ augmentative communication devices or systems, ~~the department may require a trial rental period is required. Factors that will be considered in determining whether a trial period will be required include cost and level of technology of the device/system, anticipated length of need, and availability of rental equipment.~~
- ~~(f)~~(g) Purchase of the ~~rented-trialed~~ device or system will be considered only after the beneficiary has demonstrated success in the ability to use the device for medically necessary purposes, meeting the majority of medical outcomes associated with short term goals as specified in the medical necessity documentation.
- ~~(g)~~(h) Payment will be made for one primary piece of medical equipment. D; ~~duplicate~~ services/equipment in multiple locations will not be covered.
- ~~(h)~~(i) Coverage for replacement equipment will be provided only when the existing device or system no longer effectively addresses the beneficiary's needs.
- ~~(i)~~ All devices or systems must carry a one-year warranty.
- ~~(j)~~
- ~~(k)~~(j) The Department of Vermont Health Access is the actual owner of all purchased equipment. Such equipment may not be resold. At the discretion of the commissioner or the ~~commissioners~~ commissioner's designee, augmentative communication devices may be recovered for reuse or recycling when the original beneficiary no longer needs it.
- ~~(k)~~(k) When serviceable equipment is no longer needed or appropriate for a beneficiary, they should notify the Department of Vermont Health Access shall be notified, and request permission to dispose of the equipment

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(a) Prior authorization by the Department of Vermont Health Access is required for:

(1) ~~The~~ rental or purchase of all augmentative communication devices or systems, and

(2) Repairs costing more than \$500.

~~(a)(b)~~ The Department of Vermont Health Access reserves the right to request a second opinion or additional evaluations for the purpose of clarifying medical objectives or outcomes.

~~Prior Authorization Requirements (04/01/1999, 98-11F)~~

~~The department reserves the right to request a second opinion or additional evaluations for the purpose of clarifying medical objectives or outcomes.~~

~~4.211.5 7507.5 Non-Covered Services (04/01/1999, 98-11F)~~

(a) ~~Unless authorized for coverage via rule 7104,~~ Eenvironmental control devices, such as switches, control boxes, or battery interrupters, and similar devices that do not primarily address a medical need are not covered.

(b) Initial purchase of the device or system will include any training provided by the manufacturer or supplier. Additional training by the manufacturer or supplier is not covered. However, if additional training is necessary for the beneficiary, it may be obtained through a licensed speech language pathologist. therapy services.

~~Reimbursement(04/01/1999, 98-11F)The department is the actual owner of all purchased equipment. Such equipment may not be resold. At the discretion of the commissioner or the commissioner's designee, augmentative communication devices may be recovered for reuse or recycling when the original beneficiary no longer needs it.~~

~~When serviceable equipment is no longer needed or appropriate for beneficiaries, they should notify the department and request permission to dispose of the equipment.~~

~~Reimbursement for augmentative communication devices or systems is described in the Provider Manual.~~