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## Augmentative Communication Devices and Systems

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### 4.211 Augmentative Communication Devices and Systems (06/20/2017, GCR 17-013)

#### 4.211.1 Definitions

For the purposes of this rule the term:

**“Augmentative Communication Device or System”** means a specialized type of device or system that transmits or produces messages or symbols in a manner that compensates for the disability of a beneficiary with severe communication impairment.

#### 4.211.2 Covered Services

(a) Covered augmentative communication devices or systems include, but are not limited to, the following:

- (1) Non-powered devices,
- (2) Battery-powered systems such as specialized typewriters,
- (3) Electronic and computerized devices, such as: electrolarynges; portable speech devices; hand-held computers and memo pads; typewriter-style communication aids with an electronic display 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, and
- (4) Peripheral equipment, such as: eye-gaze systems, mounts, cases, speakers, pointers, switches and switch interfaces that are specific to the use of the device or system, as prescribed.

(b) Other covered services include:

- (1) Modification, programming, or adaptation of Medicaid-purchased devices when provided by qualified speech language pathologists, and,
- (2) Repair/service on Medicaid-purchased items after the original manufacturer’s warranty expires, and when the repair/service is ordered by a qualified provider and provided by a qualified vendor. Rental devices are covered during the repair period.

#### 4.211.3 Qualified Providers and Vendors:

- (a) Providers must be licensed, working within the scope of his or her practice and enrolled in Vermont Medicaid.
- (b) Vendors must be Medicaid enrolled providers of Durable Medical Equipment.

#### 4.211.4 Conditions for Coverage

- (a) Augmentative communication devices and systems must be prescribed by a speech language pathologist, based on a comprehensive evaluation, and endorsed by a physician working within his or her scope of practice. Prescriptions must take into account the beneficiary’s current and future needs.
- (b) Payment will be made for purchase or rental of augmentative communication devices or systems to

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assist a beneficiary in communication when the impairment prevents communication.

- (c) An augmentative communication device or system will be approved only if the device or system will be used to meet specific medical objectives or outcomes as specified in the medical necessity documentation. Approved devices or systems shall be used by the beneficiary such that the communication originates from the beneficiary and not from a facilitator or support person.
- (d) A trial period is required before authorizing purchase of augmentative communication devices or systems.
- (e) Purchase of the trialed device or system will be considered only after the beneficiary has demonstrated the ability to use the device for medically necessary purposes, including but not limited to activities of daily living.
- (f) Payment will be made for one primary piece of medical equipment. Duplicate services or equipment in multiple locations will not be covered.
- (g) Coverage for replacement equipment will be provided only when the existing device or system no longer effectively addresses the beneficiary's needs.
- (h) 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 Commissioner's designee, augmentative communication devices may be recovered for reuse or recycling when the original beneficiary no longer needs it.
- (i) The Department of Vermont Health Access shall be notified when serviceable equipment is no longer needed or appropriate for a beneficiary.

#### 4.211.5 Prior Authorization Requirements

- (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.
- (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.

#### 4.211.6 Non-Covered Services

- (a) Environmental 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) Training provided by the manufacturer or supplier beyond what is included in the purchase of the device is not covered. However, if additional training is necessary for the beneficiary to set up and use the device, it may be obtained through speech therapy services as covered by Vermont Medicaid.