



AMERICAN
SPEECH-LANGUAGE-
HEARING
ASSOCIATION

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Hugh H. Hill III, M.D.
Acting Director
Coverage and Analysis Group
Office of Clinical Standards and Quality
Health Care Financing Administration
7500 Security Boulevard
Baltimore, Maryland 21244-1850

Re: Formal Request for National Coverage Decision for Augmentative and Alternative
Communication Devices, CAG 00055

Dear Dr. Hill:

The American Speech-Language-Hearing Association (ASHA) represents more than 97,000 speech-language pathologists, audiologists, and speech/language hearing scientists. Many of our member speech-language pathologists provide services to Medicare beneficiaries in settings ranging from inpatient hospitals to home health agencies. ASHA is one of the organizations that submitted the formal request for a national Medicare coverage decision for augmentative and alternative communication (AAC) devices on December 30, 1999.

ASHA writes today to emphasize the relationship of the evaluation and treatment of Medicare beneficiaries who require AAC devices, speech-language pathology services, and the Medicare speech-language pathology benefit. ASHA strongly believes that the Medicare program should cover AAC devices and that the guidelines for assessment and treatment for the beneficiaries who need AAC devices be consistent with those already in place for the speech-language pathology benefit. There should be no differentiation in the standards governing coverage of or access to services for Medicare beneficiaries who need AAC devices and those who receive other speech-language pathology services under the Medicare program.

AAC and Speech-Language Pathology Services

ASHA believes that the speech-language pathologist is instrumental in determining the need and type of AAC device. The speech-language pathologist should also determine the length of treatment for a Medicare beneficiary who will use an AAC device because of a communication disorder. Establishing the need for an AAC device and providing the needed orientation/treatment has been recognized by ASHA to be integral to the practice of

speech-language pathology since 1981¹. In 1990, with specific reference to AAC, ASHA took the position that communication is the essence of human life and that all people have the right to communicate to the fullest extent possible². AAC services are within speech-language pathologists' scope of practice³. The preamble to the Scope of Practice in Speech-Language Pathology states, "The services within the scope of practice refer to clinical services for individuals with speech, voice, language, communication, and swallowing disorders, aimed at the amelioration of difficulties stemming from such disorders." The "Scope of Practice in Speech-Language Pathology" includes:

"Developing and establishing effective AAC techniques and strategies, including selecting, prescribing, and dispensing of aids and devices and training individuals, their families, and other communication partners in their use."

While ASHA's scope of practice statement does not supersede state licensure laws, it has served as a model for the development or modification of such laws. Moreover, the scope of practice is relevant when the state licensure law is general to the practice of speech-language pathology.

Medicare and Speech-Language Pathology Services

Section 1861(11)(1) of Title XVIII of the Social Security Act states:

"The term 'speech-language pathology services' means such speech, language, and related function assessment and rehabilitation services furnished by a qualified speech-language pathologist as the speech-language pathologist is legally authorized to perform under State law (or the State regulatory mechanism provided by State law) as would otherwise be covered by a physician."

State law varies regarding the description of the practice of speech-language pathology. A state may detail the practice. For example, Arizona includes an 8-part listing of the practice of speech-language pathology including:

(e) Assessing, selecting and developing augmentative and alternative communication systems and providing training in the use of the systems...⁴

Some state laws may be general regarding the practice of the profession but every state recognizes AAC as part of speech-language pathology services in their Medicaid plans. An

¹ American Speech-Language-Hearing Association. (1981). "Nonspeech communication position statement". *Asha*, 23, 577-581.

² American Speech-Language-Hearing Association. (1991). "Augmentative and alternative communication". *Asha*, 33, (Suppl. 5), 8.

³ American Speech-Language-Hearing Association. (1996, Spring). "Scope of practice in speech-language pathology". *Asha*, 38 (Suppl. 16), 16-20.

⁴ Arizona Revised Statutes, Title 36. *Public Health and Safety*. Chapter 17. "Hearing Aid Dispensers, Audiologists and Speech-Language Pathologists". A.R.S. § 36-1901.

example of a state licensure law describing the practice of speech-language pathology illustrates the more general nature of some of the states:

Practice speech-language pathology – 'Practice speech-language pathology' means to apply principles, methods, and procedures of measurement, prediction, evaluation, testing, counseling, consultation, and instruction that relate to the development and disorders of speech, voice, swallowing, and related language and hearing disorders, to prevent or modify the disorders or to assist individuals in cognition-language and communication skills⁵.

ASHA finds that a definition such as Maryland's includes the services related to AAC devices because of Medicaid coverage and application of these devices with patients who have disorders of speech, voice, and related language disorders. Therefore, we point out that the selection of, orientation to, and treatment with an AAC device are components of the practice of speech-language pathologists and directly relate to this benefit.

There are at least two relevant documents regarding the practice of speech-language pathology and AAC devices. ASHA developed preferred practice patterns for Augmentative and Alternative Communication (AAC) Device Assessment⁶ and for Augmentative and Alternative Communication (AAC) System and/or Device Treatment Orientation⁷. The clinical process in the treatment/orientation for the AAC device states, "Treatment should be long enough to accomplish stated objectives/predicted outcomes." It continues, "The treatment period should not continue when there is no longer any expectation for further benefit. Clinicians should provide to patients/clients and their families/caregivers an estimate of treatment duration." The preferred practice pattern clinical procedure includes education in system operation and maintenance for optimum patient use of AAC devices, and the course of treatment and prognosis for effective communication.

The speech-language pathology preferred practice pattern is remarkably consistent with the Medicare coverage guidelines⁸. The coverage guidelines state that "speech pathology services are those services necessary for the diagnosis and treatment of speech and language disorders which result in communication disabilities..." The reasonable and necessary criteria described in the Medicare guidelines are:

- The services must be considered under accepted standards of practice to be a specific and effective treatment for the patient's condition:

⁵ Annotated Code of Maryland, Health Occupations, Title 2, Audiologists, Hearing Aid Dispensers, and speech-language pathologists, §2-101.

⁶ American Speech-Language-Hearing Association. (1997). *Preferred practice patterns for the profession of speech-language pathology*. "Augmentative and Alternative Communication (AAC) Device Assessment", 41-42. Rockville, MD: Author.

⁷ American Speech-Language-Hearing Association. (1997). *Preferred Practice Patterns for the Profession of Speech-Language Pathology*. "Augmentative and Alternative Communication (AAC) System and/or Device Treatment/Orientation", 65-66. Rockville, MD: Author.

⁸ *Medicare Intermediary Manual (Part A)*, HCFA Pub. 13. (October 1981). Section 3101.10A.

- The services must be of such a level and complexity and sophistication, or the patient's condition must be such that the required services can only be safely and effectively only by or under the supervision of a qualified speech-language pathologist;
- There must be a reasonable expectation that the patient's condition will improve significantly in a reasonable (and generally predictable) period of time based on the assessment by the physician of the patient's restoration potential after any needed consultation with the qualified speech pathologist, or the services must be necessary to the establishment of a safe and effective maintenance program required in connection with a specific disease state; and
- The amount, frequency, and duration of the services must be reasonable under accepted standards of practice.

The first criterion is especially remarkable regarding the need for speech-language pathology and the applicability of AAC device as an intervention strategy for patients with severe communication disorders. The use of AAC devices as an intervention strategy that is considered to be under accepted standards of practice and a specific and effective treatment for the patient's condition.

Medicare requires speech-language pathology claims meet certain requirements⁹. For example, the speech-language pathologist is required to reflect the anticipated functional communication independence of the beneficiary outside the therapeutic environment. This and other documentation requirements can clearly relate to services using AAC devices. Further, AAC devices are used in the treatment of a number of speech-language disorders detailed in the request for coverage (CAG 00055). The medical conditions and speech-language diagnoses described in the request are all defined under the medical review guidelines for outpatient speech-language pathology bills. All three of the severe communication impairments (dysarthria, apraxia, and aphasia) described in the request are contained in the speech-language pathology medical review guidelines.

Summary

Medicare covers speech-language pathology services according to Medicare statute. Coverage guidelines and medical review documentation requirements are well known by all involved with providing the benefit. There is a clear relationship between the Medicare speech-language pathology benefit and AAC devices. Again, ASHA believes that the Medicare program should cover AAC devices and that the guidelines for assessment and treatment for the beneficiaries who need AAC devices be consistent with those for the speech-language pathology benefit.

⁹ Medicare Intermediary Manual (Part 3-Claims Process), HCFA Pub. 13, Section 3905 (June 1991).

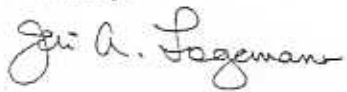
Hugh H. Hill III, M.D.

March 20, 2000

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If you have any questions regarding our position, please contact Steven White, Ph.D., director of Health Care Economics and Advocacy at the ASHA National Office at 301-897-0126, email swhite@asha.org).

Sincerely,

A handwritten signature in cursive script that reads "Jeri A. Logemann".

Jeri A. Logemann, Ph.D.
President