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March 22, 2000

Hugh Hill, MD, Acting Director,  
Health Care Financing Agency  
Coverage and Analysis Group  
Office of Clinical Standards and Quality  
7500 Security Boulevard  
Baltimore, Maryland 21244

Re: Response requested by HCFA to Formal Request for National Coverage  
Decision for Augmentative and Alternative Communication Devices

Dear Dr. Hill:

Please accept this letter as response to your request for comment regarding the  
Formal Request for National Coverage Decision for Augmentative and Alternative  
Communication Devices to HCFA.

The AAN solicited comment from twenty six (26) member neurologists who are  
experts in the area under discussion. In general, the American Academy of Neurology  
supports a policy that includes Augmentative and Alternative Communication (AAC)  
devices to be covered as Medicare or Medicaid durable medical equipment, when  
incorporated into a speech language pathology or neurological treatment plan. The  
treatment plan which authorizes this coverage should include a thorough speech-  
language pathology assessment or neurological assessment that concludes the  
individual is unable to meet communication needs arising in the course of daily  
activities using natural communication techniques.

We also provide the following responses to your specific questions:

1. Do you believe that voice is a necessary, primary part of communication or  
would pointing boards, computer software that allows a keystroke to equal a  
word, typing, or hand writing satisfy the need for a person to communicate?

Yes, The contributors felt that communication is a basic human and medical need.  
These devices meet the criteria for medical necessity by making possible this basic  
human function.

The contributors also indicated that a careful evaluation should be the hallmark of a  
successful implementation for augmentative and alternative communication devices.  
The evaluation assists in the determination of the complexity of the necessary device  
to allow improvement in daily activities.



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One respondent also indicated that, "it would be completely inappropriate for HCFA to link coverage for such devices to only communication between physicians and patients."

2. What do you think the role, if any, these devices should have for patients with aphasia? Is there a role for these devices in post head injury?

The contributors indicated that patients suffering from a wide array of diseases and disorders may benefit from AAC devices, in order to accomplish daily activities. The list of disorders that may require AAC devices include: Cerebral Palsy, ALS, stroke, brainstem disorders, Parkinson's disease, Multiple Sclerosis and traumatic brain injury. These conditions may result in aphasia, or difficulty in speech, which can be effectively mediated by AAC devices.

One respondent indicated that, "a variety of devices from relatively simple to very complex are available, and the communication needs and abilities of individual patients must be carefully matched to the capabilities of the device."

3. Are augmentative and alternative communication devices an appropriate therapy for patients with aphasia?

Yes. Augmentative and alternative communication devices are typically used for a variety of disease states that cannot be "treated" and where maximum improvement has already been reached. One respondent summarized that, "the use of the devices are not for treatment of the primary condition, but rather the effects of the condition."

The contributors also indicated that Medicare and many third party payors already include coverage for voice prostheses to assist laryngectomy patients.

In summary, the AAN believes that augmentative and alternative communication devices are a form of durable medical equipment which can be of great help to selected individuals with neurological disorders unable to communicate during the course of daily activities. They are safe, effective and definitely not experimental. They can be a successful form of treatment as part of a speech language therapy plan in carefully selected and evaluated individuals.

If you wish to discuss the topic directly with a panel expert, I suggest that you contact Steven Ringel, MD at (303) 315-7221. If you have further questions on this summary of opinions, please feel free to call Joseph Yenkosky, Ph.D. at 651-695-2723.

Thank you for the opportunity to offer the medical opinion of The American Academy of Neurology and member neurologists.



FRANCIS I. KITTREDGE, JR., MD  
President

Cc: Ms. Lorrie Ballantine - Health Insurance Specialist