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

Dear Dr. Hill:

This letter is to express the American Academy of Neurology's (AAN) further support for Medicare coverage of augmentative and alternative communication (AAC) devices for patients with significant dysarthria, and adoption of proposed coverage criteria included in the formal *Request for Augmentative and Alternative Communication Device National Coverage Determination*, submitted in December, 1999. This letter also supplements the AAN's March 22, 2000 letter addressed to you.

Please note that, as a matter of convenience, this letter references AAC devices as treatment for individuals with dysarthria. However, the AAN believes that AAC devices also are appropriate and effective as treatment for other communication disorders, including aphasia.

In preparing this letter, I consulted three of the most distinguished neurologists in the nation concerning AAC devices for neurologic patients with dysarthria - Walter G. Bradley, MD (FL) Robert M. Miller, MD (CA), and Steven J. Ringel, MD (CO). Together, these neurologists have over 100 years of experience taking care of thousands of people with neurologic conditions - many of whom develop significant dysarthria requiring the use of AAC devices. Our conversations have led to the following consensus:

First, dysarthria develops as a consequence of a number of neurologic conditions and is treated, as are other communication-related symptoms, with medically prescribed interventions. For example, patients with pain, sialorrhea, or muscle cramps are treated with a variety of medications; wheelchairs are ordered for patients who cannot ambulate independently; and AAC devices are prescribed for patients who have significant dysarthria.

Second, it is the resulting communication impairment, or symptom, that requires treatment. In many neurological diseases, like ALS, most of the prescribed treatment is for the symptoms and physical impairments caused by the illness, not for suppression or cure of the disease itself. Medical treatment decisions take the diagnosis into account relative to expected degree, permanency and progression of the



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impairment. However, the communication-related symptom or impairment is the defining characteristic that drives treatment prescription.

Third, physicians perform a comprehensive neurological history and physical examination on each patient who has a neurologic illness. This examination includes an evaluation of speech and the function of the muscles of speech. When the signs and symptoms of dysarthria are present (as evidenced through the history and physical examination), the physician refers the patient to a speech and language pathologist for further evaluation and recommendations. Other than the patient history, physical examination and the physician's evaluation, no tests are indicated before a physician would refer a patient to a speech and language pathologist.

The neurologists with whom I have spoken on this issue have personally treated thousands of neurologic patients requiring AAC devices due to significant dysarthria secondary to a neurologic injury or disease. They have seen first-hand the benefits of AAC for many of these patients over the months and years of follow-up disease management after obtaining their AAC devices. We have observed that these patients are able to remain active participants in their social networks and communities and, in some cases, can remain employed because they can continue to communicate.

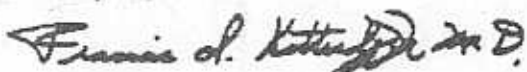
Furthermore, AAC devices allow patients to participate fully as decision-makers for future events in their medical care - both in the clinic and at home where much of the physical care often takes place. The results are increased and renewed independence, dignity and feelings of self-worth for patients with dysarthria. Two recent newsletters from the ALS Association are enclosed that illustrate the need for and benefits from AAC devices. The two patient stories are representative of physicians' observations of patient's experiences generally.

In summary, based on the experience and existing roles of neurologists in the treatment of patients with neurologic disorders, the AAN believes that AAC devices are medically indicated for patients with significant dysarthria. Therefore, I strongly urge you to change the Medicare guidelines to include reimbursement for AAC devices for such patients. I also wish to re-state the conclusion of the our March 22nd letter:

"...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 neurologic 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 have any questions regarding these comments, please contact Eric Hauth-Schmid at the AAN Executive Office at (651) 695-2746.

Sincerely,



Francis I. Kittredge, Jr., MD - President
American Academy of Neurology