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October 23, 2000

Jeff Kang, M.D., Chief
Office of Clinical Standards and Quality
Health Care Financing Administration
7500 Security Boulevard
Baltimore, MD 21244

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

Dear Dr. Kang:

On March 22, 2000, the American Academy of Neurology (AAN) submitted to your colleague, Dr. Hill, a letter concerning adoption of a National Coverage Decision for augmentative and alternative communication devices (AAC). In the letter, we expressed our view that AAC devices are a form of durable medical equipment that can be of great help to selected individuals with neurological conditions who are unable to communicate during the course of daily activities.

On April 25, 2000, we submitted a second letter in which we expressed our further support for Medicare coverage of AAC devices. That letter sought to clarify two points that had been brought to our attention: First, that AAC devices are appropriate in the treatment of communication impairments, such as dysarthria, which arise as an effect of a wide range of neurologic conditions. Second, that neurologists typically do not conduct specific tests prior to making referral for a speech-language pathology and/or AAC evaluation. We also recommended the adoption of proposed coverage criteria included in the formal *Request for Augmentative and Alternative Communication Device National Coverage Determination* (submitted to HCFA by a coalition of interested organizations in December, 1999).

Subsequent to these letters, HCFA issued its decision in response to the Formal Request. That decision withdrew the existing Medicare national coverage decision for AAC devices, effective January 1, 2001. The decision also provided HCFA staff with comments to the proposed coverage criteria that had been included with the Formal Request. We reviewed those comments, and worked with the coalition of organizations that submitted the Formal Request to revise the proposed AAC device coverage criteria in a manner consistent with those comments. For example, the first two of the revised coverage criteria, which identify a non-exclusive list of neurologic conditions with which severe communication

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impairment is known to be associated, and a physician check-list to be completed prior to referral to a speech-language pathologist, reflect the AAN's input.

We write at this time because HCFA has not yet issued AAC device coverage criteria. We support the issuance of such guidance so that the individuals who need AAC devices, their families, and their physicians will have a clear sense of the scope of Medicare coverage for this important treatment. We have reviewed the proposed Medicare AAC device coverage criteria, as revised, and believe they accurately and appropriately describe the individuals for whom AAC devices are necessary, and set forth clear standards regarding the evidence required to demonstrate eligibility for Medicare AAC device reimbursement. We believe the proposed AAC device coverage criteria, as revised, and submitted to HCFA on June 29, 2000, are consistent with the current, professionally accepted standard of practice for individuals with severe communication impairments who cannot meet their daily communication needs through natural communication methods. Therefore, we support HCFA's adoption of these proposed AAC device coverage criteria as the Medicare national coverage guidance for AAC devices.

To ensure adoption of a medically appropriate National Coverage Decision for AAC devices, the AAN also urges HCFA to give all interested parties the opportunity to review and comment on the decision before it is made final.

Should you have any questions regarding these comments, please contact Eric Hauth-Schmid at the AAN Executive Offices at (651) 695-2746 or ehauthschmid@aan.com.

Sincerely,



Francis I. Kittredge, Jr., M.D., President
American Academy of Neurology