

Augmentative Communication Devices

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- [Overview](#)
- [Eligible Providers](#)
- [Eligible Members](#)
- [Covered Services](#)
- [Noncovered Services](#)
- [Authorization Requirements](#)
- [Billing](#)
- [References](#)

Overview

Augmentative communication or speech-generating devices are devices dedicated to transmitting or producing messages or symbols in a manner that compensates a member's severe expressive communication disorder and limitations. Minnesota Health Care Programs (MHCP) covers these devices under the durable medical equipment benefit.

Eligible Providers

Augmentative communication (AC) devices are obtained from any of the following enrolled MHCP providers:

- Medical equipment and supply providers
- Outpatient hospitals
- AC device manufacturers

Eligible Members

Medical Assistance (MA) and MinnesotaCare recipients are eligible.

Covered Services

MHCP covers [speech-language pathology](#) and related services, including AC devices and related accessories.

AC devices include, but are not limited to:

- Communication picture books
- Communication charts and boards
- Mechanical devices
- Electronic devices
- Electronic tablets
- Communication software application

MHCP covers only one speech-generating device approved and purchased through MHCP. AC devices must be dedicated for speech communication use. Tablets must be locked to prevent use not related to communication, with the exception of certain waiver-covered services as defined in [Specialized Supplies and Equipment](#) in the Waiver Programs section of the Community-Based Services Manual.

Accessories may include the following:

- A carrying case
- A mounting system and hardware
- A protective case for nondedicated tablets

- Other accessories determined to be medically necessary

MHCP will cover services necessary to set up and maintain non-dedicated electronic tablets including:

- Registering the device
- Downloading software
- Updating software application

Coverage Criteria

To be covered as a rehabilitative and therapeutic service, the member's physician must prescribe an AC device following a required face-to-face encounter with the member within six months before the dispensing date of the device. Details for the face-to-face rule are available in the [Equipment and Supplies](#) section.

The speech-language pathologist must specify the device in a [plan of care \(POC\)](#) that is reviewed and revised as medically necessary by the member's physician or other licensed [practitioner of the healing arts](#).

[Speech-language pathologists](#), [occupational therapists](#), [physical therapists](#) and other professionals should collaborate to prepare the required authorization documentation submitted by the equipment supply provider, outpatient hospital, or device manufacturer.

Electronic Tablets as AC Devices

MHCP covers electronic tablets when members use them as augmentative communication (AC) devices. A tablet used for this purpose is considered durable medical equipment (DME) and must be dedicated for a member's communication needs.

Members may now obtain these commonly used types of tablet computers directly through MHCP-enrolled DME providers. Examples include the Apple iPad®. These tablets are not designed specifically to be used as AC devices and require added communication software for AC use. For MHCP to cover, the tablet must be locked to prevent use not related to augmentative communication, unless the tablet is also used for services covered under a member's waiver.

Some manufacturers who have been makers of conventional AC devices have introduced tablets specifically for use as speech-generating devices; these are referred to as "traditional" tablets. Traditional tablets are designed to be used as AC devices and come with their own software.

Electronic tablets used as AC devices must meet the same coverage criteria as other devices. In addition, they must meet the following:

- The member's speech language pathologist (SLP) must determine the tablet and software application that is the most appropriate, cost-effective choice for a member's communication needs
- The tablet must be locked to prevent use not related to communication. Locking features include Parental Controls and Guided Access (for iPad®) or other comparable feature for other tablets

Speech-language pathologist's responsibilities

The SLP determines the communication needs of the member through an evaluation and device trials. If the SLP recommends a nontraditional style tablet, the SLP will complete and send the request and medical documentation to an MHCP-enrolled DME provider who obtains the tablet through their distributors and provides it for the member. Based on the member's existing support system, the SLP must also identify **who** is responsible for all of the following:

- Setting up the device account and registration
- Purchasing and downloading the speech software application and updating as needed
- Enabling the device's accessibility feature (such as Guided Access for iPad®)
- Keeping a record of the passcode
- Upgrading the device's operating system when required
- Handling or ordering repairs

This information must be included in the member's plan of care and the DME provider's records. To comply with Minnesota Statutes, the member's therapist, the DME provider or another responsible party will retain the passcode used to lock the device or application.

DME provider's responsibilities

The DME provider is responsible for submitting the authorization for a tablet they intend to provide.

If MHCP approves the authorization, the provider does the following:

- Orders and purchases the tablet, software and accessories
- Prepares it for the member's use
- Delivers it to the SLP or member
- Bills MHCP for the equipment

Noncovered Services

MHCP does not cover the following:

- AC or speech-generating devices requested for the sole purpose of education
- Environmental control devices such as switches, control boxes or battery interrupters
- Modification, construction, programming or adaptation of dedicated communication systems or devices
- Repairs, cleaning or other services for devices that are not dedicated communication devices
- Upgrading to new technology that is not proven to be medically necessary
- Replacing devices based on manufacturer's recommended replacement schedule, for example, every five years
- Facilitated communication: a technique by which a "facilitator" provides physical and other supports in an attempt to assist a person with a significant communication disability to point to pictures, objects and printed works or letters (MHCP does not cover facilitated communication by any provider)
- Personal computers, laptop computers and other personal media players that are not dedicated communication devices
- Portable, electronic devices that are not designated to have a primary use as AC devices
- Telephones, smartphones or cell phones
- Carrying cases when a mounting system has been provided
- Applications, software or programs not recommended by the speech-language pathologist or that are not designated to have primary use as a communication tool
- More than one speech-generating device funded through MHCP
- Extended warranties
- Wi-Fi or internet service

Authorization Requirements

Device Purchase, Repairs, Rental and Replacement

Authorization is always required for the following:

- All AC device purchases
- Mounting systems exceeding \$400

- Repairs to any device in excess of \$400

Authorization is not required for the first three months rental for a trial period. The cost of a device rental may be applied toward the purchase price for the same item supplied by the same provider.

MHCP expects that people will take reasonable care of AC devices. If a device must be replaced due to a change in medical conditions, loss, theft or irreparable damage, the provider must request authorization for a new device. In the event of theft of a non-dedicated tablet, the recipient must file a police report for a replacement to be considered.

List all accessories and options on the device authorization request, even if the individual items do not require authorization.

Authorization Criteria

Address all points outlined here for MHCP to consider your authorization:

- A description of the current medical status and history
- An assessment of the verbal and physical capabilities in relation to need and use of an AC device (electronic and nonelectronic)
- The speech-language pathologist and occupational therapist or physical therapist assessments may be submitted in a collaborative format as long as the documentation clearly delineates the specific goals and assessment of each therapy discipline
- A detailed description of the therapeutic history (physical therapy, occupational therapy and speech-language pathology), including the nature, frequency and duration of therapeutic services provided to the member
- Details of the speech-language pathology approaches in relation to the need and use of an AC device
- The dates of the trial period of the device as required when the member is not currently using a device
- An explicit evaluation of each AC device or method of communication tried by the recipient and information on the effectiveness of each device

Address all **parameters of device selection**, that is, interactive ability in all situational contexts, including:

- School
- Home
- Community
- Vocational
- Work
- Social environments
- Detailed description of the member's ability to use the proposed device, including speed and accuracy

Note: For tablets obtained through a durable medical equipment (DME) provider, the authorization request must identify the person or people who will be responsible for locking the tablet and indicate who will be responsible for initial set up and future maintenance of the tablet. MHCP will deny an authorization request if this information is not included.

Address these **situational references** dependent upon the mobility level of the member:

- How will the device be adapted to meet the needs of a member who uses a walker?
- Is the communication device less obtrusive than other methods when mobility levels are considered?

- Frequency of device use in various settings
- Empirical data regarding the trial period of use with the device
- A description of the level of communication initiation with the selected communication device and whether or not the equipment is used accurately and spontaneously. If the pattern of initiation is different from past history, provide an explanation and justification for the change
- A detailed description and plan for the proposed nature, frequency and duration of therapeutic intervention, including all necessary therapeutic interventions, in relation to the AC device

Refer to [Authorization](#) for general authorization and documentation requirements, and the [MN-ITS Authorization Request User Guide](#) for submitting authorization requests for medical supplies via MN-ITS.

Refer to the [augmentative communication device HCPCS codes](#) when requesting an authorization for purchase or rental. Include the device model name and model number and software, if it applies. In addition, note the following on the authorization request:

- List the title of appropriate software applications for electronic tablets supplied through a DME provider
- List all standard and nonstandard accessories and options (including mounting systems) on separate lines on the authorization request, even if the individual item does not require authorization
- When multiple accessories are requested that are different but use the same code, list each item on a separate line of the authorization request, with appropriate modifiers to distinguish a separate and distinct service or item
- Include a description of each item and model numbers where applicable
- List each item by HCPCS code, appropriate modifier, quantity, charges and medical necessity documentation for nonstandard items

Authorizations for repairs

All [AC device HCPCS codes](#) have a maximum unit limit of one, according to the National Correct Coding Initiative (NCCI) Medically Unlikely Edit (MUE). Effective immediately, authorizations for repairs must include:

- One unit of the [AC device code](#) that best represents the device being repaired
- Modifier RB for a repair or modifier RA for a part to be replaced on the device
- The device model number
- An itemization of the repair service(s) provided (for example, replaced display, replaced touch screen panel, replaced cable) including the provider's usual and customary amount charged

Submit Documentation

You may submit documents to the medical review agent in one of several ways. Refer to [Authorization](#) for details.

If submitting electronically, complete and submit the following to the [authorization medical review agent](#):

- [Augmentative Communication Devices and Accessories Authorization Form \(DHS-4535\) \(PDF\)](#)
- Additional required information such as:
 - Device name and model number
 - Type of communication application, if not pre-programmed on the device
 - All accessories with names and model numbers
- Required pricing documents:
 - Device manufacturer's – include the manufacturer's suggested retail price for the device

- DME suppliers – include the invoices for the tablet, software, accessories and labor (identify services)

For paper authorization requests, follow electronic submission directions, but include a completed [MHCP Authorization Form \(DHS-4695\) \(PDF\)](#) and fax or mail all documents.

Pricing documents must:

- Include the item manufacturer's invoice or price quote (actual purchase amount)
- Clearly indicate which item on the documentation corresponds to each item on the PA or claim
- Have identical code numbers and descriptions on the authorization request and claim

Do not modify, alter or change the price list or invoice. Do not block out any information on the invoice or price list.

Order and Delivery

Dedicated AC devices are supplied through MHCP-enrolled device manufacturers who work with SLPs to obtain documentation, request authorization and provide training on use of the device.

Nondedicated electronic tablets are supplied through an enrolled DME provider, who will work with the SLP to request authorization and coordinate set up and delivery to the member.

A nondedicated tablet warranty begins on the day it leaves a DME provider's possession, regardless of the delivery means. A date and signature is required at the time of delivery. MHCP expects that the device be ready for use and delivered to the member within a few days.

The device must be locked to become a dedicated AC device to comply with Minnesota Statutes. The passcode used to lock the device or application will be noted in the member's records held by member's speech-language pathologist, the DME provider or other responsible party as designated by the SLP.

Augmentative Communication Device Obtained with Alternative Funding

Authorizations for ongoing individual speech or language treatment for members whose augmentative communication device was purchased with alternate (non-MHCP) funding must be supported with the evaluation of medical appropriateness for the device. The medical appropriateness of the device must be determined before the medical need for ongoing speech or language treatment can be determined. Examples of alternative funding sources include, but are not limited to the following:

- Funding through civic groups
- Fraternal organizations
- Private donations
- Private insurance

Requests for accessories such as mounting systems for augmentative communication devices obtained with alternative funding must include information on the availability of funding from the same source for the requested accessory.

Billing

Refer to the following billing requirements:

- Bill using MN-ITS Direct Data Entry claim form 837P Professional or 837I Institutional
- Refer to the appropriate MN-ITS User Guide for instructions:
 - [Rehabilitative Services \(837P\) Professional](#)
 - [Outpatient Services for Rehab \(837I\)](#)

- X12 Batch users: Refer to [Minnesota Uniform Companion Guides](#) and [Best Practices](#) for billing instructions
- For speech-language pathologists: Only direct time spent with the member is billable. Documentation in the member's records must support the need for face-to-face involvement
- Indirect time spent programming, upgrading, modifying or setting up an augmentative communication device or communication and picture book for a member is not billable by the SLP
- The cost of shipping, handling and freight charges are considered all-inclusive in the MHCP payment rate and are not reimbursable. If these charges are included on the invoice or as part of the manufacturer's suggested retail price, MHCP will exclude them from the payment
- Do not bill for sales taxes; durable medical items are exempt from taxes for the State of Minnesota. Refer to the Department of Revenue's [Durable Medical Equipment Sales Tax Fact Sheet 117B \(PDF\)](#) for additional information
- Claims for repairs must include the following:
 - Appropriate augmentative communication device HCPCS code – one (1) unit
 - Repair modifier (RB)
 - U3 modifier, if a tablet
 - Device model number
 - Itemized statement describing each element of the repair service
 - Provider's usual and customary charge for each element of the repair
- Bill professional time spent repairing an AC device with the HCPCS code K0739: "Repair or non-routine service for durable medical equipment requiring the skill of a technician, labor component, per 15 minutes"

Dedicated AC Devices from a Manufacturer

Code	Description	Modifiers
E2500	Speech-generating device, digitized speech, using prerecorded messages, less than or equal to eight minutes recording time	NU, RR, RA, RB
E2502	Speech-generating device, digitized speech, using prerecorded messages, greater than eight minutes but less than or equal to 20 minutes recording time	NU, RR, RA, RB
E2504	Speech-generating device, digitized speech, using prerecorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time	NU, RR, RA, RB
E2506	Speech-generating device, digitized speech, using prerecorded messages, greater than 40 minutes recording time	NU, RA, RB
E2508	Speech-generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device	NU, RR, RA, RB
E2510	Speech-generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access; for electronic tablets - use U3 modifier	NU, U3*, RR, RA, RB
E2512	Accessory for speech-generating device, mounting system	NU, U3*, RA, RB
E2599	Accessory for speech-generating device, not otherwise classified	NU, U3*, RA, RB

*U3 is required for all tablets, tablet accessories and related services.

Electronic Tablets as AC Devices from a DME Supplier

Code	Description	Modifiers
E2510	Speech-generating device, including electronic tablets, synthesized	NU, U3*, RR,

	speech, permitting multiple methods of message formulation and multiple methods of device access	RA, RB
E2511	Software applications for electronic tablets	NU, U3*, RA
E2512	Accessory for speech-generating device, mounting system	NU, U3*, RA, RB
E2599	Accessory for speech-generating device, not otherwise classified (Use for all other accessories, including carrying or protective cases)	NU, U3*, RA, RB
K0739	Repair or nonroutine service for durable medical equipment per 15 minutes. For tablets - includes technical support by supplier	NU, U3*, RA, RB

*U3 is required for all tablets, tablet accessories and related services.

Provider Reimbursement

Rates methodologies for AC systems are as follows:

- Medical equipment suppliers: Invoice charge plus 20 percent
- Manufacturers of AC systems: The manufacturer's suggested retail price (MSRP) minus 20 percent

MHCP does not reimburse for:

- Freight
- Shipping and handling
- Tax
- Delivery charges

Definitions

Dedicated – Intended for a specific use or purpose.

Non-dedicated Tablet – For the purpose of this policy, this refers to any electronic tablet designed for multipurpose use and sold (provided) by manufacturers, retailers and suppliers. An example of this type of tablet is the Apple iPad®. MHCP will only cover locked tablets that prevent use other than communication. Once locked, these tablets would be considered “dedicated” and are eligible for coverage.

Dedicated AC Devices and Tablets – For the purpose of this policy, dedicated AC devices and tablets are those designed, trademarked and supplied by the individual manufacturer.

References

[Minnesota Statutes 256B.0625](#), subdivision 31, 31a Covered Services; Medical supplies and equipment; Augmentative and alternative communication systems

[Minnesota Statutes 297A.67](#), subdivision 7, General Exemptions; Drugs; medical devices

[Minnesota Rules 9505.5010 – 9505.5030](#), Prior Authorization Requirements