

UnitedHealthcare Community Plan of Louisiana **Medical Policy Update Bulletin: June 2022**

Take Note

InterQual® Release Dates Removed

Effective Jun. 1, 2022, all references to specific InterQual® release dates will be removed from the Medical Policies, Coverage Determination Guidelines, and Utilization Review Guidelines which contain language pertaining to InterQual® criteria; refer to the most current version of the InterQual® criteria, when applicable.

In This Issue

Medical Policy Updates

Page

New

- Augmentative Alternative Communication Devices (for Louisiana Only) – Effective Jul. 1, 2022 2

Retired

- Ablative Treatment for Spinal Pain (for Louisiana Only) – Effective Jun. 1, 2022 8

Medical Policy Updates

New		
Policy Title	Effective Date	Coverage Rationale
<p>Augmentative Alternative Communication Devices (for Louisiana Only)</p>	<p>Jul. 1, 2022</p>	<p>Indications for Coverage</p> <p><i>Augmentative and Alternative Communication Devices</i></p> <p>Augmentative and Alternative Communication (AAC) Devices – Electronic or non-electronic aids, devices, or systems that assist a beneficiary to overcome or ameliorate (reduce to the maximum degree possible) the communication limitations that preclude or interfere with meaningful participation in current and projected medically necessary daily activities. Examples of AAC devices include:</p> <ul style="list-style-type: none"> • Communication boards or books, speech amplifiers, and electronic devices that produce speech and/or written output; • Devices that are constructed for use as communication devices as well as systems that may include a computer, when the primary use of the computer serves as the beneficiary’s communication device; and • Related components and accessories, including software programs, symbol sets, overlays, mounting devices, switches, cables and connectors, auditory, visual, and tactile output devices, printers, and necessary supplies, such as rechargeable batteries. <p>Note: Meaningful participation refers to effective and efficient communication of messages in any form the beneficiary chooses.</p> <p>Speech-Language Pathologist – An individual who has:</p> <ul style="list-style-type: none"> • A certificate of clinical competence in speech language pathology from the American Speech Language Hearing Association; • Completed the equivalent educational requirements and work experience necessary for the certificate; or • Completed the academic program and is acquiring supervised work experience to qualify for the certificate. <p><i>General Provisions</i></p> <p>Consideration shall be given for Medicaid reimbursement for AAC devices for beneficiaries of all ages if the device is considered medically necessary, the beneficiary has the ability to physically and mentally use a device and its accessories, and if criteria are met as listed below. The following medically necessary conditions shall be established for beneficiaries who/whose:</p> <ul style="list-style-type: none"> • Have a diagnosis of a significant expressive or receptive (language comprehension) communication impairment or disability; • Impairment or disability either temporarily or permanently causes communication limitations that preclude or interfere with the beneficiary’s meaningful participation in current and projected daily activities;

Medical Policy Updates

New		
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Augmentative Alternative Communication Devices (for Louisiana Only) (continued)	Jul. 1, 2022	<ul style="list-style-type: none"> • Had a speech language pathologist (and other health professional, as appropriate): <ul style="list-style-type: none"> ○ Perform an assessment and submit a report pursuant to the criteria set forth in Assessment/Evaluation (see Assessment/Evaluation below); ○ Recommend speech language pathology treatment in the form of AAC devices and services; ○ Document the mental and physical ability of a beneficiary to use, or learn to use a recommended AAC device and accessories for effective and efficient communication; ○ Prepare a speech language pathology treatment plan that describes the specific components of the AAC devices and the required amount, duration, and scope of the AAC services that will overcome or ameliorate communication limitations as earlier described; and • Requested AAC devices constitute the least costly, equally effective form of treatment that will overcome or ameliorate communication limitations as earlier described. <p>The following are additional general principles relating to medical necessity determinations for AAC devices:</p> <ul style="list-style-type: none"> • The cause of the beneficiary’s impairment or disability (e.g., congenital, developmental, or acquired), or the beneficiary’s age at the onset of the impairment or disability, are irrelevant considerations in the determination of medical need; • Beneficiary participation in other services or programs (e.g., school, early intervention services, adult services programs employment) is irrelevant to medical necessity determination for AAC devices; • No cognitive, language, literacy, prior treatment, or other similar prerequisites must be satisfied by a beneficiary in advance of a request for AAC devices; and • The unavailability of an AAC device, component, or accessory for rental will not serve as the basis for denying a prior authorization (PA) request for that device, component or accessory. <p><i>Assessment/Evaluation</i></p> <ul style="list-style-type: none"> • An assessment or evaluation of the beneficiary’s functioning and communication limitations that preclude or interfere with meaningful participation in current and projected daily activities must be completed by a speech language pathologist with input from other health professionals, (e.g., occupational therapists and rehabilitation engineers) based on the recommendation of the speech language pathologist and a physician’s prescription, as appropriate; • Requests for AAC devices must include a description of the speech language pathologist’s qualifications, including description of the speech-language pathologist’s AAC services training and experience; and • An assessment (augmentative and alternative communication evaluation) must include the following information about the beneficiary: <ul style="list-style-type: none"> ○ Identifying Information:

Medical Policy Updates

New		
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Augmentative Alternative Communication Devices (for Louisiana Only) (continued)	Jul. 1, 2022	<ul style="list-style-type: none"> ▪ Name; ▪ Medicaid identification number; ▪ Date of the assessment; ▪ Medical and neurological diagnoses (primary, secondary, tertiary); ▪ Significant medical history; ▪ Mental or cognitive status; and ▪ Educational level and goals. <ul style="list-style-type: none"> ○ Sensory Status <ul style="list-style-type: none"> ▪ Vision and hearing screening (no more than one year prior to AAC evaluation); ▪ If vision screening is failed, a complete vision evaluation; ▪ If hearing screening is failed, a complete hearing evaluation; and ▪ Description of how vision, hearing, tactile, and/or receptive communication impairments or disabilities affected expressive communication. ○ Postural, Mobility and Motor Status: <ul style="list-style-type: none"> ▪ Gross motor assessment; ▪ Fine motor assessment; ▪ Optimal positioning; ▪ Integration of mobility with AAC devices; and ▪ Beneficiary's access methods (and options) for AAC devices. ○ Current Speech, Language and Expressive Communication Status: <ul style="list-style-type: none"> ▪ Identification and description of the beneficiary's expressive or receptive (language comprehension) communication impairment diagnosis; ▪ Speech skills and prognosis; ▪ Language skills and prognosis; ▪ Communication behaviors and interaction skills (i.e., styles and patterns); ▪ Functional communication assessment, including ecological inventory; ▪ Indication of past treatment, if any; and ▪ Description of current communication strategies, including use of an AAC device, if any. <p>Note: If an AAC device is currently used, describe the device, when and by whom it was previously purchased, and why it is no longer adequate for communication needs.</p> ○ Communication Needs Inventory: <ul style="list-style-type: none"> ▪ Description of beneficiary's current and projected communication needs; ▪ Communication partners and tasks including partners' communication abilities limitations, if any; and

Medical Policy Updates

New		
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Augmentative Alternative Communication Devices (for Louisiana Only) (continued)	Jul. 1, 2022	<ul style="list-style-type: none"> ▪ Communication environments and constraints which affect AAC device selection and/or features (e.g., verbal and/or visual output and/or feedback; distance communication needs). ○ Summary of Communication Limitations: <ul style="list-style-type: none"> ▪ Description of the communication limitations that preclude or interfere with meaningful participation in current and projected daily activities (i.e., why the beneficiary’s current communication skills and behaviors prevent meaningful participation in the beneficiary’s current and projected daily activities). ○ AAC Devices Assessment Components: <ul style="list-style-type: none"> ▪ Vocabulary requirements; ▪ Representational system(s); ▪ Display organization and features; ▪ Rate enhancement techniques; ▪ Message characteristics, speech synthesis, printed output, display characteristics, feedback, auditory and visual output; ▪ Access techniques and strategies; and ▪ Portability and durability concerns, if any. ○ Identification of AAC Devices Considered for Recipients: <ul style="list-style-type: none"> ▪ Identification of the significant characteristics and features of the AAC devices considered for the beneficiary; and ▪ Identification of the cost of the AAC devices considered for the beneficiary (including all required components, accessories, peripherals and supplies as appropriate). ○ AAC Device Recommendation: <ul style="list-style-type: none"> ▪ Identification of the requested AAC devices including all required components, accessories, software, peripheral devices, supplies and the device vendor; ▪ Identification of the beneficiary and communication partner’s AAC devices preference, if any; ▪ Assessment of the beneficiary’s ability (physically and mentally) to use, or to learn to use, the recommended AAC device and accessories for effective and efficient communication; and ▪ Justification stating why the recommended AAC device (including description of the significant characteristics, features and accessories) is better able to overcome or ameliorate the communication limitations that preclude or interfere with the beneficiary’s meaningful participation in current and projected daily activities as compared to the other AAC devices considered; and justification stating why the recommended AAC device (including description of the significant characteristics, features and accessories) is the least costly, equally effective, alternative form of treatment to overcome or ameliorate the communication limitations that preclude or interfere with the beneficiary’s meaningful participation in current and projected daily activities.

Medical Policy Updates

New		
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Augmentative Alternative Communication Devices (for Louisiana Only) (continued)	Jul. 1, 2022	<ul style="list-style-type: none"> ○ Treatment Plan and Follow Up: <ul style="list-style-type: none"> ▪ Description of short term communication goals (e.g., 6 months); ▪ Description of long term communication goals (e.g., one year); ▪ Assessment criteria to measure beneficiary’s progress toward achieving short and long term communication goals; ▪ Description of amount, duration and scope of AAC services required for the beneficiary to achieve short and long term communication goals; and ▪ Identification and experience of AAC service provider responsible for training (these service providers may include, e.g.: speech language pathologists, occupational therapists, rehabilitation engineers, the beneficiary’s parents, teachers and other service providers). ○ Summary of Alternative Funding Source for AAC Device: <ul style="list-style-type: none"> ▪ Description of availability or lack of availability, of purchase of AAC device through other funding sources. <p><i>Trial Use Periods</i></p> <p>In instances where the appropriateness of a specific AAC device is not clear, a trial use period for an AAC device may be recommended (although it is not required) by the speech-language pathologist who conducts the AAC evaluation. Prior authorization for rental of AAC devices shall be approved for trial use periods when the speech-language pathologist prepares a request that includes, but is not limited to:</p> <ul style="list-style-type: none"> ● The characteristics of the beneficiary’s communication limitations; ● Lack of familiarity with a specific AAC device; and ● Whether there are sufficient AAC services to support the beneficiary’s use of the AAC device, or other factors. <p>If the speech-language pathologist seeks a trial use period, he/she must prepare a trial use period request that includes the following information:</p> <ul style="list-style-type: none"> ● The duration of the trial period; ● The speech-language pathologist information and the beneficiary information as required in the Assessment Evaluation; ● The AAC device to be examined during the trial period, including all the necessary components (e.g., mounting device, software, switches, or access control mechanism); ● The identification of the AAC services provider(s) who will assist the beneficiary during the trial period; ● The identification of the AAC services provider(s) who will assess the trial period; and ● The evaluation criteria, specific to the beneficiary that will be used to determine the success or failure of the trial period.

Medical Policy Updates

New		
Policy Title	Effective Date	Coverage Rationale
Augmentative Alternative Communication Devices (for Louisiana Only) (continued)	Jul. 1, 2022	<p>Trial use period requests must include Medicaid funding for the rental of all necessary components and accessories of the AAC device. If an accessory is necessary for rental, but the communication device is available for rental for trial use, Medicaid may consider the purchase of the accessory for the trial use of the communication device. Trial periods may be extended and/or different AAC devices provided, when requested by the speech-language pathologist responsible for evaluating the trial use period. Results of trial use periods must be included with any subsequent request for prior authorization of the AAC device purchase. Recommendations for the purchase of an AAC device, as a result of a trial use period of the device, must clearly indicate the beneficiary's ability to use the device during the trial period.</p> <p><i>Repairs</i></p> <p>Medicaid will cover repairs to keep AAC devices, accessories, and other system components in working condition. Medicaid coverage for repairs will include the cost of parts, labor, and shipping, when not otherwise available without charge pursuant to a manufacturer's warranty. Providers of AAC devices are expected to comply with the Louisiana New Assistive Devices Warranty Act, R.S. § 51:2762 to 2767. One of the provisions of this law is that all persons who make, sell, or lease assistive devices, including AAC devices, must provide those who buy or lease the equipment with a warranty which lasts at least one year from the time the equipment is delivered to the beneficiary. If, during the warranty period, the equipment does not work, the manufacturer or dealer must make an attempt to repair the equipment. Medicaid additionally requires providers to provide the beneficiary with a comparable, alternate AAC device while repairing the beneficiary's device during a warranty period. Medicaid coverage may be provided for the rental of an alternate AAC device during a repair period after expiration of the warranty. Medicaid will not cover repairs, or rental of a loaner device, when repairs are made during a warranty period.</p> <p>When a device is received by the provider for the purpose of repair, the provider will conduct an assessment of the device to determine whether it can be repaired, and if so, prepare a written estimate of the parts, labor, and total cost of the repair, as well as the effectiveness (i.e., estimated durability) of the repair. If the manufacturer or provider concludes that the device is not repairable and a replacement device is needed, written notice will be provided to the beneficiary. Medicaid coverage for repairs greater than \$300.00 must be accompanied by a statement from the speech-language pathologist. The statement must indicate whether there have been any significant changes in the sensory status (e.g., vision, hearing, tactile); postural, mobility or motor status; speech, language, and expressive communication status; or any other communication need or limitation of the beneficiary as earlier described and whether the device remains the speech language pathologist's recommendation for beneficiary's use.</p> <p><i>Replacement or Modification</i></p> <p>Modification or replacement of AAC devices will be covered by Medicaid subject to the following limitations:</p>

Medical Policy Updates

New		
Policy Title	Effective Date	Coverage Rationale
Augmentative Alternative Communication Devices (for Louisiana Only) (continued)	Jul. 1, 2022	<ul style="list-style-type: none"> • Requests for modification or replacement of AAC devices and/or accessories may be considered for coverage after the expiration of three or more years from the date of purchase of the current device and accessories in use; • Requests for modification or replacement require PA and must include the recommendation of the speech-language pathologist; • Requests for replacements of AAC devices may be submitted for identical or different devices; • Requests for replacements of identical AAC devices must be accompanied by a statement from the provider that the current device cannot be repaired or that replacement will be more cost effective than repair of the current device. Data must be provided about the following: <ul style="list-style-type: none"> ○ Age; ○ Repair history: <ul style="list-style-type: none"> ▪ frequency; and ▪ duration; and ▪ cost; ○ Repair projections (estimated durability of repairs). • Requests for modification or replacement of AAC devices with different devices must include the following additional information: <ul style="list-style-type: none"> ○ A significant change has occurred in the beneficiary's expressive communication, impairments, and/or communication limitations. Modification or replacement requests due to a change in the beneficiary's circumstances must be supported by a new assessment of communication limitations by a speech-language pathologist, and may be submitted at any time; or ○ Even though there has been no significant change in the beneficiary's communication limitations, there has been a significant change in the features or abilities of available AAC devices (i.e., a technological change) that will overcome or permit an even greater amelioration of the beneficiary's communication limitations as compared to the current AAC device. A detailed description of all AAC device changes and the purpose of the changes must be provided with the results of a re-evaluation by a speech-language pathologist; or ○ Requests for replacements of AAC devices due to loss or damage (either for identical or different devices) must include a complete explanation of the cause of the loss or damage and a plan to prevent the recurrence of the loss or damage.
Retired		
Policy Title	Effective Date	Summary of Changes
Ablative Treatment for Spinal Pain (for Louisiana Only)	Jun. 1, 2022	<ul style="list-style-type: none"> • Policy retired; ablative treatment for spinal pain no longer requires clinical review

General Information

The inclusion of a health service (e.g., test, drug, device or procedure) in this bulletin indicates only that UnitedHealthcare is adopting a new policy and/or updated, revised, replaced or retired an existing policy; it does not imply that UnitedHealthcare provides coverage for the health service. Note that most benefit plan documents exclude from benefit coverage health services identified as investigational or unproven/not medically necessary. Physicians and other health care professionals may not seek or collect payment from a member for services not covered by the applicable benefit plan unless first obtaining the member's written consent, acknowledging that the service is not covered by the benefit plan and that they will be billed directly for the service.

Note: The absence of a policy does not automatically indicate or imply coverage. As always, coverage for a health service must be determined in accordance with the member's benefit plan and any applicable federal or state regulatory requirements. Additionally, UnitedHealthcare reserves the right to review the clinical evidence supporting the safety and effectiveness of a medical technology prior to rendering a coverage determination.

UnitedHealthcare respects the expertise of the physicians, health care professionals, and their staff who participate in our network. Our goal is to support you and your patients in making the most informed decisions regarding the choice of quality and cost-effective care, and to support practice staff with a simple and predictable administrative experience. The Medical Policy Update Bulletin was developed to share important information regarding UnitedHealthcare Community Plan of Louisiana Medical Policy, Medical Benefit Drug Policy, Coverage Determination Guideline, and Utilization Review Guideline updates. When information in this bulletin conflicts with applicable state and/or federal law, UnitedHealthcare follows such applicable federal and/or state law.

Policy Update Classifications

New

New clinical coverage criteria have been adopted for a health service (e.g., test, drug, device or procedure)

Updated

An existing policy has been reviewed and changes have not been made to the clinical coverage criteria; however, items such as the clinical evidence, FDA information, and/or list(s) of applicable codes may have been updated

Revised

An existing policy has been reviewed and revisions have been made to the clinical coverage criteria

Replaced

An existing policy has been replaced with a new or different policy

Retired

The health service(s) addressed in the policy are no longer being managed or are considered to be proven/medically necessary and are therefore not excluded as unproven/not medically necessary services, unless coverage guidelines or criteria are otherwise documented in another policy



The complete library of UnitedHealthcare Community Plan of Louisiana Medical Policies, Medical Benefit Drug Policies, Coverage Determination Guidelines, and Utilization Review Guidelines is available at UHCprovider.com/Louisiana > Medicaid (Community Plan) > Current Policies and Clinical Guidelines > [UnitedHealthcare Community Plan of Louisiana Medical & Drug Policies and Coverage Determination Guidelines](#).