Application Statement

The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any.

Augmentative and Alternative Devices for Developmental Delay

Policy Number: HS-205

Original Effective Date: 10/4/2012

Revised Date(s): 10/3/2013, 10/2/2014, 10/1/2015
DISCLAIMER

The Clinical Coverage Guideline is intended to supplement certain standard WellCare benefit plans. The terms of a member’s particular Benefit Plan, Evidence of Coverage, Certificate of Coverage, etc., may differ significantly from this Coverage Position. For example, a member’s benefit plan may contain specific exclusions related to the topic addressed in this Clinical Coverage Guideline. When a conflict exists between the two documents, the Member’s Benefit Plan always supersedes the information contained in the Clinical Coverage Guideline. Additionally, Clinical Coverage Guidelines relate exclusively to the administration of health benefit plans and are NOT recommendations for treatment, nor should they be used as treatment guidelines. The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any. Note: Lines of business (LOB) are subject to change without notice; current LOBs can be found at www.wellcare.com – select the Provider tab, then “Tools” and “Clinical Guidelines”.

BACKGROUND

The use of technology for children with developmental delays has drawn attention for the ability to improve communication and social capacity between impacted children, family, friends and teachers. Current interest has focused on iPads (and other tablet computers) as well as iPhones (and other smartphones, and iPods). Applications available for these devices are replacing software for laptops and desktop computers. A main benefit of tablet computers is portability – a child can take a tablet with them, for example, in order to communicate with their parents, family and friends.

The American Speech-Language-Hearing Association states that augmentative and alternative communication (AAC) includes all forms of communication (other than oral speech) that are used to express thoughts, needs, wants, and ideas. We all use AAC when we make facial expressions or gestures, use symbols or pictures, or write. People with severe speech or language problems rely on AAC to supplement existing speech or replace speech that is not functional. Special augmentative aids, such as picture and symbol communication boards and electronic devices, are available to help people express themselves. This may increase social interaction, school performance, and feelings of self-worth. AAC users should not stop using speech if they are able to do so. The AAC aids and devices are used to enhance their communication. When children or adults cannot use speech to communicate effectively in all situations, there are options such as aided communication systems. For example, electronic communication aids allow the user to use picture symbols, letters, and/or words and phrases to create messages. Minimal research exists to prove the efficacy of the use of tablets and other assistive devices for children with developmental delays. Further, it is important to note that use of such devices must be combined with adequate training (of students, parents and professionals), careful assessment and decision making, detailed implementation plans, and persistence in follow-up in order to see benefits in student learning.

Hayes describes the DynaVox system, a handheld computer-type device that allows the user to communicate via digitized speech, written words, and pictures. Hayes reports that the scope and quality of the clinical studies found during the abstract search are insufficient to conduct an evidence-based assessment of the safety and efficacy of the DynaVox Maestro Communication Device for individuals with speech and language disabilities in a Hayes Health Technology Brief (HTB) and/or Hayes Medical Technology Directory report. Hence, no recommendation regarding adoption or use of this technology can be offered at this time. Further, no FDA approvals could be found for the DynaVox Maestro or any similar DynaVox device.

Hourcade, Bullock-Rest, and Hansen highlight three main observations from research conducted over two months in 2010 with 16 elementary school students and 10 middle school students enrolled in an after school program in Iowa for children with an autism spectrum disorder (ASD). First, the authors found that technology allows for a greater understanding of how children with an ASD and how they relate to the world. Second, technology allows for greater social interactions. Finally, the use of technology allows students “safe space” to explore and experiment.

Runyan reviewed the Proloquo2Go (P2G), an application for the iPod Touch, iPhone and iPad which allows non-speaking students a voice. Cost ranges from $89 for the application and $229 for an iPod Touch or $499 for a basic iPad. P2G is customizable and allows educators or parents to create vocabulary for the student; this application also meets the needs of varying levels of students. Sufficient research has not been completed to support the use of this application for use in children with developmental delay.

Clinical Coverage Guideline

Original Effective Date: 10/4/2012 - Revised: 10/3/2013, 10/2/2014, 10/1/2015
Developmental delay refers to children < age 17 with at least one of the following:

- Autism Spectrum Disorder; OR
- Developmental Delay; OR
- Nonprogressive CNS Disorders; OR
- Musculoskeletal Impairment (e.g., contracture release, joint replacement, spasticity management, torticollis, plagiocephaly).

This may include a developmental delay in: cognition, physical or motor, sensory (including vision and hearing), communication, social, emotional, or adaptive development.

Developmental disability is defined as an inability to perform age-appropriate functional skills as indicated by standard test scores less than 85, scaled score less than 7, percentile less than 16, Z-score less than −1.00 or developmental quotient (DQ) less than 80.2.

- DQ = developmental age/chronological age × 100
- Standardized testing should be adjusted for preterm birth before 37 weeks of gestation in the first 24 months of life.

**POSITION STATEMENT**

**Applicable To:**

- Medicaid – All Markets

The use of iPads and related applications are considered not medically necessary and experimental / investigational. This includes (but it not limited to) multi-purpose, general consumer electronic devices such as personal digital assistants (PDAs), computers, tablet devices (e.g., iPads), smart phones, electronic mail devices and pagers, because they are not medical in nature.

Note: For other related items, please reference the following guidelines:

- HS-201 Pediatric Skilled Therapy Services for Developmental Delay
- HS-208 Therapy Services for Autism Spectrum Disorders
- HS-238 Applied Behavioral Analysis Services

**CODING**

**Non-Covered CPT© Codes**

- **92605** Evaluation for prescription of non-speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour
- **92618** Each additional 30 minutes (list separately in addition to code for primary procedure).
- **96110** Developmental screening, with interpretation and report, per standardized instrument form.
- **96111** Developmental testing (includes assessment of motor, language, social, adaptive, and/or cognitive functioning by standardized developmental instruments) with interpretation and report.

**HCPCS Level II® Codes** – No applicable codes.

**ICD-9-CM Procedure Code** – No applicable codes.

2015 **ICD-10-PCS Codes** – No applicable codes.

**Non-Covered ICD-9-CM Diagnosis Codes**

- **299.00 - 299.91** Pervasive developmental disorders
- **314.00 - 314.9** Hyperkinetic syndrome of childhood
- **315.00 - 315.9** Specific delays in development
- **317** Mild intellectual disabilities
- **318.0 - 318.2** Other specified intellectual disabilities
- **319** Unspecified intellectual disabilities
- **369.00 - 369.9** Blindness and low vision
- **389.00 - 389.9** Hearing loss; conductive, sensorineural, mixed, deafness
- **723.5** Torticollis, unspecified
- **728.85** Muscle spasticity
754.0 - 754.89 Certain congenital musculoskeletal deformities
755.00 - 755.9 Other congenital anomalies of limbs
756.0 - 756.6 Other congenital musculoskeletal anomalies
781.93 Ocular torticollis
783.40 Lack of normal Physiological development, unspecified
783.42 Delayed milestones
V43.69 Joint prosthesis status
V49.0 - V49.5 Other conditions influencing health status
V49.89 Other specified conditions influencing health status

Non-Covered 2015 ICD-10-CM Diagnosis Codes
F70 - F79 Intellectual Disabilities
F80.0 - F89 Pervasive and specific developmental disorders
F90.0 - F90.9 Attention-deficit hyperactivity disorders
H54.0 - H54.8 Blindness and low vision
H90.0 - H90.8 Conductive and sensorineural hearing loss
H91.01 - H91.93 Other specified hearing loss
H93.25 Central auditory processing disorder
M43.6 Torticollis NOS
M62.40 - M64.49 Contracture of muscle
M62.838 Other muscle spasm
Q65.00 - Q79.9 Congenital malformations and deformations of the musculoskeletal system
R29.891 Ocular torticollis
R62.0 Delayed milestones in childhood
R62.50 – R62.59 Unspecified lack of expected normal physiological development in childhood
Z74.09, Z78.9 Other reduced mobility and other health status
Z96.60 - Z96.698 Presence of other orthopedic joint implants


REFERENCES

MEDICAL POLICY COMMITTEE HISTORY AND REVISIONS

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<tr>
<td>10/1/2015</td>
<td>Approved by MPC. No changes.</td>
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<tr>
<td>10/2/2014</td>
<td>Approved by MPC. Updated coding; no changes to Position Statement.</td>
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<tr>
<td>10/3/2013</td>
<td>Approved by MPC. Added applied behavior analysis (ABA) information.</td>
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