MEDICAL POLICY

POLICY TITLE	SPEECH GENERATING DEVICES
POLICY NUMBER	MP 6.032

CLINICAL BENEFIT	☐ MINIMIZE SAFETY RISK OR CONCERN. ☐ MINIMIZE HARMFUL OR INEFFECTIVE INTERVENTIONS. ☐ ASSURE APPROPRIATE LEVEL OF CARE. ☐ ASSURE APPROPRIATE DURATION OF SERVICE FOR INTERVENTIONS. ☒ ASSURE THAT RECOMMENDED MEDICAL PREREQUISITES HAVE BEEN MET. ☐ ASSURE APPROPRIATE SITE OF TREATMENT OR SERVICE.
Effective Date:	**12/1/2024**

I. POLICY

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Speech generating devices (SGD), including software and software updates that enable a laptop computer, desktop computer, or PDA to function as an SGD, may be considered **medically necessary** when **all** of the following criteria are met:

1. There is clinical documentation that the patient has had a recent formal evaluation of their cognitive and communication abilities by a speech-language pathologist (SLP) and the evaluation has been reviewed and approved by the treating/ordering physician. The formal, written evaluation must include at a minimum, the following elements:
   - Current communication impairment, including the type, severity, language skills, cognitive ability, and anticipated course of the impairment;
   - An assessment of whether the individual's daily communication needs could be met using other natural modes of communication;
   - A description of the functional communication goals expected to be achieved and treatment options;
   - Rationale for selection of a specific device;
   - A treatment plan, including a documented training schedule;
   - An assessment of the individual cognitive and physical ability to effectively use the selected device and any accessories to communicate;
   - For subsequent upgrade to a previously issued SGD, information regarding the functional benefit to the patient of the upgrade compared to the initially provided SGD; and
2. The patient's medical condition is one resulting in a severe expressive speech impairment; and

3. The patient's speaking needs cannot be met using natural communication methods; and
4. Other forms of treatment have been considered and ruled out; and
5. The patient's ability to communicate will benefit from the device ordered.

SGD accessories may be considered **medically necessary** if the coverage criteria for the base device are met and the medical necessity for each accessory is clearly documented in the formal written evaluation by the speech language pathologist (SLP). Accessories include, but are not limited to:

- Access devices that enable selection of letters, words, or symbols via direct or indirect selection techniques. Examples of access devices include, but are not limited to, optical head pointers, joysticks, switches, wheelchair integration devices, and SGD scanning devices;
- Replacement accessories such as batteries, battery chargers, and AC adapters are included;
- Mounting systems, which are devices necessary to place the SGD device, switches, and other access devices within the reach of the patient.

Speech pathology services pertaining to patient evaluation and training in use of a medically necessary device may also be considered **medically necessary**.

Cross-reference:

MP 6.026 Durable Medical Equipment (DME) and Supplies
MP 6.037 Power Wheelchairs, Power Operated Vehicles (POVs), and Related Options and Accessories
MP 8.002 Speech Therapy (Outpatient)

II. PRODUCT VARIATIONS

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This policy is only applicable to certain programs and products administered by Capital Blue Cross please see additional information below, and subject to benefit variations as discussed in Section VI below.

FEP PPO - Refer to FEP Medical Policy Manual. The FEP Medical Policy manual can be found at: https://www.fepblue.org/benefit-plans/medical-policies-and-utilization-management-guidelines/medical-policies

III. DESCRIPTION/BACKGROUND

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Speech generating devices (SGD), also known as augmentative and alternative communication (AAC) devices, are external speech aids that provide some functions of speech to the individual with severe speech impairment. Individuals with severe speech impairment rely on standard

techniques such as facial expressions, gestures, sign language, drawing, and writing for communication. Low technology non-electronic communication devices include boards that use words, letters, symbols, mini boards, and conversation books. High-technology devices are electronic and usually computer based. These latter devices convert the patient's entries on a keyboard or other methods of input such as a blink of an eye, wrinkle of an eyebrow, or a puff of air into electronic speech.

There are many different devices with a variety of capabilities available. Selection of the communication method usually involves an evaluation by a speech-language pathologist (SLP). A team of professionals works with the patient and family so that caregivers understand how to use the system. Speech generating devices create either digitized speech or synthesized speech. Digitized speech devices use pre-recorded words that a user plays back on command. Synthesized speech translates a user's input into device-generated speech utilizing algorithms, which represent linguistic rules. Synthesized speech devices create individualized messages related to input from the keyboard, touch screen, or other display containing letters or symbols. Speech generating software programs often utilize a desk or laptop computer, or a personal digital assistant (PDA) to function as an SGD.

Accessories for speech-generating devices include, but are not limited to, access devices that enable selection of letters, words, or symbols via direct or indirect selection techniques. Examples of access devices include, but are not limited to, optical head pointers, joysticks, switches, wheelchair integration devices, and SGD scanning devices. In addition, accessories such as batteries, battery chargers, and AC adapters are necessary for operation of the SGD.

IV. RATIONALE

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N/A

V. DEFINITIONS

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DURABLE MEDICAL EQUIPMENT (DME) consists of items that are primarily and customarily used to serve a medical purpose; are not useful to a person in the absence of illness or injury; are ordered by a physician; are appropriate for use in the home; are reusable and can stand repeated use.

VI. BENEFIT VARIATIONS

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The existence of this medical policy does not mean that this service is a covered benefit under the member's health benefit plan. Benefit determinations should be based in all cases on the applicable health benefit plan language. Medical policies do not constitute a description of benefits. A member's health benefit plan governs which services are covered, which are excluded, which are subject to benefit limits, and which require preauthorization. There are different benefit plan designs in each product administered by Capital Blue Cross. Members and providers should consult the member's health benefit plan for information or contact Capital Blue Cross for benefit information.

VII. DISCLAIMER

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Capital Blue Cross' medical policies are developed to assist in administering a member's benefits, do not constitute medical advice and are subject to change. Treating providers are solely responsible for medical advice and treatment of members. Members should discuss any medical policy related to their coverage or condition with their provider and consult their benefit information to determine if the service is covered. If there is a discrepancy between this medical policy and a member's benefit information, the benefit information will govern. If a provider or a member has a question concerning the application of this medical policy to a specific member's plan of benefits, please contact Capital Blue Cross' Provider Services or Member Services. Capital Blue Cross considers the information contained in this medical policy to be proprietary and it may only be disseminated as permitted by law.

VIII. CODING INFORMATION

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Note: This list of codes may not be all-inclusive, and codes are subject to change at any time. The identification of a code in this section does not denote coverage as coverage is determined by the terms of member benefit information. In addition, not all covered services are eligible for separate reimbursement.

Covered when medically necessary:

Procedure Codes								
92607	92608	92609	E2500	E2502	E2504	E2506	E2508	E2510
E2511	E2512	E2513	E2599	E3000	V5336			

Specific diagnosis coding does not apply to this policy.

IX. REFERENCES

TOP

1. *Boesch M, Wendt O, Subramanian A, et al., Comparative Efficacy of the Picture Exchange Communication System (PECS) versus a Speech-Generating Device: Effects on Social-communicative Skills and Speech Development. Augmentative and Alternative Communication, 2013; 29(3): 197–209*
2. *Happ MB, Roesch TK, Kagan SH. Patient communication following head and neck cancer surgery: a pilot study using electronic speech-generating devices. Oncol Nurse Forum 2005; 32 (6): 1179-87*
3. *Thiemann-Bourque K, Feldmiller S, Hoffman L, et al. Incorporating a Peer-Mediated Approach IntoSpeech-Generating Device Intervention: Effects on Communication of Preschoolers With Autism Spectrum Disorder. J Speech Lang Hear Res. 2018 Aug 8;61(8):2045-2061. doi: 10.1044/2018_JSLHR-L-17-0424*
4. *Gevarter C, Zamora C. Naturalistic Speech-Generating Device Interventions for Children With Complex Communication Needs: A Systematic Review of Single-Subject Studies. Am J Speech Lang Pathol. 2018;27(3):1073-1090. doi:10.1044/2018_AJSLP-17-0128*

5. *Shepherd TA, Campbell KA, Renzoni AM, Sloan N. Reliability of speech generating devices: a 5-year review. Augment Altern Commun. 2009;25(3):145-153. doi:10.1080/07434610902996104*
6. *Augmentative and Alternative Communication (AAC). American Speech-Language-Hearing Association*
7. *Pak NS, Bailey KM, Ledford J, Kaiser AP. Comparing interventions with speech-generating devices and other augmentative and alternative communication modes: A meta-analysis. American Journal of Speech-Language Pathology, 32(2), 786-802. (2023)*
8. *Noridian Healthcare Solutions, LLC. Local Coverage Determination L33739: Speech generating devices (SGD). [CMS.gov Web site]. Original: 10/01/2015. (Revised: 01/01/2020).*
9. *Peters B, Eddy B, Galvin-McLaughlin D, Betz G, Oken B, Fried-Oken M. A systematic review of research on augmentative and alternative communication brain-computer interface systems for individuals with disabilities. Front Hum Neurosci. 2022;16:952380. Published 2022 Jul 27. doi:10.3389/fnhum.2022.952380. PMID: 35966988*
10. *Tegler H, Pless M, Blom Johansson M, Sonnander K. Caregivers', teachers', and assistants' use and learning of partner strategies in communication using high-tech speech-generating devices with children with severe cerebral palsy. Assist Technol. 2021;33(1):17-25. doi:10.1080/10400435.2019.1581303. PMID: 30843763*

X. POLICY HISTORY

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MP 6.032	**06/24/2020 Consensus Review.** References updated. No change to policy statements.
	05/24/2021 Consensus Review. No change to policy statements. Cross-references and references updated. No changes to coding.
	01/13/2022 Consensus Review. No change to policy statement. References reviewed and updated. Product Variations updated.
	05/15/2023 Consensus Review. No change to policy statement. References reviewed and updated. No coding changes.
	12/13/2023 Administrative Update. New code E3000 added for 1/1/24
	07/23/2024 Consensus Review. No change to policy statement. New references.
	09/18/2024 Administrative Update. New code E2513 added 10/1/2024.

Top