MEDICAL POLICY

POLICY TITLE	**SPEECH GENERATING DEVICES**
POLICY NUMBER	**MP-6.032**

Original Issue Date (Created):	**7/26/2004**
Most Recent Review Date (Revised):	**6/24/2020**
Effective Date:	**2/1/2021**

I. POLICY

TOP

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-8.002 Speech Therapy (Outpatient)

II. PRODUCT VARIATIONS TOP

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

FEP PPO - Refer to the FEP contract as this product has a benefit limitation.

III. DESCRIPTION/BACKGROUND TOP

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, and 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 TOP

N/A

V. DEFINITIONS TOP

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 TOP

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 BlueCross. Members and providers should consult the member's health benefit plan for information or contact Capital BlueCross for benefit information.

POLICY TITLE	SPEECH GENERATING DEVICES
POLICY NUMBER	MP-6.032

VII. DISCLAIMER

TOP

Capital BlueCross's 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 BlueCross' Provider Services or Member Services. Capital BlueCross considers the information contained in this medical policy to be proprietary and it may only be disseminated as permitted by law.

VIII. CODING INFORMATION

TOP

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:

CPT Codes®								
92607	92608	92609						

HCPCS Code	Description
E2500	Speech generating device, digitized speech, using pre-recorded messages, less than or equal to 8 minutes recording time
E2502	Speech generating device, digitized speech, using prerecorded messages, greater than 8 minutes but less than or equal to 20 minutes recording time
E2504	Speech generating device, digitized speech, using prerecorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time
E2506	Speech generating device, digitized speech, using prerecorded messages, greater than 40 minutes recording time
E2508	Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device
E2510	Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access
E2511	Speech generating software program, for personal computer or personal digital assistant
E2512	Accessory for speech generating device, mounting system
E2599	Accessory for speech generating device, not otherwise classified
V5336	Repair/modification of augmentative communicative system or device (excludes adaptive hearing aid)

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.https://pubs.asha.org/doi/pdf/10.1044/2018_JSLHR-L-17-0424. Accessed June 24, 2020.*
4. *Naturalistic Speech-Generating Device Interventions for Children With Complex Communication Needs: A Systematic Review of Single-Subject Studies. https://pubmed.ncbi.nlm.nih.gov/29971336/ Accessed June 24, 2020.*
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 https://pubmed.ncbi.nlm.nih.gov/19544105/. Accessed June 24,2020.*

X. POLICY HISTORY

TOP

MP 6.032	**CAC 9/30/03**
	CAC 10/26/04
	CAC 11/29/05
	CAC 4/25/06
	CAC 2/27/07
	CAC 3/25/08 Consensus review.
	CAC 3/31/09 Consensus review.
	CAC 11/24/09 Minor Revision. FEP variation added.
	CAC 11/30/10 Consensus review.
	CAC 11/22/11 Consensus review. Deleted benefit information
	7/26/13 Administrative update. Coding review complete
	CAC 9/24/13 Consensus review. No change to policy statements. References reviewed and updated.
	CAC 9/30/14 Consensus review. No change to policy statements. References reviewed**.**
	CAC 9/29/15 Consensus review. No changes to the policy statements. Reference update. Medicare variation added to the policy. Coding Reviewed

POLICY TITLE	SPEECH GENERATING DEVICES
POLICY NUMBER	MP-6.032

	CAC 9/27/16 Consensus review. No change to the policy statements. References updated**.** Medicare variation revised from CMS memorandum to Noridian LCD L33739 Speech Generating Devices. Variations reformatted. Coding reviewed.
	CAC 11/28/17 Consensus review. Policy statements unchanged. References updated. Coding reviewed.
	8/14/18 Consensus review. No change to policy statements. References reviewed.
	6/3/2019 Consensus review. Policy statement unchanged. References updated.
	06/24/2020 Consensus Review. References updated. No change to policy statements.

Top