Application

This Coverage Determination Guideline only applies to the state of Kentucky.

Coverage Rationale

Indications for Coverage

Speech Generating Devices

Speech Generating Devices are covered as durable medical equipment (DME) when:

- The device(s) are not explicitly excluded from coverage; and
- The treating physician determines that the member has either a severe speech impairment (impediment) or lack of speech directly due to sickness or injury; and
- The medical condition warrants the use of a device

The physician attestation must be consistent with and based upon the recommendation of a qualified speech and language pathologist. The speech and language pathology evaluation must reach all of the following conclusions:

- Other forms of treatment have been attempted or considered and ruled out. Examples of a Speech Generating Device are:
  - Freedom
  - Prentke Romich (or PRC)
  - Say-It™
  - Tobii Dynavox
- The member's medical condition is one resulting in a severe expressive speech impairment (impediment) or lack of speech directly related to Sickness or Injury
- The member’s speaking needs cannot be met using natural communication methods

For medical necessity clinical coverage criteria, refer to the InterQual® 2021, May 2021 Release, Medicare: Durable Medical Equipment, Speech Generating Devices (SGD).

Click here to view the InterQual® criteria.
Coverage Limitations and Exclusions
The following items shall be excluded from Medicaid coverage through the DME Program:
- An item covered for Medicaid payment through another Medicaid program;
- Equipment that is not primarily and customarily used for a medical purpose;
- Physical fitness equipment;
- Equipment used primarily for the convenience of the recipient or caregiver;
- A home modification;
- Routine maintenance of DME that includes:
  - Testing;
  - Cleaning;
  - Regulating; and
  - Assessing the recipient’s equipment;
- Backup equipment; or
- An item determined not medically necessary, clinically appropriate, or reasonable by The Plan.

Definitions
Check the federal, state, or contractual definitions that supersede the definitions below.

Durable Medical Equipment (DME): Medical Equipment that is all of the following:
- Withstands repeated use;
- Is primarily and customarily used to serve a medical purpose;
- Is generally not useful to a person in the absence of an illness or injury; and
- Is appropriate for use in the home. (907 KAR 1:479)

Medically Necessary: The determination of whether a covered benefit or service is medically necessary shall:
- Be based on an individualized assessment of the recipient's medical needs; and
- Comply with the requirements established in this paragraph. To be medically necessary or a medical necessity, a covered benefit shall be:
  - Reasonable and required to identify, diagnose, treat, correct, cure, palliate, or prevent a disease, illness, injury, disability, or other medical condition, including pregnancy;
  - Appropriate in terms of the service, amount, scope, and duration based on generally accepted standards of good medical practice;
  - Provided for medical reasons rather than primarily for the convenience of the individual, the individual's caregiver, or the health care provider, or for cosmetic reasons;
  - Provided in the most appropriate location, with regard to generally accepted standards of good medical practice, where the service may, for practical purposes, be safely and effectively provided;
  - Needed, if used in reference to an emergency medical service, to exist using the prudent layperson standard.
  - Provided in accordance with early and periodic screening, diagnosis, and treatment (EPSDT) requirements established in 42 U.S.C. 1396d(r) and 42 C.F.R. Part 441 Subpart B for individuals under twenty-one (21) years of age; and
  - Provided in accordance with 42 C.F.R. 440.230. (907 KAR 3:30)

Speech Generating Device: Speech Generating Devices are characterized by the following:
- Are of use only by an individual who has severe speech impairment
- May have digitized speech output, using pre-recorded messages, less than or equal to 8 minutes recording time
- May have digitized speech output, using pre-recorded messages, greater than 8 minutes recording time
- May have synthesized speech output, which requires message formulation by spelling and device access by physical contact with the device-direct selection techniques
- May be software that allows a laptop computer, desktop computer or personal digital assistant (PDA) to function as a Speech Generating Device
- May have synthesized speech output, which permits multiple methods of message formulation and multiple methods of device access
Speech Generating Devices are not:

- Devices that are capable of running software for purposes other than for speech generation, e.g., devices that can also run a word processing package, an accounting program, or perform other non-medical function
- Laptop computers, desktop computers, or PDAs which may be programmed to perform the same function as a Speech Generating Device
- Useful to someone without severe speech impairment

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

<table>
<thead>
<tr>
<th>HCPCS Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>E2500</td>
<td>Speech generating device, digitized speech, using prerecorded messages, less than or equal to 8 minutes recording time</td>
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<tr>
<td>E2502</td>
<td>Speech generating device, digitized speech, using prerecorded messages, greater than 8 minutes but less than or equal to 20 minutes recording time</td>
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<tr>
<td>E2504</td>
<td>Speech generating device, digitized speech, using prerecorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time</td>
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<tr>
<td>E2506</td>
<td>Speech generating device, digitized speech, using prerecorded messages, greater than 40 minutes recording time</td>
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<tr>
<td>E2508</td>
<td>Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device</td>
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<tr>
<td>E2510</td>
<td>Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access</td>
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<tr>
<td>E2511</td>
<td>Speech generating software program, for personal computer or personal digital assistant</td>
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<tr>
<td>E2512</td>
<td>Accessory for speech generating device, mounting system</td>
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<tr>
<td>E2599</td>
<td>Accessory for speech generating device, not otherwise classified</td>
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References


### Guideline History/Revision Information

<table>
<thead>
<tr>
<th>Date</th>
<th>Summary of Changes</th>
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<tbody>
<tr>
<td>09/01/2021</td>
<td><strong>Coverage Rationale</strong></td>
</tr>
<tr>
<td></td>
<td>- Added language to indicate Speech Generating Devices are covered as DME when “the device(s) are not explicitly excluded from coverage”</td>
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<td>- Replaced language indicating “the treating physician determines that the member suffers from severe speech impairment (impediment) or lack of speech directly due to sickness or injury” with “the treating physician determines that the member has either a severe speech impairment (impediment) or lack of speech directly due to sickness or injury”</td>
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<td>- Added list of examples of a Dedicated Speech Generating Device:</td>
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<td></td>
<td>- Freedom</td>
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<td>- Prentke Romich (or PRC)</td>
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<td>- Say-it!”</td>
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<td>- Tobii Dynavox</td>
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**Definitions**
- Replaced instruction to “check the definitions within the member benefit plan document that supersede the definitions [listed in the policy]” with “check the federal, state or contractual definitions that supersede the definitions [listed in the policy]”

**Applicable Codes**
- Removed notation pertaining to the National Correct Coding Initiative/Pricing, Data and Coding (PDAC) for Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS)

**Supporting Information**
- Archived previous policy version CS338KY.02

### Instructions for Use

This Coverage Determination Guideline provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the federal, state, or contractual requirements for benefit plan coverage must be referenced as the terms of the federal, state, or contractual requirements for benefit plan coverage may differ from the standard benefit plan. In the event of a conflict, the federal, state, or contractual requirements for benefit plan coverage govern. Before using this guideline, please check the federal, state, or contractual requirements for benefit plan coverage. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Coverage Determination Guideline is provided for informational purposes. It does not constitute medical advice.

UnitedHealthcare uses InterQual® for the primary medical/surgical criteria, and the American Society of Addiction Medicine (ASAM) for substance use, in administering health benefits. If InterQual® does not have applicable criteria, UnitedHealthcare may also use UnitedHealthcare Medical Policies, Coverage Determination Guidelines, and/or Utilization Review Guidelines that have been approved by the Kentucky Department for Medicaid Services. The UnitedHealthcare Medical Policies, Coverage Determination Guidelines, and Utilization Review Guidelines are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.

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Speech Generating Devices (for Kentucky only)
UnitedHealthcare Community Plan Coverage Determination Guideline

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