

# Speech Generating Devices (for Kentucky Only)

Policy Number: CS189KY.07

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[Instructions for Use](#)

Table of Contents	Page
<a href="#">Application</a> .....	1
<a href="#">Coverage Rationale</a> .....	1
<a href="#">Definitions</a> .....	1
<a href="#">Applicable Codes</a> .....	1
<a href="#">Benefit Considerations</a> .....	2
<a href="#">References</a> .....	2
<a href="#">Policy History/Revision Information</a> .....	2
<a href="#">Instructions for Use</a> .....	2

## Related Policy

- [Durable Medical Equipment, Orthotics, Medical Supplies and Repairs/Replacements \(for Kentucky Only\)](#)

## Application

This Medical Policy only applies to the state of Kentucky.

## Coverage Rationale

➔ See [Benefit Considerations](#)

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

Click [here](#) to view the InterQual® criteria.

## Definitions

**Injury:** Damage to the body, including all related conditions and symptoms.

**Sickness:** Physical illness, disease or Pregnancy. The term Sickness as used in this *Certificate* includes Mental Illness or substance-related and addictive disorders, regardless of the cause or origin of the Mental Illness or substance-related and addictive disorder.

## 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.

HCPSC Code	Description
E2500	Speech generating device, digitized speech, using prerecorded messages, less than or equal to eight minutes recording time
E2502	Speech generating device, digitized speech, using prerecorded messages, greater than eight 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

## Benefit Considerations

### Coverage Limitations and Exclusions

Refer to the [Kentucky Administrative Regulations 907 KAR 1:479 Durable Medical Equipment Covered Benefits and Reimbursement](#) for coverage limitations and exclusions.

## References

Kentucky Administrative Regulations. Cabinet for Health and Family Services - Department for Medicaid Services. 907 KAR 1:479. Durable medical equipment covered benefits and reimbursement. Available at: <https://apps.legislature.ky.gov/law/kar/907/001/479.pdf>. Accessed June 29, 2022.

## Policy History/Revision Information

Date	Summary of Changes
07/01/2023	<p><b>Definitions</b></p> <ul style="list-style-type: none"> <li>Added definition of: <ul style="list-style-type: none"> <li>Injury</li> <li>Sickness</li> </ul> </li> </ul> <p><b>Supporting Information</b></p> <ul style="list-style-type: none"> <li>Updated <i>References</i> section to reflect the most current information</li> <li>Archived previous policy version CS189KY.06</li> </ul>

## Instructions for Use

This Medical Policy 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 Medical Policy 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.