

Speech Generating Devices (for North Carolina Only)

Guideline Number: CSNC.CDG.107.02
Effective Date: May 1, 2022

[Instructions for Use](#)

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Related Policy

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

Application

This Coverage Determination Guideline only applies to the state of North Carolina.

Coverage Rationale

Speech Generating Devices

Speech Generating Devices are covered and medically necessary as durable medical equipment (DME) under certain circumstances. For medical necessity clinical coverage criteria, refer to [North Carolina Medicaid \(Division of Health Benefits\) Clinical Coverage Policy for Medical Equipment, 5A-1, Physical Rehabilitation Equipment and Supplies](#).

Repair and Replacement: Servicing and Repairing Medical Equipment

Repair and replacement of DME is covered and medically necessary in certain circumstances. For medical necessity clinical coverage criteria, refer to [North Carolina Medicaid \(Division of Health Benefits\) Clinical Coverage Policy for Medical Equipment, 5A-1 Physical Rehabilitation Equipment and Supplies](#).

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 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

HCPSC Code	Description
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

References

North Carolina Medicaid, Division of Health Benefits, Clinical Coverage Policies, Physical Rehabilitation Equipment and Supplies, No: 5A-1. https://files.nc.gov/ncdma/documents/files/5A-1_6.pdf. Accessed November 30, 2021.

Guideline History/Revision Information

Date	Summary of Changes
05/01/2022	<p>Coverage Rationale <i>Speech Generating Devices</i></p> <ul style="list-style-type: none"> Revised language to indicate speech generating devices are covered and medically necessary as durable medical equipment (DME) under certain circumstances; for medical necessity clinical coverage criteria, refer to the North Carolina Medicaid (Division of Health Benefits) Clinical Coverage Policy for <i>Medical Equipment, 5A-1, Physical Rehabilitation Equipment and Supplies</i> <p>Supporting Information</p> <ul style="list-style-type: none"> Updated <i>References</i> section to reflect the most current information Removed <i>Definitions</i> section Archived previous policy version CSNC.CDG.107.01

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 may also use tools developed by third parties, such as the InterQual® criteria, to assist us in administering health benefits. The UnitedHealthcare Coverage Determination 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.