

Speech Generating Devices (for Nebraska Only)

Guideline Number: CS189NE.B
Effective Date: February 1, 2022

[Instructions for Use](#)

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Related Policy

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

Application

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

Coverage Rationale

For medical necessity clinical coverage criteria refer to the [Nebraska Department of Health and Human Services Chapter 7-000 Durable Medical Equipment, Prosthetics, Orthotics and Medical Supplies \(DMEPOS\)](#). Accessed June 28, 2021.

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.

HCPCS 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
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

HCPCS Code	Description
E2512	Accessory for speech generating device, mounting system
E2599	Accessory for speech generating device, not otherwise classified

References

Nebraska Department of Health and Human Services Chapter 7-000 Durable Medical Equipment, Prosthetics, Orthotics and Medical Supplies (DMEPOS). https://www.nebraska.gov/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-471/Chapter-07.pdf. Accessed June 1, 2021.

Guideline History/Revision Information

Date	Summary of Changes
02/01/2022	<p>Coverage Rationale</p> <ul style="list-style-type: none"> Replaced coverage guidelines with instruction to refer to the Nebraska Department of Health and Human Services Chapter 7-000 Durable Medical Equipment, Prosthetics, Orthotics and Medical Supplies (DMEPOS) for medical necessity clinical coverage criteria <p>Supporting Information</p> <ul style="list-style-type: none"> Removed <i>Definitions</i> section Updated <i>References</i> section to reflect the most current information Archived previous policy version CS189NE.A

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.