

Speech Generating Devices

Guideline Number: CS189.C
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[Instructions for Use](#)

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Related Community Plan Policy
<ul style="list-style-type: none"> Durable Medical Equipment, Orthotics, Medical Supplies and Repairs/Replacements
Commercial Policy
<ul style="list-style-type: none"> Speech Generating Devices

Application

This Coverage Determination Guideline does not apply to the states listed below; refer to the state-specific policy/guideline, if noted:

State	Policy/Guideline
Indiana	Speech Generating Devices (for Indiana Only)
Kentucky	Speech Generating Devices (for Kentucky Only)
Louisiana	Durable Medical Equipment, Orthotics, Ostomy Supplies, Medical Supplies and Repairs/Replacements (for Louisiana Only)
Mississippi	Speech Generating Devices (for Mississippi Only)
Nebraska	Speech Generating Devices (for Nebraska Only)
New Jersey	Speech Generating Devices (for New Jersey Only)
North Carolina	Speech Generating Devices (for North Carolina Only)
Pennsylvania	Speech Generating Devices (for Pennsylvania Only)
Tennessee	Speech Generating Devices (for Tennessee Only)

Coverage Rationale

Indications for Coverage

Speech Generating Devices

Speech Generating Devices are covered as 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 resulting from a 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® Medicare: Durable Medical Equipment, Speech Generating Devices (SGD).

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

Coverage Limitations and Exclusions

- When more than one piece of DME can meet the member's functional needs, benefits are available only for the item that meets the minimum specifications for member needs
- Additional accessories to DME items or devices which are primarily for the comfort or convenience of the member
- Replacement of items due to malicious damage, neglect, or abuse
- Replacement of lost or stolen items
- Routine periodic maintenance (e.g., testing, cleaning, regulating, and checking of equipment) for which the owner or vendor is generally responsible
- Upgrade or replacement of DME when the existing equipment is still functional

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:

- Ordered or provided by a Physician for outpatient use primarily in a home setting
- Used for medical purposes
- Not consumable or disposable except as needed for the effective use of covered DME
- Not of use to a person in the absence of a disease or disability
- Serves a medical purpose for the treatment of a Sickness or injury
- Primarily used within the home

Medically Necessary: Health Care Services that are all of the following as determined by us or our designee:

- In accordance with *Generally Accepted Standards of Medical Practice*
- Clinically appropriate, in terms of type, frequency, extent, service site and duration, and considered effective for your Sickness, Injury, Mental Illness, substance-related and addictive disorders, disease or its symptoms
- Not mainly for your convenience or that of your doctor or other health care provider
- Not more costly than an alternative drug, service(s), service site or supply that is at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of your Sickness, Injury, disease, or symptoms

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.

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

References

Centers for Medicare and Medicaid Services (CMS). National Coverage Determination (NCD) for Durable Medical Equipment. <https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?&NCDId=190&ncdver=1&NCDSect=280.1&bc=BEAAAAAAAAQAAAAA==&>.

UnitedHealthcare Insurance Company Generic Certificate of Coverage 2018.

Guideline History/Revision Information

Date	Summary of Changes
06/01/2022	<p>Coverage Rationale</p> <ul style="list-style-type: none"> • Removed reference to specific InterQual® release date; refer to the most current InterQual® criteria <p>Supporting Information</p> <ul style="list-style-type: none"> • Archived previous policy version CS189.B

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.