

Speech Generating Devices

Policy Number: DME 040.6 T2
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 [Instructions for Use](#)

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Related Policy

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

Coverage Rationale

Indications for Coverage

Speech Generating Devices are covered as DME when:

- The device(s) are not explicitly excluded from coverage under the member specific benefit plan; 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

Note: Most benefit plans require a 3-month rental period before a purchase can be made.

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

Documentation Requirements

Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The documentation requirements outlined below are used to assess whether the member meets the clinical criteria for coverage but do not guarantee coverage of the service requested.

Required Clinical Information
Speech Generating Devices <ul style="list-style-type: none"> • Documentation of face-to-face encounter, within six months prior to the prescription (written order), from the treating practitioner including date, when applicable • Current prescription (written order) from treating physician consistent with and based upon the recommendation of a qualified speech and language pathologist, including: <ul style="list-style-type: none"> ○ Initial or replacement ○ Rental or purchase ○ Specific HCPCS code(s) for item and each accessory requested ○ Equipment make, model, and price quotation ○ If replacement, current device used, date of initial acquisition, status of warranty, and reason for replacement • Medical notes documenting the following, when applicable: <ul style="list-style-type: none"> ○ Diagnosis ○ Speech-language pathology written evaluation by a qualified speech and language pathologist, including: <ul style="list-style-type: none"> ▪ Description of communication impairment (type, severity, language skills, cognition, anticipated course) ▪ Rationale for selection of specific device and accessories ○ Prior treatments tried, failed, or contraindicated. Include the dates and reason for discontinuation ○ Treating practitioner treatment plan and training schedule

Definitions

The following definitions may not apply to all plans. Refer to the member specific benefit plan document for applicable definitions.

Covered Health Care Service(s): health care services, including supplies or Pharmaceutical Products, which we determine to be all of the following:

- Provided for the purpose of preventing, evaluating, diagnosing or treating a Sickness, Injury, Mental Illness, substance-related and addictive disorders, condition, disease or its symptoms
- Medically Necessary
- Described as a Covered Health Care Service in this *Certificate* under *Section 1: Covered Health Care Services* and in the *Schedule of Benefits*
- Not excluded in this *Certificate* under *Section 2: Exclusions and Limitations*

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

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

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

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.

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

Prior Authorization Requirements

Prior authorization is required in all sites of service for:

- The purchase of any DME item that is greater than \$500.00.
- All custom molded or custom made (fabricated) items; this includes custom molded/custom made or custom fabricated orthotics and custom molded helmets.
- Any DME being rented, repaired and/or replaced; this includes coverage for the repair or replacement of custom molded/custom made or custom fabricated and custom molded helmets for children when growth or change in the member's medical condition make replacement Medically Necessary.

Note: If an authorization is not required, referral guidelines apply in order for a member to receive in-network coverage. A prescription form or provider's medical necessity form may be accepted as a referral for Durable Medical Equipment.

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 the member specific benefit plan document 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 may apply.

HCPCS 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 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

The foregoing Oxford policy has been adapted from an existing UnitedHealthcare national policy that was researched, developed and approved by UnitedHealthcare Coverage Determination Guidelines Committee. [*CDG.038.03*]

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==&>. Accessed October 26, 2021

Policy 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 DME 040.5 T2

Instructions for Use

This Clinical Policy provides assistance in interpreting UnitedHealthcare Oxford standard benefit plans. When deciding coverage, the member specific benefit plan document must be referenced as the terms of the member specific benefit plan may differ from the standard plan. In the event of a conflict, the member specific benefit plan document governs. Before using this policy, please check the member specific benefit plan document and any applicable federal or state mandates. UnitedHealthcare Oxford reserves the right to modify its Policies as necessary. This Clinical Policy is provided for informational purposes. It does not constitute medical advice.

The term Oxford includes Oxford Health Plans, LLC and all of its subsidiaries as appropriate for these policies. Unless otherwise stated, Oxford policies do not apply to Medicare Advantage members.

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