

Speech Generating Devices

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[Instructions for Use](#)

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Related Community Plan Policies
<ul style="list-style-type: none"> Durable Medical Equipment, Orthotics, Medical Supplies, and Repairs/Replacements Habilitation and Rehabilitation Therapy (Occupational, Physical, and Speech)
Commercial Policy
<ul style="list-style-type: none"> Speech Generating Devices

Application

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

State	Policy/Guideline
Indiana	None
Kentucky	Speech Generating Devices (for Kentucky Only)
Louisiana	Augmentative and Alternative Communication Devices (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)
Ohio	Speech Generating Devices (for Ohio Only)
Pennsylvania	Speech Generating Devices (for Pennsylvania Only)
Tennessee	Speech Generating Devices (for Tennessee Only)

Coverage Rationale

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.

Documentation Requirements

Benefit coverage for health services is determined by the federal, state, or contractual requirements 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

Medical notes documenting the following, when applicable:

- Diagnosis
- Speech-language pathology written evaluation by a qualified speech and language pathologist, including:
 - Description of communication impairment (type, severity, language skills, cognition, anticipated course)
 - Description of cognitive and physical abilities as they relate to the use of the device
 - 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
- 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:
 - 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

*For code descriptions, refer to the [Applicable Codes](#) section.

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 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

Policy History/Revision Information

Date	Summary of Changes
05/01/2024	<p data-bbox="337 220 917 254">Documentation Requirements (new to policy)</p> <ul data-bbox="337 258 1502 976" style="list-style-type: none"><li data-bbox="337 258 1421 317">● Added language to indicate medical notes documenting the following (when applicable) are required:<ul data-bbox="386 321 1502 976" style="list-style-type: none"><li data-bbox="386 321 544 354">○ Diagnosis<li data-bbox="386 359 1502 548">○ Speech-language pathology written evaluation by a qualified speech and language pathologist, including:<ul data-bbox="435 422 1421 548" style="list-style-type: none"><li data-bbox="435 422 1421 485">▪ Description of communication impairment (type, severity, language skills, cognition, anticipated course)<li data-bbox="435 489 1421 522">▪ Description of cognitive and physical abilities as they relate to the use of the device<li data-bbox="435 527 1128 548">▪ Rationale for selection of specific device and accessories<li data-bbox="386 552 1339 615">○ Prior treatments tried, failed, or contraindicated; include the dates and reason for discontinuation<li data-bbox="386 619 1079 653">○ Treating practitioner treatment plan and training schedule<li data-bbox="386 657 1453 720">○ Documentation of face-to-face encounter within six months prior to the prescription (written order) from the treating practitioner, including date, when applicable<li data-bbox="386 724 1502 913">○ Current prescription (written order) from treating physician consistent with and based upon the recommendation of a qualified speech and language pathologist, including:<ul data-bbox="435 787 1201 913" style="list-style-type: none"><li data-bbox="435 787 722 821">▪ Initial or replacement<li data-bbox="435 825 698 858">▪ Rental or purchase<li data-bbox="435 863 1201 896">▪ Specific HCPCS code(s) for item and each accessory requested<li data-bbox="435 900 990 913">▪ Equipment make, model, and price quotation<li data-bbox="386 917 1502 976">○ If replacement, current device used, date of initial acquisition, status of warranty, and reason for replacement <p data-bbox="337 989 641 1022">Supporting Information</p> <ul data-bbox="337 1026 852 1052" style="list-style-type: none"><li data-bbox="337 1026 852 1052">● Archived previous policy version CS189.E

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