

MedStar Health, Inc.

POLICY AND PROCEDURE MANUAL

Policy Number: MP.040.MH
Last Review Date: 11/14/2019
Effective Date: 01/01/2020

MP.040.MH – Speech Generating Devices

This policy applies to the following lines of business:

- ✓ MedStar Employee (Select)
- ✓ MedStar CareFirst PPO

MedStar Health considers **Speech Generating Devices (SGDs)** medically necessary for the following indications:

SGDs and accessories are covered when all of the following (1-6) are met:

1. Medical condition is one resulting in severe expressive speech impairment.
2. Speaking needs are not met through using natural communication methods.
3. Other forms of treatment have been considered and ruled out.
4. The ability to communicate with the SGD will be improved by the device and the member will benefit from the specific device ordered.
5. Prior to the delivery of the SGD, the member has had a formal evaluation of their cognitive and communication abilities by a speech-language pathologist (SLP). The formal, written evaluation must include, at a minimum, the following elements:
 - Current speech impairment, including the type, severity, language skills, cognitive ability, and anticipated course and length of the impairment;
 - An assessment of whether the individual's daily communication needs could be met using other natural modes of communication;
 - A description of the functional speech goals expected to be achieved and treatment options;
 - Rationale for selection of a specific device and any accessories;
 - A treatment plan that includes a training schedule for the selected device;
 - Demonstration that the member possesses the cognitive and physical abilities to effectively use the selected device and any accessories to communicate.
6. A copy of the SLP's written evaluation and recommendation must be forwarded to the member's treating physician prior to ordering the device;

For a Subsequent Upgrade to a Previously Issued SGD:

- Information regarding the functional benefit of the upgrade to the member should be compared to the initially provided SGD.
- After the warranty period has expired, in the event the device is broken, refer to PA .010 Durable Medical Equipment policy).
- Devices are replaced only when repairs cannot be made to the device.

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Limitations

1. Only one SGD or speech generating software program at a time is considered medically necessary per member.
2. The SLP performing the member evaluation must not be an employee of or have a financial relationship with the supplier of the SGD.
3. When a multi-component system is billed, it must contain the product name, number, and manufacturer.
4. Software that enables a computer desktop, laptop, or PDA is included in the reimbursement for the initial provision of the device.
 - Installation and/or technical support are not separately reimbursable.
 - Upgrades to computer software after the initial installation will be determined on a case-by-case basis.
5. There should be no separate billing of any software, interfaces, cables, adapters, interconnections and switches necessary for the accessory to interface with the SGD.
6. A written, signed, and dated order must be received by the supplier before a claim is submitted to Pricing Data Analysis Coding (PDAC). If the supplier bills for an item addressed in the policy without first receiving the completed order, the item will be denied as not medically necessary.

The following are not covered:

- Devices not specifically dedicated as speech devices (i.e. a word processing package, accounting program, personal computer laptops, desktops, and PDAs which are used to perform other non-medical functions)
- Multilingual modules
- Devices for members without severe speech impairment
- Communications boards do not meet the definition of durable medical equipment and are not considered medically necessary.
- Upgrades to speech generating devices or software programs that are provided within the five year useful lifetime of the device.
- Any device that is not dedicated for speech generation use.

See Also:

PA.010.MH Durable Medical Equipment

Background

According to the Centers for Medicare and Medicaid (CMS), Speech Generating Devices are defined as durable medical equipment that provides an individual who has

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a severe speech impairment with the ability to meet his or her functional, speaking needs. Speech generating devices are speech aids consisting of devices or software that generate speech and are used solely by the individual who has a severe speech impairment. Methods used to generate speech include digitalized audible/verbal speech output using prerecorded messages, synthesized audible/verbal speech output from written messages with physical device contact, synthesized audible/verbal speech output with multiple methods of message formulation, and computerized software or electronic device that generates speech.

Codes:

CPT Codes / HCPCS Codes / ICD-10 Codes

Code	Description
E2500	Speech Generating Device, Digitized speech, using pre-recorded messages, Less than or equal to 8 minutes recording time.
E2502	Speech Generating Device, Digitized speech, using pre-recorded messages greater than 8 minutes, but less than or equal to 20 minutes recording time.
E2504	Speech Generating Device, Digitized Speech using pre-recorded messages, greater than 20 minutes, but less than or equal to 40 minutes recording time.
E2506	Speech generating device, Digitized speech using pre-recorded 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.

The following should not be billed separately:

E2500 - E2510	Includes the device, any applicable software, batteries, battery chargers and AC adaptors.
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E2511	Should not be used to code software included with the initial provision of the SGD (E2500-E2510) since the software cost is included in the reimbursement for these SGD code.
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References

1. Centers for Medicare and Medicaid Services (CMS). Local Coverage Determination (LCD) No. L33739- Speech Generating Devices. (Contractor: CGS Administrators, LLC). Revision effective date: 01/01/2017. <https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33739&ver=10&Date=&DocID=L33739&bc=iAAAABAAAAAAA%3d%3d&>
2. Centers for Medicare and Medicaid Services (CMS). National Coverage Determination (NCD) No. 50.1-for Speech Generating Devices. Effective date January 1, 2001. <http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=274&ncdver=1&bc=AgAAgAAAAAAA%3d%3d&>
3. Department of Health and Human Services. Agency for Healthcare Research and Quality. (AHRQ). National Guideline Clearinghouse (NGC). Rehabilitation. In: Clinical guidelines for stroke management 2010. NGC No. 8108. Last updated: January 26, 2011. https://www.pedro.org.au/wp-content/uploads/CPG_stroke.pdf
4. Ganz JB, Earles-Vollrath TL, Heath AK, et al. A meta-analysis of single case research studies on aided augmentative and alternative communication systems with individuals with autism spectrum disorders. J Autism Dev Disorder. 2012 Jan;42(1):60-74. doi: 10.1007/s10803-011-1212-2. <http://www.ncbi.nlm.nih.gov/pubmed/21380612>
5. Happ MB, Roesch T, Kagan SH. Communication needs, methods, and perceived voice quality following head and neck surgery: a literature review. Cancer Nurs. 2003 Oct;26(5):346-54 <http://www.ncbi.nlm.nih.gov/pubmed/14710795>
6. US Department of Health & Human Services, Health Care Financing Admin., (HCFA) Speech Generating Devices. Medicare Coverage Issues Manual, Transmittal 132, Section Numbers 60-23, HCFA Pub. 6. Baltimore, Md., HCFA; 2001. <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R132CIM.pdf>

Disclaimer:

MedStar Health medical payment and prior authorization policies do not constitute medical advice and are not intended to govern or otherwise influence the practice of medicine. The policies constitute only the reimbursement and coverage guidelines of MedStar Health and its affiliated managed care entities. Coverage for services varies

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for individual members in accordance with the terms and conditions of applicable Certificates of Coverage, Summary Plan Descriptions, or contracts with governing regulatory agencies.

MedStar Health reserves the right to review and update the medical payment and prior authorization guidelines in its sole discretion. Notice of such changes, if necessary, shall be provided in accordance with the terms and conditions of provider agreements and any applicable laws or regulations.

These policies are the proprietary information of Evolent Health. Any sale, copying, or dissemination of said policies is prohibited.