Speech Generating Devices

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Approved By:	Highmark Health Options – Market Leadership
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Products:	Medicaid
Application:	All participating hospitals and providers
Page Number(s):	1 of 5

Disclaimer

Highmark Health Options medical policy is intended to serve only as a general reference resource regarding coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

POLICY STATEMENT

Highmark Health Options may provide coverage under medical surgical benefits of the Company's Medicaid products for medically necessary speech generating devices.

This policy is designed to address medical necessity guidelines that are appropriate for the majority of individuals with a particular disease, illness or condition. Each person's unique clinical circumstances warrant individual consideration, based upon review of applicable medical records.

The qualifications of the policy will meet the standards of the National Committee for Quality Assurance (NCQA) and the Delaware Department of Health and Social Services (DHSS) and all applicable state and federal regulations.

DEFINITIONS

Highmark Health Options (HHO) – Managed care organization serving vulnerable populations that have complex needs and qualify for Medicaid. Highmark Health Options members include individuals and families with low income, expecting mothers, children, and people with disabilities. Members pay nothing to very little for their health coverage. Highmark Health Options currently services Delaware Medicaid: Delaware Healthy Children Program (DHCP) and Diamond State Health Plan Plus LTSS (DSHP Plus LTSS) members.

Speech Generating Devices (SGDs) – Speech aids that provide individuals with severe speech impairment the ability to meet their functional speaking needs. SGDs provide digitized speech as well as synthesized speech. However, SGDs do not include external speech processors that are part of a cochlear device/system used to capture and amplify sound.

PROCEDURES

A prior authorization is required.

SGDs may be considered medically necessary when ordered by the treating physician and ALL the following criteria are met:

- A formal evaluation of the individual's cognitive and communication abilities has been performed by a Speech Language Pathologist (SLP). The findings of this evaluation must be documented as a formal written evaluation and forwarded to the individual's treating physician prior to the device being ordered. The written evaluation must include ALL the following elements:
  - Current communication impairment, including the type, severity, language skills, cognitive ability, and anticipated course of the impairment; and
  - An assessment of whether the individual's daily communication needs could be met using other natural modes of communication; and
  - A description of the functional communication goals expected to be achieved and treatment options; and
  - Rationale for selection of a specific device and any accessories; and
  - Demonstration that the individual possesses the cognitive and physical abilities to effectively use the selected device and any accessories to communicate; and
  - A treatment plan that includes a training schedule for the selected device; and
  - For a subsequent upgrade to a previously issued SGD, information regarding the functional benefit to the individual of the upgrade compared to the initially provided SGD; and
- The individual's medical condition is one resulting in a severe expressive speech impairment; and
- The individual's speaking needs cannot be met using natural communication methods; and
- Other forms of treatment have been considered and ruled out; and
- The individual's speech impairment will benefit from the device ordered.
- The device ordered, will meet the individual's current communication needs, and
- The device ordered will meet the individual's anticipated communication needs, or the device can be modified as necessary to meet the individual's anticipated needs.

Accessories may be considered medically necessary if the coverage criteria for the base device are met and the medical necessity for each accessory is clearly documented in the formal written evaluation by the SLP. Speech pathology services pertaining to the individual's evaluation and training in use of these devices may also be considered medically necessary.

SGDs not meeting the criteria as indicated in this policy are considered not medically necessary. When the SGD is not covered, accessories are also not covered.

Requests for more than one SGD will be denied as not medically necessary.

Laptop computers, desktop computers, tablet computers, personal digital assistants (PDAs) or other devices that are not dedicated SGDs are not covered because they do not meet the definition of durable medical equipment (DME). This is a benefit denial.

Communication aids that are not speech generating devices (e.g., communication boards) do not meet the definition of DME. Therefore, they are benefit denials. In addition, services related to non-speech generating devices are also not covered.

Related Components and Accessories for SGDs

The SGD and its components may not be billed separately.

Speech generating software programs enabling a laptop computer, desktop computer, tablet computers, or PDA to function as an SGD may be considered medically necessary as an SGD within the terms of this policy. Installation of the program or technical support is not separately reimbursable.

Separate billing should not be made for any software, interfaces, cables, adapters, interconnects, or switches necessary for the accessory to interface with the SGD.

Eye gaze or eye glance technology (e.g., DynaVox EyeMax System) may be considered medically necessary for an individual who meets the requirements for a SGD as documented on this policy but has limited use of his or her extremities that renders the individual unable to control or sustain fine/gross body movements that would enable him or her to access an SGD using more conventional access methods such as switches or direct touch. The individual must have direct vision in one or both eyes, and for full control over the system, should have the ability to look up, down, left, and right. The individual must also have adequate vision to view the screen and must have the ability to focus on one spot for a brief period. Contraindications include, but may not be limited to, those individuals with the following conditions: continuous, uncontrolled head movement; nystagmus. It will be necessary for the provider to submit medical records and/or additional documentation to determine coverage for eye gaze access devices.

Eye gaze or eye glance technology not meeting the criteria as indicated in this policy is considered not medically necessary.

Post-payment Audit Statement

The medical record must include documentation that reflects the medical necessity criteria and is subject to audit by Highmark Health Options at any time pursuant to the terms of your provider agreement.

Place of Service: Outpatient

The use of a Speech Generating Device is typically an outpatient procedure which is only eligible for coverage as an inpatient procedure in special circumstances, including, but not limited to, the presence of a comorbid condition that would require monitoring in a more controlled environment such as the inpatient setting.

CODING REQUIREMENTS

Covered Codes

CPT code	Description
92605	Evaluation for prescription of non-speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour.
92606	Therapeutic service(s) for the use of non-speech-generating device, including programming and modification.
92607	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour.
92608	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes.
92609	Therapeutic services for use of speech-generating device, including programming and modification.
92618	Evaluation for prescription of non-speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes.
E1902	Communication board, non-electronic augmentative, or alternative communication device.

E2500	Speech generating device, digitized speech, using pre-recorded message, less than or equal to 8-minute recording time.
E2502	Speech generating device, digitized speech, using pre-recorded message, greater than 8 minutes but less than or equal to 20 minutes recording time.
E2504	Speech generating device, digitized speech, using pre-recorded message, greater than 20 minutes but less than or equal to 40 minutes recording time.
E2506	Speech generating device, digitized speech, using pre-recorded message, 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.

REIMBURSEMENT

Participating facilities will be reimbursed per their Highmark Health Options contract.

References

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POLICY UPDATE HISTORY

09/20/2021	Approved in Medical Policy Committee
10/2021	Approved in QI/UM
06/22/2022	Annual review; approved in Medical Policy Committee
07/2022	Approved in QI/UM
05/15/2023	Annual review; approved in Medical Policy Committee
05/30/2022	Approved in QI/UM