



CLINICAL MEDICAL POLICY	
<b>Policy Name:</b>	Speech-Generating Devices (L33739)
<b>Policy Number:</b>	MP-082-MC-PA
<b>Responsible Department(s):</b>	Medical Management
<b>Provider Notice/Issue Date:</b>	02/01/2025; 01/01/2024; 02/01/2023; 01/21/2022; 01/15/2021; 02/17/2020
<b>Effective Date:</b>	03/01/2025; 02/01/2024; 03/01/2023; 02/21/2022; 02/15/2021; 02/17/2020
<b>Next Annual Review:</b>	12/2025
<b>Revision Date:</b>	12/18/2024; 12/20/2023; 12/21/2022; 12/15/2021; 12/16/2020
<b>Products:</b>	Pennsylvania Medicare Assured
<b>Application:</b>	All participating and nonparticipating practitioners and facilities unless contractually precluded
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#### Policy History

Date	Activity
03/01/2025	Provider Effective date
12/18/2024	QI/UM Committee review
12/18/2024	Annual Review: No changes to clinical criteria. Updated CMS hyperlinks and 'Reference Sources' section. Added HCPCS code E2513, per CMS guidance.
02/01/2024	Provider Effective date
12/20/2023	QI/UM Committee review
12/20/2023	Annual Review: No changes to clinical criteria. Updated CMS hyperlinks and 'Reference Sources' section.
03/01/2023	Provider Effective date
12/21/2022	QI/UM Committee review
12/21/2022	Annual Review: No changes to clinical criteria. Updated CMS hyperlinks and 'Reference Sources' section.
02/21/2022	Provider Effective date
12/15/2021	QI/UM Committee review
12/15/2021	Annual Review: No clinical criteria changes. Updated CMS Links and Reference Sources sections.
02/15/2021	Provider Effective Date
12/16/2020	QI/UM Committee review

12/16/2020	Annual Review: Updated policy with new format replacing copied NCD/LCD with links directly to CMS NCD/LCD/Articles. Removed diagnosis codes as they are removed from LCD. Updated references.
02/17/2020	Provider effective date
12/18/2019	QI/UM Committee review
12/02/2019	Initial policy developed

### **Disclaimer**

Highmark Wholecare<sup>SM</sup> 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 Wholecare<sup>SM</sup> may provide coverage under the DME benefits of the Company's Medicare 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.

### **Procedures**

1. Please review the specific National Coverage Determination (NCD), Local Coverage Determination (LCD), and/or Local Coverage Article (LCA) information, as well as other CMS sources, using the links below.
2. Post-payment Audit Statement  
The medical record must include documentation that reflects the medical necessity criteria and is subject to audit by Highmark Wholecare<sup>SM</sup> at any time pursuant to the terms of your provider agreement.
3. Place of Service  
The proper place of service for speech-generating devices is outpatient.

## **Coverage Determination and Links**

Highmark Wholecare<sup>SM</sup> follows the coverage determinations made by CMS as outlined in either the NCD or state-specific LCD/LCA.

### CMS Link

- [CMS Website](#)

### NCD/LCD Links

- [NCD: Speech Generating Devices \(50.1\)](#)
- [NCD: Durable Medical Equipment Reference List \(280.1\)](#)
- [LCD: Speech Generating Devices \(SGD\) \(L33739\)](#)

### Article Link

- [LCA: Speech Generating Devices \(SGD\) - Policy Article \(A52469\)](#)

## **Reference Sources**

Centers for Medicare and Medicaid Services (CMS). National Coverage Determination (NCD) Speech Generating Devices (50.1). Effective date July 29, 2015. Implementation date September 21, 2015. Accessed on November 29, 2023.

Centers for Medicare and Medicaid Services (CMS). National Coverage Determination (NCD) Durable Medical Equipment Reference List (280.1). Effective date May 16, 2023. Implementation date September 4, 2023. Accessed on November 29, 2023.

Centers for Medicare and Medicaid Services (CMS). Local Coverage Determination (LCD) Speech Generating Devices (SGD) (L33739). Original Effective date October 1, 2015. Revision Effective date October 1, 2024. Accessed on December 3, 2024.

Centers for Medicare and Medicaid Services (CMS). Local Coverage Article (LCA) Speech Generating Devices (SGD) – Policy Article (A52469). Original Effective date October 1, 2015. Revision Effective date October 1, 2024. Accessed on December 3, 2024.

## **Coding Requirements**

### Procedure Codes

<b>HCPCS Code</b>	<b>Description</b>
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
E2513	Accessory for speech generating device, electromyographic sensor
E2599	Accessory for speech generating device, not otherwise classified

## **Reimbursement**

Participating facilities will be reimbursed per their Highmark Wholecare<sup>SM</sup> contract.