



Kansas City

An Independent Licensee of the Blue Cross and Blue Shield Association

## Speech Generating Devices

**Policy Number:** 1.01.505  
**Origination:** 1/2003

**Last Review:** 1/2014  
**Next Review:** 1/2015

### **Policy**

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Blue Cross and Blue Shield of Kansas City (Blue KC) will provide coverage for speech generating devices when it is determined to be medically necessary because the criteria shown below are met.

### **When Policy Topic is covered**

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Speech generating devices (E2500-E2511) may be considered **medically necessary** for members who meet ALL of the following criteria:

1. Prior to the delivery of the speech generating device (SGD), the patient has had a formal evaluation of their cognitive and language abilities by a speech-language pathologist (SLP). The formal, written evaluation must include, at a minimum, ALL of the following elements:
  - Evaluation of current communication impairment, including the type, severity, language skills, cognitive ability, and anticipated course 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 communication goals expected to be achieved and treatment options;
  - Rationale for selection of a specific device and accessories;
  - A treatment plan that includes a training schedule for the selected device;
  - The patient possesses the cognitive and physical abilities to effectively use the selected device and any accessories to communicate;
  - For a subsequent upgrade to a previously issued SGD, information regarding the functional benefit to the patient of the upgrade compared to the initially provided SGD; AND
2. The patient's medical condition is one resulting in a permanent severe expressive speech disability; and
3. The patient's speaking needs cannot be met using natural communication methods; and
4. Other forms of treatment have been considered and ruled out; and
5. The patient's speech disability will benefit from the device ordered; and
6. A copy of the Speech Language Pathologist's written evaluation and recommendation have been forwarded to the patient's treating physician prior to ordering the device; and
7. The SLP performing the patient evaluation may not be an employee or have a financial relationship with the supplier of the SGD.

### **When Policy Topic is not covered**

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If one or more of the SGD coverage criteria 1-7 above is not met, the SGD will be denied as **not medically necessary**.

Codes E2500, E2502-E2506, and E2508-E2511 perform the same essential function, speech generation. Therefore, claims for more than one SGD will be denied as **not medically necessary**.

### **Considerations**

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As with other Durable Medical Equipment, the SGD will be subject to the member's contract benefit.

In order for a SGD to be considered as durable medical equipment, **all** of the following requirements must be met:

1. Medical equipment prescribed by a physician;
2. Able to withstand repeated use;
3. Used primarily for a medical purpose;
4. Generally not useful in the absence of an illness or injury;
5. Determined to be reasonable and necessary, and;
6. Represents the most cost-effective alternative.

The individual should be allowed to test the device, and, when possible, allowed to rent the device for 1-2 months prior to purchase.

Coverage is available (when allowed by member contract) for services related to the evaluation and training for the use of speech generating device (e.g., speech therapy) as a *medical* type of service (more than 12 sessions are subject to Medical Director or Case Management review).

Laptop computers, desktop computers, PDAs or other devices that are not dedicated SGDs are **non-covered** because they do not meet the definition of durable medical equipment.

Software (E2511) that enables a laptop computer, desktop computer or PDA to function as an SGD is covered as an SGD; however, installation of the program or technical support are **not separately reimbursable**.

Accessories (E2599) are covered if the basic coverage criteria (1-7) for the base device are met and the medical necessity for each accessory is clearly documented in the formal evaluation by the speech language pathologist.

Benefits **are not provided** for these devices when benefits for these devices are provided under the IDEA (IEP, IFSP) or 504 Plan, as these are the responsibility of the educational system.

This policy does not apply to electronic speech aids that are used by laryngectomized patients and patients with a permanently inoperative larynx. These are covered as prosthetics. There are two types of electronic speech aids. One operates by placing a vibrating head against the throat. The other amplifies sound waves through a tube which is inserted into the user's mouth. A patient who has had radical neck surgery and/or extensive radiation to the anterior part of the neck would generally be able to use only the "oral tube" model or one of the sensitive and more expensive "throat contact" devices. Communication aids that are not speech generating devices (i.e., communication aids that are not defined by HCPCS codes for speech generating devices and accessories, E2500-E2599) are not covered.

### **Description of Procedure or Service**

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Speech generating devices (SGDs) are defined as speech aids that provide individuals with severe speech impairment the ability to meet their functional speaking needs. These individuals will have a diagnosis of severe apraxia, aphasia, aphonia, and/or dysarthria, which may be secondary to motor dysfunction, spasticity, tremor, rigidity, or ataxia. Their disability may result from a disease or congenital disorder, such as cerebral palsy (CP), stroke, progressive amyotrophic lateral sclerosis (ALS), multiple sclerosis (MS), muscular dystrophy (MD), traumatic or congenital quadriplegia, or traumatic brain injury (TBI).

Digitized speech, sometimes referred to as devices with "whole message" speech output, utilize words or phrases that have been recorded by an individual other than the SGD user for playback upon command of the SGD user.

Synthesized speech, unlike the pre-recorded messages of digitized speech, is a technology that translates a user's input into device-generated speech using algorithms representing linguistic rules.

Users of synthesized speech SGDs are not limited to pre-recorded messages but rather can independently create messages as their communication needs dictate. E2508 devices require that the user make physical contact with a keyboard, touch screen, or other display containing letters. E2510 devices permit the user multiple methods of message formulation and multiple methods of device access. Multiple methods of message formulation must include message selection by two or more of the following methods: letters, words, pictures or symbols. Multiple methods of access must include the capability to access the device by two or more of the following: direct physical contact with a keyboard or touch screen, indirect selection techniques with a specialized access device such as a joystick, head mouse, optical head pointer, light pointer, infrared pointer, scanning device, or Morse Code.

Speech generating software programs (E2511) enable a laptop computer, desktop computer or personal digital assistant (PDA) to function as an SGD. Within this policy, the term SGD also describes these speech generating software programs.

Mounting systems (E2512) are devices necessary to place the SGD device, switches and other access devices within the reach of the patient.

Accessories for speech generating devices (E2599) include, but are not limited to, access devices that enable selection of letters, words or symbols via direct or indirect selection techniques. Examples of access devices include, but are not limited to, optical head pointers, joysticks, and SGD scanning devices.

## **Rationale**

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Motor speech disorders such as severe dysarthria cause profound adverse effects on the ability to meet the communication needs that arise in the course of daily activities. The limitations associated with severe dysarthria have been described as causing 'not a loss of life, but a loss of access to life.' The inability to speak severely affects an individual's ability to maintain family roles, participate in family activities, and maintain personal independence. It also leads to significant isolation and precludes the very communication -- about home, family, health, and social matters -- that research recognizes is typical of older adults.

The professional literature related to treatment of apraxia of speech includes a number of reports describing AAC interventions using electronic devices. One early study reported on three individuals who used one of the first voice output communication devices. Although more appropriate technology is available today, these early reports document that AAC devices can have an important impact on the lives of individuals with severe apraxia. For example, one woman who prior to AAC intervention would not leave her home, considered herself 'communicatively independent' after she learned to use the AAC device and was able to return to nearly all of the same activities she engaged in pre-morbidly.

AAC devices are reported to enable individuals with apraxia to achieve a variety of functional goals. For example, an individual with a combination of apraxia of speech, limb apraxia, and aphasia, makes it impossible to respond even to simple yes/no questions using natural speech or gestures. This failure to respond often is attributed to poor auditory comprehension skills but also may be due, at least in part, to the inability to formulate an adequate response. The individual learned to use an AAC device to indicate 'yes' and 'no' and appeared to benefit from the additional cueing provided by the visual presence of the symbol on a display and auditory signal of the speech synthesized word.

Another case example is that of a 47 year old interior designer who experienced a left CVA with severe apraxia and moderate aphasia. A period of traditional speech therapy included the development of a multi-component, non-electronic AAC system. Three years post stroke, when the client wished to return to his business, an electronic AAC device was programmed with conversational control phrases that allowed the client to initiate, direct, and terminate conversations with his clients. Reportedly, the AAC device enabled the client to return to work.

A five-year trajectory of the communication impairment and intervention was described for individuals with apraxia and progressive aphasia. Speech symptoms began with apraxia of speech and later developed into a decline in appropriate use of grammar, decrease in writing skills, auditory comprehension decline, reading decline, and finally mutism. Treatment strategies paralleled the onset of symptoms beginning with pacing of the speaking rate and progressing to strategies involving the identification of topic and key words, gestural and drawing systems, a communication book, and finally a synthesized speech AAC device with access to symbol-based pre-selected messages. The individual was able to use the AAC system successfully despite severe impairment.

#### References

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#### **Billing Coding/Physician Documentation Information**

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<b>E2351</b>	Power wheelchair accessory, electronic interface to operate speech generating device using power wheelchair control interface
<b>E2500</b>	Speech generating device, digitized speech, using prerecorded messages, less than or equal to 8 minutes recording time
<b>E2502</b>	Speech generating device, digitized speech, using prerecorded messages, greater than 8 minutes but less than or equal to 20 minutes recording time
<b>E2504</b>	Speech generating device, digitized speech, using prerecorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time
<b>E2506</b>	Speech generating device, digitized speech, using prerecorded messages, greater than 40 minutes recording time
<b>E2508</b>	Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device
<b>E2510</b>	Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access
<b>E2511</b>	Speech generating software program, for personal computer or personal digital assistant
<b>E2512</b>	Accessory for speech generating device, mounting system
<b>E2599</b>	Accessory for speech generating device, not otherwise classified

#### **Additional Policy Key Words**

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N/A

#### **Related Topics**

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N/A

#### **Policy Implementation/Update Information**

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1/1/03 New policy. Added to Durable Medical Equipment section

1/1/04	Added new codes. No policy statement changes.
1/1/05	Codes updated. No policy statement changes.
1/1/06	No policy statement changes.
1/1/07	No policy statement changes.
1/1/08	No policy statement changes.
1/1/09	No policy statement changes.
1/1/10	No policy statement changes.
1/1/11	No policy statement changes.
1/1/12	No policy statement changes.
1/1/13	No policy statement changes.
1/1/14	No policy statement changes.

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