

Speech Generating Devices (NCD 50.1)

Policy Number	50.1	Approved By	UnitedHealthcare Medicare Reimbursement Policy Committee	Current Approval Date	12/18/2013
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IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

This policy is applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare reimbursement policies use Current Procedural Terminology (CPT®*), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms (CMS 1450). Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy. This information is intended to serve only as a general resource regarding UnitedHealthcare’s reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, the physician or other provider contracts, and/or the enrollee’s benefit coverage documents. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare due to programming or other constraints; however, UnitedHealthcare strives to minimize these variations.

UnitedHealthcare may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

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Application

This reimbursement policy applies to services reported using the Health Insurance Claim Form CMS-1500 or its electronic equivalent or its successor form, and services reported using facility claim form CMS-1450 or its electronic equivalent or its successor form. This policy applies to all products, all network and non-network physicians, and other health care professionals.

The HCPCS/CPT code(s) may be subject to Correct Coding Initiative (CCI) edits. This policy does not take precedence over CCI edits. Please refer to the CCI for correct coding guidelines and specific applicable code combinations prior to billing UnitedHealthcare. It is not enough to link the procedure code to a correct, payable ICD-9-CM diagnosis code. The diagnosis must be present for the procedure to be paid. Compliance with the provisions in this policy is subject to monitoring by pre-payment review and/or post-payment data analysis and subsequent medical review. The effective date of changes/additions/deletions to this policy is the committee meeting date unless otherwise indicated. CPT codes and descriptions are copyright 2010 American Medical Association (or such other date of publication of CPT). All rights reserved. CPT is a registered trademark of the American Medical Association. Applicable FARS/DFARS restrictions apply to Government use. Fee schedules, relative value units, conversion factors, and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein. Current Dental Terminology (CDT), including procedure codes, nomenclature, descriptors, and other data contained therein, is copyright by the American Dental Association, 2002, 2004. All rights reserved. CDT is a registered trademark of the American Dental Association. Applicable FARS/DFARS apply.

Summary

Overview

Speech generating devices are defined as speech aids that provide an individual who has a severe speech impairment with the ability to meet his functional speaking needs. Speech generating are characterized by:

- Being a dedicated speech device, used solely by the individual who has a severe speech impairment.
- May have digitized speech output, using pre-recorded messages, less than or equal to 8 minutes recording time.
- May have digitized speech output, using pre-recorded messages, greater than 8 minutes recording time.
- May have synthesized speech output, which requires message formulation by spelling and device access by physical contact with the device-direct selection techniques.
- May have synthesized speech output, which permits multiple methods of message formulation and multiple methods of device access.
- May be software that allows a laptop computer, desktop computer or personal digital assistant (PDA) to function as a speech generating device.

Devices that would not meet the definition of speech generating devices and therefore, do not fall within the scope of §1861(n) of the Act are characterized by:

- Devices that are not dedicated speech devices, but are devices that are capable of running software for purposes other than for speech generation, e.g., devices that can also run a word processing package, an accounting program, or perform other non-medical function.
- Laptop computers, desktop computers, or PDAs, which may be programmed to perform the same function as a speech generating device, are non-covered since they are not primarily medical in nature and do not meet the definition of DME. For this reason, they cannot be considered speech generating devices for Medicare coverage purposes.
- A device that is useful to someone without severe speech impairment is not considered a speech generating device for Medicare coverage purposes.

Reimbursement Guidelines

Effective January 1, 2001, augmentative and alternative communication devices or communicators, which are hereafter referred to as "speech generating devices" are now considered to fall within the DME benefit category established by §1861(n) of the Act. They may be covered if the contractor's medical staff determines that the patient suffers from a severe speech impairment and that the medical condition warrants the use of a device based on the definitions above.

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Notes

A speech generating device (SGD) (E2500 - E2511) is covered when all of the following criteria (1-7) are met:

- 1) Prior to the delivery of the SGD, the beneficiary 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:
 - a) Current communication impairment, including the type, severity, language skills, cognitive ability, and anticipated course of the impairment;
 - b) An assessment of whether the individual's daily communication needs could be met using other natural modes of communication;
 - c) A description of the functional communication goals expected to be achieved and treatment options;
 - d) Rationale for selection of a specific device and any accessories;
 - e) Demonstration that the beneficiary possesses a treatment plan that includes a training schedule for the selected device;
 - f) The cognitive and physical abilities to effectively use the selected device and any accessories to communicate;
 - g) For a subsequent upgrade to a previously issued SGD, information regarding the functional benefit to the beneficiary of the upgrade compared to the initially provided SGD; and
- 2) The beneficiary's medical condition is one resulting in a severe expressive speech impairment; and
- 3) The beneficiary'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 beneficiary's speech impairment will benefit from the device ordered; and
- 6) A copy of the SLP's written evaluation and recommendation have been forwarded to the beneficiary's treating physician prior to ordering the device; and
- 7) The SLP performing the beneficiary evaluation may not be an employee of or have a financial relationship with the supplier of the SGD.

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

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

Accessories

Accessories (E2599) for E2500 - E2510 are covered if the basic coverage criteria (1-7) for the base device are met and reasonable and necessary criteria for each accessory is clearly documented in the formal evaluation by the SLP.

CPT/HCPCS 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 prerecorded 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

Speech Generating Devices (NCD 50.1)

E2599	Accessory For Speech Generating Device, Not Otherwise Classified
Modifiers	
Code	Description
EY	No physician or other licensed health care provider order for this item or service.
GZ	Item or service expected to be denied as not reasonable and necessary
KX	Requirements specified in the medical policy have been met
Questions and Answers	
Q:	Does UnitedHealthcare Medicare and Retirement cover iPads, mini iPads or Android type devices as speech generating devices?
A:	iPads, mini iPads, Android type devices or any other device not FDA approved as speech generating device are not covered . Only the <i>software and/or an application</i> that will allow these type of devices to function as a speech generating device are considered covered .
References Included (but not limited to):	
<p>CMS NCD(s) NCD 50.1 Speech Generating Devices Reference NCD: NCD 280.1 Durable Medical Equipment Reference List</p> <p>CMS LCD(s) Numerous LCDs</p> <p>CMS Article(s) Numerous Articles</p> <p>CMS Benefit Policy Manual Chapter 15 Covered Medical and Other Health Services</p> <p>CMS Claims Processing Manual Chapter 20 Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS)</p> <p>CMS Transmittals Transmittal 2637, Change Request 8164, Dated 01/18/2013 (2013 Durable Medical Equipment Prosthetics, Orthotics, and Supplies Healthcare Common Procedure Coding System (HCPCS) Code Jurisdiction List)</p> <p>UnitedHealthcare Medicare Advantage Coverage Summaries Durable Medical Equipment (DME), Prosthetics, Corrective Appliances/Orthotics (Non-Foot Orthotics) and Medical Supplies Grid Hearing Screening and Audiologist Services Speech Generating Devices</p> <p>UnitedHealthcare Reimbursement Policies Durable Medical Equipment Charges in a Skilled Nursing Facility KX Modifier Mobility Devices (Non-Ambulatory) and Accessories Multiple Procedure Payment Reduction (MPPR) for Therapy Services</p> <p>UnitedHealthcare Medical Policies Neurophysiologic Testing</p> <p>MLN Matters Article MM8304, Detailed Written Orders and Face-to-Face Encounters</p>	
History	
Date	Revisions
09/09/2014	Removed liability modifier references
12/18/2013	Administrative updates