Geisinger

Geisinger Health Plan Policies and Procedure Manual

Policy: MP275

Section: Medical Benefit Policy

Subject: Speech Generating Devices

Applicable Lines of Business

Commercial	**X**	**CHIP**	**X**
Medicare	**X**	**ACA**	**X**
Medicaid	**X**		

I. Policy: Speech Generating Devices

II. Purpose/Objective:

To provide a policy of coverage regarding Speech Generating Devices

III. Responsibility:

A. Medical Directors
B. Medical Management

IV. Required Definitions

1. Attachment – a supporting document that is developed and maintained by the policy writer or department requiring/authoring the policy.
2. Exhibit – a supporting document developed and maintained in a department other than the department requiring/authoring the policy.
3. Devised – the date the policy was implemented.
4. Revised – the date of every revision to the policy, including typographical and grammatical changes.
5. Reviewed – the date documenting the annual review if the policy has no revisions necessary.

V. Additional Definitions

Medical Necessity or Medically Necessary means Covered Services rendered by a Health Care Provider that the Plan determines are:

a. appropriate for the symptoms and diagnosis or treatment of the Member's condition, illness, disease or injury;
b. provided for the diagnosis, and the direct care and treatment of the Member's condition, illness disease or injury;
c. in accordance with current standards of good medical treatment practiced by the general medical community.
d. not primarily for the convenience of the Member, or the Member's Health Care Provider; and
e. the most appropriate source or level of service that can safely be provided to the Member. When applied to hospitalization, this further means that the Member requires acute care as an inpatient due to the nature of the services rendered or the Member's condition, and the Member cannot receive safe or adequate care as an outpatient.

Medicaid Business Segment

Medically Necessary — A service, item, procedure, or level of care that is necessary for the proper treatment or management of an illness, injury, or disability is one that:

- Will, or is reasonably expected to, prevent the onset of an illness, condition, injury or disability.
- Will, or is reasonably expected to, reduce or ameliorate the physical, mental or developmental effects of an illness, condition, injury or disability.

- Will assist the Member to achieve or maintain maximum functional capacity in performing daily activities, taking into account both the functional capacity of the Member and those functional capacities that are appropriate for Members of the same age

DESCRIPTION:
Speech-generating devices are electronic augmentative and alternative communication systems used to supplement or replace speech or writing for individuals with severe speech impairments, enabling them to verbally communicate their needs.

NOTE: This policy does not apply to voice prostheses such as electronic speech generators used by members who have undergone laryngectomy

INDICATIONS: REQURES PRIOR AUTHORIZATION by a Plan Medical Director or Designee
Speech Generating Devices and Accessories are covered as Durable Medical Equipment when all of the following criteria are met:

- Provider documentation of:
  - a medical condition resulting in a severe expressive speech impairment; and
  - the member's speaking needs cannot be met using natural communication methods; and
  - other forms of treatment have been considered and ruled out; and
  - a reasonable expectation that the speech impairment will benefit from the device ordered
- Submission of a formal evaluation of the member by a speech-language pathologist prior to the delivery of the device. The written evaluation must include all of the following information:
  - Evaluation of the current speech impairment, documenting the type, severity, and anticipated clinical course;
  - An assessment of the member's daily communication needs and documentation that the needs cannot be met using other natural modes of communication;
  - Documentation that the member possesses the cognitive and physical abilities to effectively use the selected device and any accessories to communicate;
  - A description of the functional speech goals expected to be achieved;
  - A rationale for the selection of a specific device and any accessories. Absence of such rationale, approval will be limited to a base model;
  - A treatment plan that documents a training program and schedule for the selected device;
- A copy of the speech-language pathologist's written evaluation and recommendation has been submitted to the member's treating physician prior to ordering the device.

Speech Generating Devices:
Digitized speech devices (E2500, E2502, E2504, E2506): devices that utilize words or phrases that have been recorded by an individual other than the user for playback upon command.

Synthesized speech devices (E2508, E2510): devices that translate a user's input into device-generated speech allowing independently created messages in addition to pre-recorded messages as communication needs dictate.

Software:
Software that allows a member-owned laptop computer, desktop computer or personal digital assistant (PDA) to function as a speech generating device will be considered a speech generating device.

Software for any accessory to interface with the device is considered inclusive in the reimbursement for the initial provision of the device.

Accessories:
Accessories are covered if the basic coverage criteria for the base device are met, and a rationale for each accessory being reasonable and necessary is clearly documented in the formal evaluation by the speech-language pathologist.

- Access devices such as optical head pointers, joysticks, switches, wheelchair integration devices and SGD scanning devices that enable selection of letters, words, or symbols via direct or indirect selection techniques;
- Mounting systems, which are devices necessary to place the SGD device, switches, and other access devices within the reach of the patient.

LIMITATIONS:
A limit of one speech generating device or speech generating software program at a time per member is considered medically necessary.

The speech-language pathologist performing the member evaluation must not be an employee of or have a financial relationship with the supplier of the device.

Coverage is limited to the most appropriate model to meet the member's needs. Clinical documentation and a rationale must be provided to support consideration of a specific device.

Software, interfaces, cables, adapters, interconnections and switches necessary for any accessory to interface with the device is considered inclusive in the reimbursement for the initial provision of the device.

- Installation or technical support are not separately reimbursable.
- Upgrades to speech generating devices or software programs that are provided prior to 5 years useful lifetime will be determined by a case-by-case basis

Eye activation accessories will be considered separately when clinical documentation supports medical necessity.

EXCLUSIONS:
The following are considered to be not reasonable and necessary as a medical device and/or service, and are not covered:

- Devices not specifically dedicated as speech devices (e.g., personal laptop or desktop computers, smartphones personal digital assistants (PDA's), word processing or accounting packages and programs)
- Communications boards
- Multilingual modules.
- Use of a speech generating device in a member without a documented severe speech impairment.
- Internet connection or other phone services
- Hardware or software used to create documents and spreadsheets;
- Hardware or software used to play games or music
- Separate charges for installation of software programs or technical support

Medicaid Business Segment:

Any requests for services, that do not meet criteria set in the PARP, may be evaluated on a case by case basis.

Note: A complete description of the process by which a given technology or service is evaluated and determined to be experimental, investigational or unproven is outlined in MP 15 - Experimental Investigational or Unproven Services or Treatment.

CODING ASSOCIATED WITH: Speech Generating Devices
The following codes are included below for informational purposes and may not be all inclusive. Inclusion of a procedure or device code(s) does not constitute or imply coverage nor does it imply or guarantee provider reimbursement. Coverage is determined by the member specific benefit plan document and any applicable laws regarding coverage of specific services. Please note that per Medicare coverage rules, only specific CPT/HCPCS Codes may be covered for the Medicare Business Segment. Please consult the CMS website at www.cms.gov or the local Medicare Administrative Carrier (MAC) for more information on Medicare coverage and coding requirements.

E2500 – Speech generating device, digitized speech, using prerecorded messages, less than or equal to 8 minutes recording time
E2502 – Speech generating device, digitized speech, using prerecorded messages, greater than 8 minutes but less than or equal to 20 minutes recording time
E2504 – Speech generating device, digitized speech, using prerecorded message, 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 person computer or personal digital assistant
E2512 – Accessory for speech generating device, mounting system
E2599—Accessory for speech generating device, not otherwise classified

LINE OF BUSINESS:
Eligibility and contract specific benefits, limitations and/or exclusions will apply. Coverage statements found in the line of business specific benefit document will supersede this policy. For Medicare, applicable LCD's and NCD's will supercede this policy. For PA Medicaid Business segment, this policy applies as written.

REFERENCES:
NHIC, Corp, Local Determination # L11534, Speech Generating Devices

Center for Medicare and Medicaid Services: Speech Generating Devices, NCD No. 50.1

Centers for Medicare & Medicaid: Durable Medical Equipment Reference List; NCD No. 290.1

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Hanley E, Martin AM, Dalton C, Lehane E. Communication partners experiences of communicating with adults with severe/profound intellectual disability through augmentativeand alternative communication: A mixed methods systematic review. J Intellect Disabil.2022 Jul 18:17446295221115914

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This policy will be revised as necessary and reviewed no less than annually.

Devised: 6/2013

Revised: 1/18 (added exclusion), 5/23 (clarify indications and exclusions)

Reviewed: 7/14**,** 1/15, 1/16, 1/17, 1/19, 1/20, 1/21, 1/22, 1/23, 5/24

CMS UM Oversight Committee Approval: 12/23, 7/24

Geisinger Health Plan may refer collectively to health care coverage sponsors Geisinger Health Plan, Geisinger Quality Options, Inc., and Geisinger Indemnity Insurance Company, unless otherwise noted. Geisinger Health Plan is part of Geisinger, an integrated health care delivery and coverage organization.

Coverage for experimental or investigational treatments, services and procedures is specifically excluded under the member's certificate with Geisinger Health Plan. Unproven services outside of an approved clinical trial are also specifically excluded under the member's certificate with Geisinger Health Plan. This policy does not expand coverage to services or items specifically excluded from coverage in the member's certificate with Geisinger Health Plan. Additional information can be found in MP015 Experimental, Investigational or Unproven Services.

Prior authorization and/or pre-certification requirements for services or items may apply. Pre-certification lists may be found in the member's contract specific benefit document. Prior authorization requirements can be found at https://www.geisinger.org/health-plan/providers/ghp-clinical-policies