

# Speech Generating Devices

**Policy Number:** DME 040.10  
**Effective Date:** May 1, 2024

[➔ Instructions for Use](#)

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Related Policies
<ul style="list-style-type: none"> <li><a href="#">Durable Medical Equipment, Orthotics, Medical Supplies, and Repairs/Replacements</a></li> <li><a href="#">Habilitation and Rehabilitation (Occupational, Physical, and Speech Therapy)</a></li> </ul>

## Coverage Rationale

[➔ See Benefit Considerations](#)

For medical necessity clinical coverage criteria, refer to the InterQual® CP: Durable Medical Equipment, Speech Generating Devices (SGD).

Click [here](#) to view the InterQual® criteria.

## Documentation Requirements

Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The documentation requirements outlined below are used to assess whether the member meets the clinical criteria for coverage but do not guarantee coverage of the service requested.

HCPCS Codes*	Required Clinical Information
<b>Speech Generating Devices</b>	
E2502 E2504 E2506 E2508 E2510 E2511 E2512 E2599	Medical notes documenting the following, when applicable: <ul style="list-style-type: none"> <li>• Diagnosis</li> <li>• Speech-language pathology written evaluation by a qualified speech and language pathologist, including:               <ul style="list-style-type: none"> <li>○ Description of communication impairment (type, severity, language skills, cognition, anticipated course)</li> <li>○ Description of cognitive and physical abilities as they relate to the use of the device</li> <li>○ Rationale for selection of specific device and accessories</li> </ul> </li> <li>• Prior treatments tried, failed, or contraindicated; include the dates and reason for discontinuation</li> <li>• Treating practitioner treatment plan and training schedule</li> <li>• Documentation of face-to-face encounter, within six months prior to the prescription (written order), from the treating practitioner including date, when applicable</li> <li>• Current prescription (written order) from treating physician consistent with and based upon the recommendation of a qualified speech and language pathologist, including:</li> </ul>

HCPCS Codes*	Required Clinical Information
<b>Speech Generating Devices</b>	
	<ul style="list-style-type: none"> <li>○ Initial or replacement</li> <li>○ Rental or purchase</li> <li>○ Specific HCPCS code(s) for item and each accessory requested</li> <li>○ Equipment make, model, and price quotation</li> <li>● If replacement, current device used, date of initial acquisition, status of warranty, and reason for replacement</li> </ul>

\*For code descriptions, refer to the [Applicable Codes](#) section.

## Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies may apply.

HCPCS Code	Description
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 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 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
E2599	Accessory for speech generating device, not otherwise classified

## Benefit Considerations

The following benefit considerations may not apply to all plans. Refer to the member specific benefit plan document for applicable benefit considerations.

### Speech Generating Devices

Durable medical equipment benefits include dedicated speech generating devices required for treatment of severe speech impairment or lack of speech directly due to Sickness or Injury. Examples include but are not limited to:

- Freedom
- Prentke Romich (or PRC)
- Say-it!™
- Tobii Dynavox

### Repair, Replacement, and Upgrade

Refer to the Clinical Policy titled [Durable Medical Equipment, Orthotics, Medical Supplies, and Repairs/Replacements](#).

## Coverage Limitations and Exclusions

Repairs and replacement due to misuse, malicious damage, or gross neglect or to replace lost or stolen items.

**Note:** Most benefit plans require a 3-month rental period before a purchase can be made.

## References

The foregoing Oxford policy has been adapted from an existing UnitedHealthcare national policy that was researched, developed and approved by UnitedHealthcare Medical Policy Committee. [MP.038.10].

## Policy History/Revision Information

Date	Summary of Changes
05/01/2024	<p><b>Benefit Considerations</b></p> <p><b>Speech Generating Devices</b></p> <ul style="list-style-type: none"><li>Revised language to indicate durable medical equipment benefits include dedicated speech generating devices required for treatment of severe speech impairment or lack of speech directly due to Sickness or Injury; examples include, but are not limited to:<ul style="list-style-type: none"><li>Freedom</li><li>Prentke Romich (or PRC)</li><li>Say-it!™</li><li>Tobii Dynavox</li></ul></li></ul> <p><b>Coverage Limitations and Exclusions</b></p> <ul style="list-style-type: none"><li>Updated list of coverage limitations and exclusions:<ul style="list-style-type: none"><li>Added “repairs and replacement due to misuse, malicious damage, or gross neglect, or to replace lost or stolen items”</li><li>Removed “routine periodic maintenance (e.g., testing, cleaning, regulating, and checking of equipment) for which the owner or vendor is generally responsible”</li></ul></li></ul> <p><b>Supporting Information</b></p> <ul style="list-style-type: none"><li>Removed <i>Definitions</i> section</li><li>Archived previous policy version DME 040.9</li></ul>

## Instructions for Use

This Clinical Policy provides assistance in interpreting UnitedHealthcare Oxford standard benefit plans. When deciding coverage, the member specific benefit plan document must be referenced as the terms of the member specific benefit plan may differ from the standard plan. In the event of a conflict, the member specific benefit plan document governs. Before using this policy, please check the member specific benefit plan document and any applicable federal or state mandates. UnitedHealthcare Oxford reserves the right to modify its Policies as necessary. This Clinical Policy is provided for informational purposes. It does not constitute medical advice.

The term Oxford includes Oxford Health Plans, LLC and all of its subsidiaries as appropriate for these policies. Unless otherwise stated, Oxford policies do not apply to Medicare Advantage members.

UnitedHealthcare may also use tools developed by third parties, such as the InterQual® criteria, to assist us in administering health benefits. UnitedHealthcare Oxford Clinical Policies are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.