GUIDELINES
This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder contract. Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards. This guideline is solely for explaining correct procedure reporting and does not imply coverage and reimbursement.

SCOPE
X Professional
_ Facility

DESCRIPTION
Speech generating devices (SGD) are speech aids to provide individuals with severe speech impairment the ability to meet their functional communication needs. Etiologies of speech impairment in children may include cerebral palsy, mental retardation, autism-like disorders, and other genetic or speech disorders. Etiologies in adults may include stroke, traumatic brain injury, amyotrophic lateral sclerosis (ALS), Parkinson's disease, and head and neck cancers among others. There may be associated functional disabilities that also limit the individual's ability to use alternative natural methods of communication such as writing notes, using sign language, or even to manipulate a low-tech augmentative communication system.

A speech evaluation is performed in order to determine the severity and motor deficit of each individual. This evaluation is conducted by a speech-language pathologist (SLP). The SLP is a licensed health professional, educated at the graduate level in the study of human communication, its development and its disorders. The SLP must hold a Certificate of Clinical Competence (CCC) in speech-language pathology from the American Speech-Language-Hearing Association. The SLP will be able to determine, based on the evaluation and on the natural course of the disease or condition, when a speech generating device or treatment is necessary and what type of device or treatment would best meet the needs of the specific patient in question.

POLICY
Speech generating devices (E2500, E2502, E2504, E2506, E2508, E2510, E2511, E2512, and E2599) require prior authorization.

Communication aids (E1902) are non-covered.

COVERAGE CRITERIA
HMO, PPO, Individual Marketplace, Elite/ProMedica Medicare Plan, Advantage
1. Before the delivery of the SGD, the member must have a documented face-to-face evaluation of his or her communication abilities by a SLP. The SLP performing the member evaluation may not be an employee or have a financial relationship with the supplier of the SGD.
2. The formal, written evaluation must include ALL of the following elements:
   • Current communication impairment, including the type, severity, language skills, and anticipated course of the impairment
   • An assessment of whether the member's daily communication needs could be met using other natural or aided modes of communication
   • Clinical documentation supporting the assessment that the member possesses the linguistic capability to formulate a message independently
   • Clinical documentation supporting the assessment that the member possesses cognitive and physical abilities to effectively use the selected device and any accessories to communicate
• A description of the functional communication goals expected to be achieved and treatment options
• Rationale for selection of a specific device and any accessories
• Demonstration that the member possesses a comprehensive treatment plan that includes a training schedule for the selected device
• For any subsequent upgrade to a previously issued SGD, information regarding the functional benefit to the member of the upgrade compared to the initially provided SGD to include a full device description of the most current SGD being requested
• A full disclosure of any SGD equipment that the member already possesses to include a statement as to why the current equipment does not currently meet the member’s needs which is supported by clinical documentation from the member’s medical record
• Documentation supporting the medical necessity of any accessory or add-on equipment, supplies or SGD features being requested
• The evaluation must be signed and dated by all parties of the member's evaluation team to include professional licensure numbers
• The member's medical condition is one resulting in a severe expressive speech impairment that is supported by documentation in the member’s medical record
• The member's speaking needs cannot be met using natural communication methods
• Other forms of speech impairment treatment have been considered and ruled out
• The member's speech impairment and communication ability will benefit clinically from the device ordered

3. A copy of the SLP’s written evaluation and recommendation must be forwarded to the member’s treating prescriber before the device is ordered and kept in the member's medical records.

4. Mounting brackets used in association with the installation of the SGD to a member's wheelchair can be billed for separate reimbursement using the appropriate billing codes for these devices.

EYE CONTROL SGD ACCESSORY

1. Eye control technology for an SGD must only be considered as a last choice after all other methods of operating the SGD device have been evaluated and determined by the evaluating SLP not to meet the member's needs.

2. The SLP must document on the prior authorization form and in the member’s medical record that alternative SGD control devices other than eye control were evaluated before requesting eye control technology for a specific SGD device.

3. The member must have a specific documented medical necessity that supports the request for an eye control SGD accessory including but not limited to the following:
   • Member has a documented history of a brainstem stroke
   • Member has Guillain Barre syndrome
   • Member is in the final stages of amyotrophic lateral sclerosis (ALS)
   • Member has a documented occurrence of a severe traumatic brain injury that resulted in the complete loss of head movement

4. In order for a request for an eye control SGD accessory to be considered the provider must document that the member is able to use an eye control SGD accessory independently and successfully in the environments and situations in which the member is using the SGD device.

5. The member must be provided with the most cost-effective SGD available to meet the medical needs of the member.

6. The member must be provided with the most cost-effective SGD available to meet the medical needs of the member.

NON-COVERED

1. Claims for more than one SGD at a time per qualifying member will be denied as not medically necessary.

2. Environmental control devices are not separately reimbursable.

3. Any non-medical software, accessory, application or hardware to include internet capabilities used in conjunction or compatible with the SGD are not separately reimbursable without prior authorization.

4. Personal computers and related hardware are not reimbursable unless the system has been adapted for use primarily as an SGD. The documentation supporting this adaptation must be maintained in the provider's records and on the prior authorization form.

5. There will be no separate billing of any interfaces, printers, printer paper, cables, adapters, interconnects, or any other standard component necessary for the accessory to interface with any SGD in conjunction with the
initial dispensing of this equipment to the member that is non-medical in nature without Paramount’s prior authorization.

6. Member training expenses related to the operation of the SGD are not separately reimbursable.

7. A carrying case (including shoulder strap or carrying handle, any type) (E2599) is a convenience item and is denied as non-covered.

8. Accessories used with non-covered devices will be denied as non-covered.

9. Upgrades to speech generating devices and/or software programs that are provided within the 5-year useful lifetime of the device will be denied as statutorily non-covered.

REPAIR, UPGRADE AND REPLACEMENT

1. Reimbursement for repairs is available for no more than one SGD per recipient. Repair costs for an SGD not originally covered by Paramount are to be considered on a case-by-case basis and are approved with a prior authorization. Repairs to member-owned SGD equipment that meet or exceed one thousand dollars in a twelve-month period will be deemed to extend the useful life of the member-owned SGD by one year from the date of the last repair request. No follow-up requests for a new SGD device in association or in conjunction with a repair request will be considered for a member during this extension period.

2. The repair of an SGD (including battery pack replacement) requires prior authorization. Documentation, including the appropriate reimbursement codes, must be submitted when requesting prior authorization.

3. Replacement or modification of a member-owned SGD that was originally covered by Paramount will be authorized only if it is determined by Paramount that the current SGD does not meet the member's basic communication needs, regardless of the age of the current equipment, and the current SGD cannot be repaired or modified to meet basic communication needs due to situations such as a change in a member's cognitive, communication or physical status. If the current SGD can be modified or repaired, replacement will only be considered when modification or repair of the current equipment is more costly than replacement. In addition, a description, model number, and the condition of a member's current equipment must be specified on the documentation submitted for prior authorization of additional or replacement equipment.

CODING/BILLING INFORMATION

The appearance of a code in this section does not necessarily indicate coverage. Codes that are covered may have selection criteria that must be met. Payment for supplies may be included in payment for other services rendered.

<table>
<thead>
<tr>
<th>HCPCS CODES</th>
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<tbody>
<tr>
<td>E1902 Communication board, non-electric augmentative or alternative communication device</td>
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<tr>
<td>E2500 Speech generating device, digitized speech, using pre-recorded messages, less than or equal to 8 min recording time</td>
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<tr>
<td>E2502 Speech generating device, digitized speech, using pre-recorded messages, less than or equal to 8 min recording time, but less than or equal to 20 min recording time</td>
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<tr>
<td>E2504 Speech generating device, digitized speech, using pre-recorded messages, greater than 20 min but less than or equal to 40 min recording time</td>
</tr>
<tr>
<td>E2506 Speech generating device, digitized speech, using pre-recorded messages greater than 40 min recording time</td>
</tr>
<tr>
<td>E2508 Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device</td>
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<tr>
<td>E2510 Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access</td>
</tr>
<tr>
<td>E2511 Speech generating software program, for personal computer or personal digital assistant</td>
</tr>
<tr>
<td>E2512 Accessory for speech generating device, mounting system</td>
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<tr>
<td>E2599 Accessory for speech generating device, not otherwise classified</td>
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REVISION HISTORY EXPLANATION
ORIGINAL EFFECTIVE DATE: 11/01/2007

03/01/09: No update
7/1/2010: Updated references
09/01/11: No changes
12/09/14: Policy reviewed and updated to reflect most current clinical evidence per Medical Policy Steering Committee.
12/15/2020: Medical policy placed on the new Paramount Medical Policy Format

REFERENCES/RESOURCES
Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services
Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets
Industry Standard Review
Hayes, Inc.