Sentara Health Plans

Medicaid

Augmentative Communication and Speech Generating Systems, DME 30

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All requests for authorization for the services described by this medical policy will be reviewed per Early and Periodic Screening, Diagnostic and Treatment (EPSDT) guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member's condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.*.

Description & Definitions:

Augmentative and alternative communication (AAC) systems, to include speech generating devices (SGD), are designed to support the needs of members with complex, significant communication disorders as evidenced by impairments of comprehension, cognition, and/or speech-language production. An AAC device can be used to assist impaired members with communication of ideas, wants and needs.

Criteria:

An augmentative communication device or speech generating system is considered medically necessary for **ALL** of the following:

- Individual meets **1 or more** of the following criteria:
  - The individual cannot functionally communicate basic needs verbally or through gestures due to medical conditions, and expressive language is not expected to be restored. Basic needs include eating, drinking, toileting, and indicating discomfort or pain
  - The individual cannot verbally or through gestures participate in medical care, i.e., indicate decisions regarding medical care or indicate medical needs
  - The individual cannot verbally or through gestures functionally communicate informed consent on medical decisions
- The communication device meets **ALL** of the following:
  - Ordered by the practitioner on the CMN/DMAS-352
  - A reasonable and medically necessary part of the individual's treatment plan
  - Consistent with the individual's diagnosis and medical condition, particularly the functional limitations and symptoms exhibited by the individual

    - Not furnished solely for the convenience of the individual, the family, the attending practitioner, or other practitioner or supplier
    - Consistent with generally accepted professional medical standards (i.e., not experimental or investigational)
    - Furnished at a safe, effective, and cost effective level, primarily for use in the individual's home or community environment
- The speech-language pathologist (SLP) performing the beneficiary evaluation may not be an employee of or have a financial relationship with the supplier of the Speech Generating Devices (SGD).
- Authorization is for **1 or more** of the following:
    - 30-60 day rental period
    - Purchase when **1 or more** of the following criteria are met:
        - A 30-60 day trial with the device has been completed and documentation by the speech-language pathologist that the chosen device is the one most appropriate to meet the individual's medical needs has been provided.
        - The individual's needs can be clearly defined by the comprehensive speech-language pathologist's evaluation in which case a trial period is not necessary.

Augmentative speech devices ~~and/or voice prosthesis~~ are considered not medically necessary for any indication for any use other than those indicated in clinical criteria, to include but not limited to:

- MyGuide is a software application for a personal mobile device used for organizational and progress monitoring needs used mostly by caregivers and teachers (families, professionals, schools, and facilities.)
- Reading programs such as Fast ForWord
- More than one item of durable medical equipment for the same or similar purpose
- Multi-lingual modules unless the primary caretaker speaks a language other than English
- An alternative input device if the member is able to use a standard input device

"Communication devices to improve educational and/or vocational abilities are not covered services by Medicaid."

Document History:

Revised Dates:

- 2026: March – Implementation date of July 1, 2026. Annual review completed, criteria and coding removed to align with authorization changes.
- 2025: March – criteria updated references updated
- 2025: February – Annual review completed, criteria updated to include voice prosthesis.
- 2025: January – Procedure coding updated to align with changes in service authorization status.
- 2024: August – criteria updated references updated
- 2022: August
- 2021: April, November
- 2020: October
- 2019: September, November
- 2016: March
- 2015: March, July
- 2014: March
- 2013: November
- 2012: October
- 2011: October (changed from Medical 138)

Reviewed Dates:

- 2023: August
- 2022: October

- 2018: August
- 2017: November
- 2013: October
- 2010: October
- 2009: October

Origination Date: November 2008

Coding:

Medically necessary with criteria:

Coding	Description
E1399	Durable medical equipment, miscellaneous
E1905	Communication board, nonelectronic augmentative or alternative communication device
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
E2513	Accessory for speech generating device, electromyographic sensor
E2599	Accessory for speech generating device, not otherwise classified
E3000	Speech volume modulation system, any type, including all components and accessories

Considered Not Medically Necessary:

Coding	Description
	None

The preceding codes are included above for informational purposes only and may not be all inclusive. Additionally, inclusion or exclusion of a treatment, procedure, or device code(s) does not constitute or imply member coverage or provider reimbursement.

Special Notes: *

- Coverage: See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy.
    - Sentara Health Virginia Medicaid Plan requests should be referred to a case manager.
    - Ocular, optical, or eye tracking speech devices may be covered if recommended by speech pathologist or occupational therapist when medical necessity criteria is met for a speech generating device and individual has medical condition that impedes the use of the device without ocular, optical, or eye tracking.
    - For Sentara Health Virginia Medicaid Plans a 30 to 60-day trial rental period must be considered for all electronic devices to assure that the chosen device is the one most appropriate to meet the individual's medical needs. (Note: For those individuals whose needs can be clearly defined by the comprehensive speech-

language pathologist's evaluation, a trial rental period is not necessary.) At the end of the trial rental period, if purchase of the device is recommended, documentation by the speech-language pathologist of the individual's ability to use the communication device must be provided.
    - Replacements and upgrades are allowed every 36 months or if device is completely nonfunctional.
    - Request for specific communication software for dedicated digitized or synthesized speech that enables a laptop computer, desktop computer, or personal digital assistant (PDA), tablet to function as a speech generating device and program insulation and technical support are reimbursable
    - Additional reimbursement heavy duty case, care plus extended warrantee to 36 months, additional software and required accessories for a laptop computer, desktop computer, or personal digital assistant (PDA).
- Application to Products: Policy is applicable to Sentara Health Plan Virginia Medicaid products.
- Authorization Requirements: Pre-certification by the Plan is required.
- Special Notes:
    - This medical policy express Sentara Health Plan's determination of medically necessity of services, and they are based upon a review of currently available clinical information. These policies are used when no specific guidelines for coverage are provided by the Department of Medical Assistance Services of Virginia (DMAS). Medical Policies may be superseded by state Medicaid Plan guidelines. Medical policies are not a substitute for clinical judgment or for any prior authorization requirements of the health plan. These policies are not an explanation of benefits.
    - Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.
    - The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) covers services, products, or procedures for children, if those items are determined to be medically necessary to "correct or ameliorate" (make better) a defect, physical or mental illness, or condition (health problem) identified through routine medical screening or examination, regardless of whether coverage for the same service or support is an optional or limited service under the state plan. Children enrolled in the FAMIS Program are not eligible for all EPSDT treatment services. All requests for authorization for the services described by this medical policy will be reviewed per EPSDT guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to by medically necessary to correct or ameliorate the member's condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.
    - **Documentation Requirements** Durable Medical Equipment appendix-b-21-excel-version-with-all-categories-of-appendix-b-july-2024-v2.xlsx
        - All durable medical equipment (DME) and supplies must be ordered by a practitioner on the form: CMN/DMAS-352 (revised 2017) and must be medically necessary to treat a health condition. The CMN/DMAS352 may be completed by the practitioner, DME provider, or other health care professionals, but the practitioner must sign and date the completed Certification of Medical Necessity (CMN).
        - The CMN and any supporting verifiable documentation must be completed (signed and dated by the practitioner) within 60 days.
        - The CMN shall be valid for a maximum period of six (6) months for Medicaid individuals under 21 years of age. The CMN shall be valid for a maximum period of twelve (12) months for Medicaid individuals 21 years and older.
    - **Repair vs. Replacement Guidelines**
        - If individual owned equipment needs to be replaced prior to the service limit (Per Appendix B) expiring the provider will be required to justify and obtain service authorization.
        - Documentation for service authorization should include the required information as stated in this manual and the provider shall also include additional documentation as stated below:

- What equipment the individual is currently using and why that equipment is no longer appropriate for the individual. This description shall include the reason why repairs could not be done or why the option to repair the equipment was not cost effective.
- The provider shall include a breakdown of what items need to be repaired and include the cost to repair the items to justify why the purchase of new equipment would be more cost effective; and
- If the item is no longer appropriate due to a change in medical condition, limitations and symptoms, or if the equipment was provided inappropriately, the provider shall give justification to describe the circumstances.

▪ **Rental vs. Purchase Guideline**
- When determined to be cost effective by SHP, payment may be made for rental of the equipment in lieu of purchase. (12 VAC 30-50-165)
- When usage is anticipated to be long-term, and the individual's need or condition is not expected to change, the items must be considered for purchase

References:

Including but not limited to: Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

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Durable Medical Equipment, Prosthetics, Orthotics and Supplies - Chapter IV: Covered Services and Limitations. (2025, Dec 05). Retrieved Feb 20, 2026, from Virginia Department of Medical Assistance Services: https://vamedicaid.dmas.virginia.gov/sites/default/files/2025-12/DME%20Chapter%20IV%20%28updated%2012.5.25%29_Final.pdf

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NCD: Speech Generating Devices. (2015, Jul 29). Retrieved Feb 20, 2026, from Centers for Medicare and Medicaid Services: https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=274&ncdver=2&keyword=Speech%20Generating&keywordType=starts&areaId=s53&docType=NCA,CAL,NCD,MEDCAC,TA,MCD,6,3,5,1,F,P&contractOption=all&sortBy=relevance&bc=1

Title 21 Food and Drugs. (2026, Feb 19). Retrieved Feb 25, 2026, from U.S. Food and Drug Administration: https://www.ecfr.gov/current/title-21

Keywords:

SHP Augmentative Speech Device, SHP Durable Medical Equipment 30,keyboard, iPad, screen, mouse, computer, speech pathologist, functional limitation, speech therapy, occupational therapy, physical therapy, auditory, expressive speech impairment, alternative natural communication, sign language, Synthesized speech devices, degenerative disease, speech impairment, Speech-Generating Devices, communication aids, voice output communication aids (VOCAs), Speech Enhancer SGD, DynaMyte, DragonDictate, VitalVoice, Dialo, Eyegaze, Alternative communication device, AAC, speech-generating device, SGD, Devices with Digitized or Synthesized Speech Output and Ocular, optical, or eye tracking speech devices, BIGmack®, Cheap Talk 8 6-levels Communicator, GoTalk™ Series, Hip Talker, iTalk2™ Communication Aid, Little Mack®, One by Four Talker, Partner/One™, Partner/Two™, Personal Talker, Sequencer, Step-by-Step™ with Levels Communicator, Talking Brix™ Communicators, TalkTrac™ Plus, TalkTrac™ Plus with Levels, TECH/Plus: 32, TECH/Plus: 32+, Tech/Speak, Tech/Talk, Ultimate 8, VoicePal, VoicePal Max, VoicePal Pro, EasyTalk, Hand Held Voice, MessageMate, SuperTalker™ Progressive Communicator, DynaVox M3, EasyTalk, ET-24, ET-32, Springboard Lite, Talara-32, Tobii ATI s32, Allora, E-talk Tablet, DynaWrite™ 2.0, DynVox T10, DynaVox T15, Freedom 2000, Optimist MMX, Nova Chat 8, Nova Chat 10, Tobii Dynavox T7, Tobii Dynavox T10, Tobii Dynavox T15, Tobii I-12, Tobii I-15, Accent™ 800-M, Accent™ 1000-M, QuickTalker™ Freestyle, QuickTalker™, Freestyle mini, Visual Suite, TapToTalk, AAC, Ablenet's QuickTalker Freestyle, Accent™ 1000-M, Accent™ 800-M, ACD, Allora, Alternative communication device, Augmentative and alternative communication, Beamz Interactive Music System, Big Talk Assistive Technology Communicator, BIGmack®, ChatterVox Voice Amplifier, Cheap Talk 8 6-levels Communicator, Clicker 4, ComLink, Devices with Digitized or Synthesized Speech Output and Ocular, optical, or eye tracking speech devices, Dialo, Dragon Computer Speech Recognition Software, Dragon Speak, DragonDictate, DynaMyte, Dynavox, DynaVox M3, DynaVox T15, DynaWrite™ 2.0, DynVox T10, EasyTalk, ECO-14, Enabling Devices Tactile Symbol Communicator, ET-24, ET-32, E-talk Tablet, E-triloquist, EyeGaze, FAB Frenchay Alphabet Board, Freedom 2000, Freestyle mini, GOTALK 9+, GoTalk Express 32 – Advanced Communication Aid, GoTalk™ Series, Grid 3 for WindowsGoTalk Now, Grid for iPad, Gus pocket communicator, Hand Held Voice, Hip Talk Plus Communicator, Hip Talker, iCommunicate, iCommunicate for iPad, iTalk2™ Communication Aid, LetMeTalk, Lightwriter, Lightwriter SL40, LINK Plus Communication Aid, Little Mack®, Logan ProxTalker Modular AAC Device Package, LogansVoice Communication Bundle, MegaBee Assisted Communication and Writing Tablet, MegaBee Eye Pointing Communication Tablet, MessageMate, Metacom, MyTobii, NextUp Talker, Nova Chat 10, Nova Chat 8, One by Four Talker, Optimist MMX, PalmOne, Partner/One™, Partner/Two™, Personal Talker, Picture exchange communication system] PECS, Pocket Go-Talk 5-Level Communication Device, Predictable text-to-speech app, Pretke Romich, Proloquo2Go, Quick Glance/Eye Gaze System, QuickTalk AAC, QuickTalker™ Freestyle, Rolltalk Maxi Smart, Sequencer, SGD, SofType , SonoFlex, Speech Enhancer SGD, Speech-generating device, Springboard Lite, Step-by-Step™ with Levels Communicator, SuperTalker™ Progressive Communicator, Talara-32, Talk to Me - Text to Speech, Talking Brix™ Communicators, TalkTablet, TalkTrac™ Plus with Levels, TalkTrac™ Plus, TapToTalk, TECH/Plus: 32+, TECH/Plus: 32, Tech/Speak, Tech/Talk, Tobii ATI s32, Tobii Dynavox, Tobii Dynavox app, Tobii Dynavox T10, Tobii Dynavox T15, Tobii Dynavox T7, Tobii I-12, Tobii I-15, Tobii Sono Flex, Toshiba Notebook w/Grid2, TouchChat, TouchChat HD – AAC, TouchChat HD – AAC with WordPower, Ultimate 8, Ultratec Operator Assisted, Visual Suite, VitalVoice, Voice4U, VoicePal Max, VoicePal Pro, VoicePal, Words+ Ez keys, Zygo Pollyanna