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SHP Augmentative Communication and Speech Generating Systems

AUTH: SHP Durable Medical Equipment 30 v6 (AC)

MCG Health
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Coverage

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See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy.

Optima 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 Optima 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

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Policy is applicable to all products.

Authorization Requirements

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Pre-certification by the Plan is required.

Description of Item or Service

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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.

Exceptions and Limitations

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- For Optima Medicare, speech generating devices are **NOT COVERED** for **ANY** of the following
 - Internet or phone service
 - Modification to patient's home to allow use of speech generating device
 - Specific features of speech generating device not used by individual who has severe speech impairment to meet his or her functional speaking needs, including **1 or more** of the following
 - Any computing hardware or software not necessary to allow for generation of audible/verbal speech, email, text, or phone messages
 - Hardware or software used to create documents and spreadsheets or play games or music
 - Any other function a computer can perform that is not directly related to meeting functional speaking communication needs of patient, including video communications or conferencing
- There is insufficient scientific evidence to support the medical necessity of Augmentative Communication and Speech Generating Systems as it is not shown to improve health outcomes upon technology review for the following:
 - Reading programs such as Fast ForWord
 - More than one item of durable medical equipment for the same or similar purpose
 - Multi-lingual modules are not medically necessary 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
- There is insufficient scientific evidence to support the medical necessity of Augmentative Communication and Speech Generating Systems for uses other than those listed in the clinical indications for procedure section.

Clinical Indications for Procedure

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- An augmentative communication device or speech generating system is considered medically necessary for **1 or more** of the following :
 - Individual has Optima Commercial Plan and **ALL** of the following
 - Individual has indications of **1 or more** of the following
 - Individual has degenerative disease causing the speech impairment with **ALL** of the following
 - The communication device selected should be capable of modification to meet the individual's anticipated needs.
 - Individual is preliterate with **ALL** of the following
 - It is anticipated they will be able to learn to read, spell, or communicate
 - The communication device selected should be programmable to meet the specific needs of the member to include symbols, pictures, spelling and text capabilities

- Individual's request is for a synthesized speech device that requires the ability to spell words with **ALL** of the following
 - Documentation shows that the individual has the ability to spell words
- The device is recommended by the individual's physician
- A speech language pathologist has conducted a thorough written assessment including **ALL** of the following information:
 - Medical diagnosis
 - Physiological description of the underlying disorder
 - Description of functional limitation
 - Nature and severity of speech or communication impairment
 - Prognosis for improvement (or deterioration)
 - Medical need for the device with **1 or more** of the following
 - Request is for a low technology system device
 - High technology device is requested, must be demonstrated that a trial of an equally equipped low technology communication system (e.g. iPad, iPad mini or android product) over a period of 90 days is inadequate to meet the individual's current functional communication needs (ability to direct behavior of caregivers, report medical status and complaints, participate in decision making). Failure is defined as the demonstrated inability of the device to meet the functional communication needs of the member rather than other difficulties with the device i.e. distractions from other programs on the device, ability of the device to tolerate normal wear and tear, etc. Clinical documentation will be used to support the adequacy of the trial and failure of the low technology device.
 - Therapeutic history including speech, occupational, and/or physical therapies
 - Documentation of member's cognitive ability to utilize the specific device
 - Documentation of the visual, auditory, language and motor ability to utilize the selected system
 - Documentation of the specific daily functional communication needs
 - Expected functional communication goals with the device
 - Plan of care for the device: anticipated training needs, programming needs, evaluations, etc.
- Individual has severe expressive speech impairment and alternative natural communication methods such as writing or sign language are not conducive or are inadequate for that individual's daily functional communication needs (ability to direct behavior of caregivers, report medical status and complaints, participate in decision making)
- Individual has tested the device, and can demonstrate the ability to effectively use the device with documentation of the rationale for the specific system selected
- Individual and caregiver demonstrate motivation to learn and use the device, as evidenced by participation in therapies, Head Start or other age appropriate learning
- Individual has Optima Medicaid Plan and meets **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
- Individual has Optima Medicare Plan and meets **ALL** of the following:
 - Individual suffers from a severe speech impairment
 - Device has ability to meet individual's functional speaking needs
 - Device is used solely by individual and primarily for purpose of generating speech
 - Speech is generated using **1 or more** of the following methods:
 - Digitized audible/verbal speech output, using prerecorded messages
 - Synthesized audible/verbal speech output that requires message formulation by spelling and device access by physical contact with device-direct selection techniques
 - Synthesized audible/verbal speech output that permits multiple methods of message formulation and multiple methods of device access
 - Software that allows a computer or other electronic device to generate audible/verbal speech
- For Optima Medicare, speech generating devices are **NOT COVERED** for **ANY** of the following
 - Internet or phone service
 - Modification to patient's home to allow use of speech generating device
 - Specific features of speech generating device not used by individual who has severe speech impairment to meet his or her functional speaking needs, including **1 or more** of the following
 - Any computing hardware or software not necessary to allow for generation of audible/verbal speech, email, text, or phone messages
 - Hardware or software used to create documents and spreadsheets or play games or music
 - Any other function a computer can perform that is not directly related to meeting functional speaking communication needs of patient, including video communications or conferencing
- Augmentative speech devices are **NOT COVERED** for **ANY** of the following
 - 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

Document History

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- Revised Dates:
 - 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:
 - 2022: October
 - 2018: August
 - 2017: November
 - 2013: October

- 2010: October
- 2009: October
- Effective Date: November 2008

Coding Information

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- CPT/HCPCS codes covered if policy criteria is met:
 - HCPCS E1399- Durable medical equipment, miscellaneous
 - HCPCS E2500 - Speech generating device, digitized speech, using prerecorded messages, less than or equal to eight minutes recording time
 - HCPCS E2502 - Speech generating device, digitized speech, using prerecorded messages, greater than 8 minutes but less than or equal to 20 minutes recording time
 - HCPCS E2504 - Speech generating device, digitized speech, using prerecorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time
 - HCPCS E2506 - Speech generating device, digitized speech, using prerecorded messages, greater than 40 minutes recording time
 - HCPCS E2508 - Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device
 - HCPCS E2510 - Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access
 - HCPCS E2511 - Speech generating software program, for personal computer or personal digital assistant
 - HCPCS E2512 - Accessory for speech generating device, mounting system
 - HCPCS E2599 - Accessory for speech generating device, not otherwise classified
- CPT/HCPCS codes considered not medically necessary per this Policy:
 - None

References

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References used include but are not limited to the following:

Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; Uptodate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

(2022). Retrieved July 13, 2022 from Optum, EncoderPro. (2022): <https://www.encoderpro.com/epro/index.jsp>

(2022). Retrieved July 13, 2022 from MCG Informed Care Strategies, 25th Edition. (6/17/2022): <https://careweb.careguidelines.com/ed25/index.html>

(2022). Retrieved July 13, 2022 from U.S. Food and Drug Administration, FDA. Powered Communication System. (3/29/2022): <https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfcfr/cfrsearch.cfm?fr=890.3710>

(2022). Retrieved July 13, 2022 from Hayes, a Symplr Company. (2022): https://evidence.hayesinc.com/search?q=%257B%2522text%2522:%2522MyGuide%2520Electronic%2520Cognitive%2520Device%2522,%2522title%2522:null,%2522termsource%2522:%2522searchbar%2522,%2522page%2522:%257B%2522page%2522:0,%2522size%2522:50%257D,%2522type%2522:%2522all%2522,%2522sources%2522:%255B%2522*%2522%255D,%2522sorts%2522:%255B%257B%2522field%2522:%2522_score%2522,%2522direction%2522:%2522desc%2522%257D%255D,%2522filters%2522:%255B%255D%257D

(2022). Retrieved July 13, 2022 from Virginia Law, Administrative Code 12VAC30-120-762. (Repealed.) (3/31/2021): <https://law.lis.virginia.gov/admincode/title12/agency30/chapter120/section762/>

(2022). Retrieved July 13, 2022 from Code of Virginia. Title 22.1 – Education, § 22.1-129.1. Transfer of assistive technology devices. (2022): <https://law.justia.com/codes/virginia/2021/title-22-1/chapter-9/section-22-1-129-1/>

(2022). Retrieved July 13, 2022 from Centers for Medicare & Medicaid Services, Augmentative and Alternative Communication (AAC) Devices. Decision Memo. (4/10/2001): <https://www.cms.gov/medicare-coverage-database/view/ncacal-decision-memo.aspx?proposed=N&ncaid=8&keywordtype=starts&keyword=augmentative&bc=0>

(2022). Retrieved July 13, 2022 from DynaMed Plus, Dorokhine, I., Augmentative and alternative communication (AAC). (2022): <https://www.dynamed.com/management/augmentative-and-alternative-communication-aac>

(2022). Retrieved July 13, 2022 from UpToDate, Weissman, L., Autism spectrum disorder in children and adolescents: Behavioral and educational interventions. (1/1/2020): https://www.uptodate.com/contents/autism-spectrum-disorder-in-children-and-adolescents-behavioral-and-educational-interventions?search=Augmentative%20Communication&source=search_result&selectedTitle=1~150&usage_type=default&display_rank=1

(2022). Retrieved July 13, 2022 from UpToDate, Hoenig, H., Cary, M., Geriatric rehabilitation interventions. (6/23/2022): https://www.uptodate.com/contents/geriatric-rehabilitation-interventions?search=Augmentative%20Communication&source=search_result&selectedTitle=8~150&usage_type=default&display_rank=8

(2022). Retrieved July 13, 2022 from Virginia Medicaid, DMAS, Covered Services and Limitations, Durable Medical Equipment and Supplies Manual, Chapter IV. (6/25/2021): <https://www.ecm.virginiamedicaid.dmas.virginia.gov/WorkplaceXT/getContent?impersonate=true&id={70DF587A-0000-CD19-9DA4-40F87C9CFC81}&vsId={BA20E884-FDDC-4BC0-8010-E14AAEE3F502}&objectType=document&objectStoreName=VAPRODOS1>

(2022). Retrieved July 13, 2022 from AIM Clinical Appropriateness Guidelines and Cancer Treatment Pathways, Physical Occupational Speech Therapies. (6-12-22): <https://guidelines.aimspecialtyhealth.com/physical-occupational-speech-therapies-06-12-22/?highlight=augmentative+communication>

(2022). Retrieved July 13, 2022, from Avalon/Optima Health, Microsatellite Instability and Tumor Mutational Burden Testing. (2022): <https://www.avalonhcs.com/policies-optimahealth/>

(2022). Retrieved June 23, 2022, from NCCN, National Comprehensive Cancer Network, NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®), (2022): <https://www.nccn.org/search-result?indexCatalogue=nccn-search-index&searchQuery=augmentative%20speech&wordsMode=AllWords>

(2022). Retrieved June 23, 2022, from American Speech-Language-Hearing Association, ASHA, Augmentative and Alternative Communication (AAC). (2022): <https://www.asha.org/public/speech/disorders/aac/>

(2022). Retrieved June 23, 2022, from International Society for Augmentative and Alternative Communication (ISAAC), (2022): <https://isaac-online.org/english/what-is-aac/what-is-communication/>

(2022). Retrieved July 13, 2022, from ALS Association, Augmentative and Alternative Communication. (2022): <https://www.als.org/navigating-als/living-with-als/therapies-care/augmentative-alternative-communication>

(2022). Retrieved July 13, 2022, from PubMed, Peria, E., Montenegro, A., Rosal, A., Walter, C., Augmentative and Alternative Communication on Autism Spectrum Disorder: Impacts on Communication. (11/13/2020): <https://pubmed.ncbi.nlm.nih.gov/33206773/>

Codes

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HCPCS: E1399, E2500, E2502, E2504, E2506, E2508, E2510, E2511, E2512, E2599

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