MN.025.B Speech Generating Devices

Original Implementation Date: 05/28/2025
Version [B] Date: 04/06/2026
PARP Reviewed Date: 02/11/2026
Last Reviewed Date: 02/18/2026

***** NOTIFICATION OF PENDING POLICY IMPLEMENTATION *****

Please note that this Policy Bulletin will be implemented on 04/06/2026

This document provides a 30-day notification of its pending implementation and is not currently implemented.

PRODUCT VARIATIONS

This policy applies to all Jefferson Health Plans/Health Partners Plans lines of business unless noted below.

☒ Jefferson Health Plans Medicare Variation:

LCD - **Speech Generating Devices** (SGD) (L33739) applies to Jefferson Health Plans Medicare LOB.

POLICY STATEMENT

Speech-generating devices (SGDs) are deemed medically necessary when the criteria outlined in InterQual® are met, along with the additional clinical criteria listed below:

- The member's medical condition has resulted in permanent severe expressive speech disability, including, but not limited to, anarthria, aphasia, aphonia, apraxia or dysarthria.
- The member must have participated in a trial of speech therapy without demonstrated benefit. This trial must be completed prior to initiation of a speech-generating device trial and must be separate from therapy conducted in conjunction with the speech-generating device.

Documentation must demonstrate a minimum of six (6) months of speech therapy services. The initial speech evaluation and the most recent speech therapy notes, including documented goals, participation, and progress, must be submitted. Documentation of the frequency of completed visits is required. Any instance in which more than fifty percent (50%) of visits are missed must include a documented reason.

- The member has tried alternative methods of treatment without benefit, including but not limited to manual signs through gestures or sign language, visual interaction using books or boards, and communication through writing or drawing.

- The member must demonstrate the ability to effectively learn and use the recommended device, accessories, and/or software for functional communication. This must be supported by data from a device trial indicating successful functional use of the device and any necessary accessories. Documentation must be submitted verifying a successful 3-month trial period with the device.

POLICY GUIDELINES

InterQual Criteria (IQ) for SGD's can be available upon request when needed. *If you have a IQ license, you can also access the criteria here:* InterQual log in (license required)

The medical record must reflect the medical necessity for the care provided. These records may include, but are not limited to, records from the hospital, nursing home, home health agency, therapies, test reports and the provider's office, including an evaluation with a Speech Language pathologist.

Scope of practice guidelines for Speech Language Pathologists (SLP) delineate the clinical practice requirements to diagnose communication and swallowing disorders; therefore, eligibility for an SGD should be reserved for the treatment of a condition established within the SLP scope of practice.

Limitations:

Coverage is made for the most cost-effective item which meets basic communication needs that commensurate with the patient's cognitive and language abilities.

CODING

Note: The Current Procedural Terminology (CPT®), Healthcare Common Procedure Coding System (HCPCS), and the 10th revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10) codes that may be listed in this policy are for reference purposes only. Listing of a code in this policy does not imply that the service is covered and is not a guarantee of payment. Other policies and coverage guidelines may apply. When reporting services, providers/facilities should code to the highest level of specificity using the code that was in effect on the date the service was rendered. This list may not be all inclusive. CPT® is a registered trademark of the American Medical Association.

CPT Code	Description
N/A	N/A

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 eight 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

ICD-10 Codes	Description
N/A	N/A

BENEFIT APPLICATION

Medical policies do not constitute a description of benefits. This medical necessity policy assists in the administration of the member's benefits which may vary by line of business. Applicable benefit documents govern which services/items are eligible for coverage, subject to benefit limits, or excluded completely from coverage. This policy is invoked only when the requested service is an eligible benefit as defined in the Member's applicable benefit contract on the date the service was rendered. Services determined by the Plan to be investigational or experimental, cosmetic, or not medically necessary are excluded from coverage for all lines of business.

DESCRIPTION OF SERVICES

A speech-generating device (SGD) is a type of durable medical equipment (DME) defined as an augmentative or alternative communication aid providing individuals who have severe expressive speech disability with the ability to meet functional speaking though audible generation of words and possibly written text or phone messaging. Severe expressive speech disability is an inability, or limited ability, to communicate daily wants, needs, and thoughts via the spoken or printed word. This disability is diagnosed by a speech language pathologist (SLP) during an evaluation.

Speech devices provide individuals who have severe speech/language impairments such as aphasia, apraxia, and/or dysarthria with the ability to meet their functional speaking needs. These speech (dysarthria, apraxia) and language (aphasia) impairments are associated with a variety of neurologic conditions, congenital disabilites or acquired disabilities. Most common include amyotrophic lateral sclerosis (ALS or Lou Gehrig's Disease), cerebral palsy, locked-in syndrome, multiple sclerosis, Parkinson's disease, brain-stem stroke, cortical stroke, progressive aphasia, and traumatic brain injury. These conditions can adversely affect the individuals ability of to communicate during the course of daily activities.

When speech generating device services are not considered medically necessary:

- Devices that are considered experimental or investigational, such as brain-based interface.

- Personal laptop computers, desktop computers, PDA's, electronic tablets, and any other devices that are not dedicated SGDs are not considered communication devices and are not medically necessary.
- Multiple or duplicate devices are not medically necessary.

CLINICAL EVIDENCE

N/A

DEFINITIONS

N/A

DISCLAIMER

Approval or denial of payment does not constitute medical advice and is neither intended to guide nor influence medical decision making. Policy Bulletins are developed to assist in administering plan benefits and constitute neither offers of coverage nor medical advice. This Policy Bulletin may be updated and therefore is subject to change.

For Health Partners Plans Medicaid and Health Partners Plans Chip products: Any requests for services that do not meet criteria set in PARP will be evaluated on a case-by-case basis.

POLICY HISTORY

This section provides a high-level summary of changes to the policy since the previous version.

Summary	Version	Version Date
2026 Adhoc Review. Additions to policy statement.	B	04/06/2026
New policy	A	05/28/2025

REFERENCES

1. Centers for Medicare & Medicaid Services (CMS) : LCD - Speech Generating Devices (SGD) (L33739)

2. Centers for Medicare & Medicaid Services (CMS). *National Coverage Determination (NCD).* 50.1: Speech generating devices. [CMS Web site] 07/29/2015. Available at: https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=274&ncdver=2&bc=AAAAgAAAAAAAAA==&. 2022.

3. Centers for Medicare & Medicaid Services (CMS) CMS.GOV Final Decision Memo. Speech Generating Devices. [CMS Web site]. 07/29/2015. Available at: https://www.cms.gov/medicare-coverage-database/details/medicare-coverage-document-details.aspx?MCDId=26&mcdtypename=National+Benefit+Category+Analyses&MCDIndexType=3&bc=AgAEAAAAAAAAAA==&.

4. American Speech-Language-Hearing Association. (2016). *Scope of practice in speech-language pathology* . Available at: https://www.asha.org/policy/sp2016-00343/.

5. American Speech-Language-Hearing Association. (2016) Augmentative and Alternative Communication (AAC). Available at: https://www.asha.org/practice-portal/professional-issues/augmentative-and-alternative-communication/