



| CLINICAL MEDICAL POLICY | |
|------------------------------------|--|
| Policy Name: | Speech-Generating Devices (L33739) |
| Policy Number: | MP-082-MC-PA |
| Responsible Department(s): | Medical Management |
| Provider Notice/Issue Date: | 01/01/2024; 02/01/2023; 01/21/2022; 01/15/2021; 02/17/2020 |
| Effective Date: | 02/01/2024; 03/01/2023; 02/21/2022; 02/15/2021; 02/17/2020 |
| Next Annual Review: | 12/2024 |
| Revision Date: | 12/20/2023; 12/21/2022; 12/15/2021; 12/16/2020 |
| Products: | Pennsylvania Medicare Assured |
| Application: | All participating and nonparticipating practitioners and facilities unless contractually precluded |
| Page Number(s): | 1 of 3 |

Policy History

| Date | Activity |
|------------|---|
| 02/01/2024 | Provider Effective date |
| 12/20/2023 | QI/UM Committee review |
| 12/20/2023 | Annual Review: No changes to clinical criteria. Updated CMS hyperlinks and 'Reference Sources' section. |
| 03/01/2023 | Provider Effective date |
| 12/21/2022 | QI/UM Committee review |
| 12/21/2022 | Annual Review: No changes to clinical criteria. Updated CMS hyperlinks and 'Reference Sources' section. |
| 02/21/2022 | Provider Effective date |
| 12/15/2021 | QI/UM Committee review |
| 12/15/2021 | Annual Review: No clinical criteria changes. Updated CMS Links and Reference Sources sections. |
| 02/15/2021 | Provider Effective Date |
| 12/16/2020 | QI/UM Committee review |
| 12/16/2020 | Annual Review: Updated policy with new format replacing copied NCD/LCD with links directly to CMS NCD/LCD/Articles. Removed diagnosis codes as they are removed from LCD. Updated references. |
| 02/17/2020 | Provider effective date |
| 12/18/2019 | QI/UM Committee review |
| 12/02/2019 | Initial policy developed |

Disclaimer

Highmark WholecareSM medical policy is intended to serve only as a general reference resource regarding coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

Policy Statement

Highmark WholecareSM may provide coverage under the DME benefits of the Company's Medicare products for medically necessary Speech-Generating Devices.

This policy is designed to address medical necessity guidelines that are appropriate for the majority of individuals with a particular disease, illness or condition. Each person's unique clinical circumstances warrant individual consideration, based upon review of applicable medical records.

Procedures

1. Please review the specific National Coverage Determination (NCD), Local Coverage Determination (LCD), and/or Local Coverage Article (LCA) information, as well as other CMS sources, using the links below.
2. Post-payment Audit Statement
The medical record must include documentation that reflects the medical necessity criteria and is subject to audit by Highmark WholecareSM at any time pursuant to the terms of your provider agreement.
3. Place of Service
The proper place of service for speech-generating devices is outpatient.

Operational Guidelines ***Do not include on external version***

- This medical policy will be applied on a preservice, prepayment basis for both facility and professional providers.

Coverage Determination and Links

Highmark WholecareSM follows the coverage determinations made by CMS as outlined in either the NCD or state-specific LCD/LCA.

CMS Link

- [CMS Website](#)

NCD/LCD Links

- [NCD: Speech Generating Devices \(50.1\)](#)
- [NCD: Durable Medical Equipment Reference List \(280.1\)](#)
- [LCD: Speech Generating Devices \(SGD\) \(L33739\)](#)

Article Link

- [LCA: Speech Generating Devices \(SGD\) - Policy Article \(A52469\)](#)

Reference Sources

Centers for Medicare and Medicaid Services (CMS). National Coverage Determination (NCD) Speech Generating Devices (50.1). Effective date July 29, 2015. Implementation date September 21, 2015. Accessed on November 29, 2023.

Centers for Medicare and Medicaid Services (CMS). National Coverage Determination (NCD) Durable Medical Equipment Reference List (280.1). Effective date May 16, 2023. Implementation date September 4, 2023. Accessed on November 29, 2023.

Centers for Medicare and Medicaid Services (CMS). Local Coverage Determination (LCD) Speech Generating Devices (SGD) (L33739). Original Effective date October 1, 2015. Revision Effective date January 1, 2020. Accessed on November 29, 2023.

Centers for Medicare and Medicaid Services (CMS). Local Coverage Article (LCA) Speech Generating Devices (SGD) – Policy Article (A52469). Original Effective date October 1, 2015. Revision Effective date January 1, 2020. Accessed on November 29, 2023.

Coding Requirements

Procedure Codes

| 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 |
| E2599 | Accessory for speech generating device, not otherwise classified |

Reimbursement

Participating facilities will be reimbursed per their Highmark WholecareSM contract.