



**Subject:** *Speech Generating Devices*

**Number:** *200309-0002*

Effective date: 09/24/2003

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**Important note**

Even though this policy may indicate that a particular service or supply is considered covered, this conclusion is not based upon the terms of your particular benefit plan. Each benefit plan contains its own specific provisions for coverage and exclusions. Not all benefits that are determined to be medically necessary will be covered benefits under the terms of your benefit plan. You need to consult the *Evidence of Coverage* to determine if there are any exclusions or other benefit limitations applicable to this service or supply. If there is a discrepancy between this policy and your plan of benefits, the provisions of your benefits plan will govern. However, applicable state mandates will take precedence with respect to fully insured plans and self-funded non-ERISA (e.g., government, school boards, church) plans. Unless otherwise specifically excluded, federal mandates will apply to all plans. With respect to Medicare and Medicaid members, this policy will apply unless Medicare and Medicaid policies extend coverage beyond this Medical Policy and Criteria Statement. Medicare and Medicaid policies will only apply to benefits paid for under Medicare or Medicaid rules, and not to any other health benefit plan benefits. CMS's Coverage Issues Manual can be found on the following Web site: <http://www.cms.hhs.gov/manuals/pub06pdf/pub06pdf.asp>

**Overview**

**Speech Generating Devices (SGDs)** are defined as speech aids that provide individuals with severe speech impairment the ability to meet their functional speaking needs. These devices utilize either digitalized or synthesized speech.

Digitalized speech, sometimes referred to as devices with “whole message” speech output, use words or phrases that have been recorded by an individual other than the SGD user for playback upon command of the SGD user. Synthesized speech, unlike the prerecorded messages of digitalized speech, is a technology that translates a user's input into a device-generated speech using algorithms representing linguistic rules. Users of synthesized speech SGDs are not limited to pre-recorded messages but rather can independently create messages as their communication needs dictate.

Artificial larynx and tracheo-esophageal voice prosthetics are not addressed in this policy.

**Policy and criteria**

**NOTE:** These services require prior authorization by the plan medical director.

***When services are covered:***

We cover **Speech Generating Devices (SGD)** as a prosthetic device under the durable medical equipment (DME) benefit in the treatment of the functional disability caused by a speech impairment when **all** of the following criteria are met:

1. The augmentative communication device has been recommended by a therapist who has conducted a thorough assessment which includes all of the following information:
  - a. Medical diagnosis, physiological description of the underlying disorder, description of functional limitations and prognosis for improvement (or degeneration)
  - b. Medical justification for the augmentative communication device, and if a high tech ACD is requested, it can be demonstrated that a low tech communication device or system is inadequate to meet the individual's medical and health needs
  - c. Therapeutic history: speech, occupational, physical

- d. Documentation of the cognitive ability to utilize an ACD
  - e. Documentation of the motor ability to utilize the selected ACD
  - f. Expected goals with the ACD
  - g. Plan of care for the ACD: anticipated training needs, programming needs, evaluations, etc., including what services are included in the cost of the device
2. The individual is unable to either communicate, or learn to communicate, through speech or alternative communication techniques such as writing, or sign language.
  3. The individual has tested the device and has demonstrated his ability to use the device, and when possible, the device has been initially rented for one to two months prior to purchase.
  4. The individual and family express their willingness to use the device.
  5. If the individual has a degenerative disease causing the speech impairment, the augmentative communication device selected should be capable of modification to meet the individual's anticipated needs.
  6. If the individual is pre-literate, but it is anticipated that he will be able to learn to read and spell, the augmentative communication device selected should, in addition to any symbols, have spelling and text capabilities.

In children **up to 12 years of age**, communication is necessary for development. Therefore, in addition to the above criteria, SGDs are considered **medically appropriate** for children when the patient's individualized education program (IEP) indicates the use of a device is appropriate and necessary and the device has not been provided by the school for non-school use.

***Covered services:***

Software that enables a laptop computer, desktop computer or PDA to function as an SGD is **eligible for coverage** as an SGD. However, installation of the program and/or technical support is not separately reimbursable or covered.

Accessories and upgrades for the SGD are **eligible for coverage** covered if the basic coverage criteria are met and the medical necessity for each accessory is clearly documented in the formal evaluation by the SLP. There should be no separate billing of any software, interfaces, cables, adapters, interconnects, and switches necessary for the accessory to interface with the SGD.

The device must be rented for a minimum of 1-month and a maximum three-month trial period *before* purchase to allow for demonstration of the patient's ability to use the device and for measurement of communication goals.

Only one SGD or speech generating software program at a time is covered per member.

***When services are not covered:***

We **do not cover** services when the above criteria are not met.

We **do not cover** communication aids that are not SGDs – they do not generate speech – as they do not meet the definition of a prosthetic.

**NOTE:** Communication aids that are not SGDs are not considered prosthetics for speech, as they do not replace internal or external body parts lost or impaired by disease or injury. Examples of non-covered communication aids include the following: picture books; flashcards; Braille typewriters; TTY (text telephone or TDD) devices; devices that allow the patient to communicate messages to others with writing (e.g., a display screen or printout) rather than with synthesized speech; and devices that allow the user to communicate with a computer rather than with another person.

We **do not cover** laptop computers, desktop computers, personal digital assistants (PDAs), or other devices that are not dedicated SGDs as they do not meet the definition of durable medical equipment.

We **do not cover** SGDs when basic communication needs (i.e., pain, hunger, toileting) of adults can be met by other means.

**FCHP products to which this policy applies:**

- ⊕ FCHP Direct and FCHP Select Care (HMO)
- ⊕ FCHP Flex Care Direct and Select (POS)
- ⊕ Fallon Preferred Care (PPO)
- ⊕ FCHP MassHealth
- ⊕ Major Medical
- ⊕ Non-Group: FCHP Independent Care, Direct enrollment and Bill-at-home

Medicare plan – *reminder* to refer to CMS for policy and criteria

**Codes:**

Codes	Number	Description
CPT	92607	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient, first hour.
	92608	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes (List separately in addition to code for primary procedure)
	92609	Therapeutic services for the use of speech-generating device, including programming and modification.
HCPCS	K0541	Speech generating device, digitized speech using pre-recorded messages, less than or equal to eight minutes recording time

Codes	Number	Description
	K0542	Speech generating device, digitized speech using pre-recorded messages, greater than 8 minutes recording time
	K0543	Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device
	K0544	Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access
	K0545	Speech generating software program, for personal computer or personal digital assistant
	K0546	Accessory for speech generating device, mounting system
	K0547	Accessory for speech generating device, not otherwise classified
	K0615	Speech generating device, digitized speech, using pre-recorded messages, greater than 8 minutes but less than or equal to 20 minutes recording time
	K0616	Speech generating device, digitized speech, using pre-recorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time
	K0617	Speech generating device, digitized speech, using pre-recorded messages, greater than 40 minutes recording time

**References**

1. Alm N, Parnes P. Folia Phoniatr Logop. 1995;47(3):165-92. Augmentative and alternative communication: past, present and future.
2. American Speech-Language-Hearing Association (ASHA) Supplement. 1991 Mar;(5):9-12. Report: augmentative and alternative communication. Committee on Augmentative Communication American Speech-Language-Hearing Association.
3. Bergen AF. Assistive technology for disabled clients. Caring. 1998;17(1):18-27.
4. Beukelman DR, Ball LJ. Assist Technol. 2002 Summer;14(1):33-44. Improving AAC use for persons with acquired neurogenic disorders: understanding human and engineering factors.
5. Beukelman DR, Mirenda P. Augmentative and alternative communication: management of severe communication disorders in children and adults. Baltimore, MD: P.H. Brookes Publishers; 1998.

6. Blackston, S. Selecting, using, and evaluating communication devices. In: Galvin, et al, eds. *Evaluating, Selecting, and Using Appropriate Assistive Technology*. Gaithersburg, Maryland: Aspen Publishers, Inc. 1996:97-124.
7. Dattilo et al. Facilitating conversation through self-initiated augmentative communication treatment. *J Appl Behav Anal.* Summer 1991;24(2):369-78.
8. Dickerson SS, Stone VI, Panchura C, Usiak DJ. *Rehabil Nurs.* 2002 Nov-Dec;27(6):215-20. The meaning of communication: experiences with augmentative communication devices.
9. Drager KD and Reichle JE. Effects of discourse context on the intelligibility of synthesized speech for young adult and older adult listeners: application for AAC. *J Speech Lang Hear Res* 2001 Oct;44(5):1052-7.
10. Ellis-Hale KA, Goyder J, Hirdes JP, Poss J. *Eval Health Prof.* 1995 Mar;18(1):64-76. Screening clients for an augmentative and alternative communication clinic: a multitrait-multimethod approach.
11. Ko ML, et al. Outcome of recommendations for augmentative communication in children. *Child Care Health Dev* 1998 May;24(3):195-205.
12. Light JC, Drager KD. *Assist Technol.* 2002 Summer;14(1):17-32. Improving the design of augmentative and alternative technologies for young children.
13. Light JC, et al. Augmentative and alternative communication to support receptive and expressive communication for people with autism. *J Commun Disord* 1998 Mar-Apr;31(2):153-78. Quiz 179-180.
14. Lloyd LL, Fuller DR, Arvidson HH. *Augmentative and alternative communication: a handbook of principles and practices.* Boston, MA: Allyn and Bacon; 1997.
15. Pehringer JL. Assistive devices: technology to improve communication. *Otolaryngol Clin North Am.* 1989;22(1):143-174.
16. Poole CJ, Millman A. ABC of medical computing. Adaptive computer technology. *Br Med J.* 1995;311(7013):1149-1151.
17. Redford JB. Assistive devices. In: *Practice of Geriatrics.* 3rd Ed. EH Duthie, JR Katz, eds. Philadelphia, PA: W.B. Saunders Co.; 1998; 173-186.
18. Ronski MA, et al. Communication patterns of youth with mental retardation with and without their speech-output communication devices. *Amer J Mental Retardation* 1999;104(3):249-59.
19. Rostron A, Ward S, Plant R. Computerized augmentative communication devices for people with dysphasia: design and evaluation. *Eur J Discord Commun.* 1996;31(1):11-30.
20. Sevcik RA and Ronski MA. Issues in augmentative and alternative communication in child psychiatry. *Child Adolesc Psychiatric Clin N Am* 1999 Jan;8(1):77-87.
21. U.S. Department of Health and Human Services, Health Care Financing Administration. *Speech generating devices. Medicare Coverage Issues Manual §60-23.* HCFA Pub. 6. Baltimore, MD: HCFA, 2001.
22. U.S. Department of Health and Human Services, Health Care Financing Administration. *Durable medical equipment reference list. Medicare Coverage Issues Manual §60-9.* HCFA Pub. 6. Baltimore, MD: HCFA, 2001.
23. Yorkston KM. Treatment efficacy: dysarthria. *J Speech Hear Res* Oct 1996;39(5):S46-57.

### **Mandated benefit/Regulatory issues**

- Federal
- Commonwealth of Massachusetts
- Medicare – National Policy
- Medicare – Local Medical Review Policy
- Not applicable

### **Committee review dates:**

**Technology Assessment Committee:** 11/2003

Approved by:	<i>Signature on file</i>	<i>9/24/2003</i>
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