

AUGMENTATIVE COMMUNICATION
SPEECH GENERATING DEVICES FOR MEDICAID MEMBERS

Effective Date: January 19, 2005

**Review Dates: 01/05, 12/05, 12/06, 12/07, 12/08,
12/09, 12/10, 12/11, 12/12, 12/13, 2/15, 2/16, 2/17,
2/18, 2/19**

Date Of Origin: January 19, 2005

Status: Current

I. POLICY/CRITERIA

- A. SGDs (speech generating device) or ACDs (augmentative communication device) may be covered under the following conditions for members who demonstrate the comprehension and physical skills necessary to communicate using the requested device. Members less than 20 years of age requesting an ACD or SGD require a referral to a Medicaid LPN for a Children's Special Health Care Services (CSHCS) review and possible referral. Prior authorization is always required for these devices and the following documentation must be provided to consider coverage.
 - 1. **Prosthetic function**- to replace a missing body part, to prevent or correct physical deformity or malfunction, or to support a weak or deformed portion of the body.
 - 2. **Rehabilitative function**- to restore communication skills to the previous functional level by providing a tool to the member.
- B. A speech-language pathologist in conjunction with other disciplines such as occupational therapists, physical therapist, psychologists, and seating specialists as needed must provide a thorough and systematic evaluation of the member's receptive and expressive communication abilities.
- C. Documentation (please use ACD Evaluation Form from the State of Michigan) with the following information (information must be less than 90 days old) must be submitted for consideration of the device:
 - 1. Medical diagnosis (this diagnosis must relate directly to the member's communication deficit).
 - 2. Specifications for the SGD (refer to the Augmentative Communication Device [ACD] Evaluation Form).
 - 3. Necessary therapy and training to allow the member to meet functional needs.
- D. Documentation for modifications must indicate the changes in the member's functional or medical status that necessitate the need for modifications in the system or parts.

E. Limitations

1. Priority Health will purchase only one speech-generating device.
2. Exceptions may be considered within 3 years for members less than 21 yrs. of age and within 5 years for over 21 years of age in situations where there has been a recent and significant change in the member's medical or functional status relative to the member's communication skills. Any change that requires a new device would require documentation by a physician.
3. The device must be for use in all environments including the home. Any device for school use only is **not** covered.

F. Repairs

Repairs for SGDs are covered after the warranty expires for no more than one SGD per member. Additionally, repair of an SGD not purchased by Priority Health is covered only if the SGD is determined to be necessary to meet basic functional communication needs in accordance with the criteria for SGD coverage.

II. MEDICAL NECESSITY REVIEW

Required Not Required Not Applicable

Augmentative Communication Device (ACD) Evaluation Form should be used for prior authorization.

III. APPLICATION TO PRODUCTS

This policy applies to Medicaid/Healthy Michigan Plan members only. Coverage is based on medical necessity criteria being met and the appropriate code(s) from the coding section of this policy being included on the Michigan Medicaid Fee Schedule located at: http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42551-159815--,00.html. If there is a discrepancy between this policy and the Michigan Medicaid Provider Manual located at: http://www.michigan.gov/mdch/0,1607,7-132-2945_5100-87572--,00.html, the Michigan Medicaid Provider Manual will govern. For Medical Supplies/DME/Prosthetics and Orthotics, please refer to the Michigan Medicaid Fee Schedule to verify coverage.

IV. DESCRIPTION

Priority Health provides services for those Medicaid members with speech and communication impairments that prevent the member from communicating when member can demonstrate the comprehension and physical skills necessary to communicate. SGDs (speech generating device) or ACDs (augmentative communication device) are defined as any electric or non-electric aid or device that replaces or enhances lost communication skills. The device must be an integral part of a treatment plan for a person with a severe communication disability who is otherwise unable to communicate basic-functional needs.

V. CODING INFORMATION

ICD-10 Codes that may support medical necessity

Not specified – see criteria

CPT/HCPCS Codes

- E2500 Speech generating device, digitized speech, using prerecorded messages, less than or equal to 8 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
- E2599 Accessory for speech generating device, not otherwise classified (*Explanatory notes must accompany claim*)

- E1902 Communication board, non-electronic augmentative or alternative communication device (*No PA required*)

No authorization for these services:

- 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

Not Covered

- 92605 Evaluation for prescription of non-speech-generating augmentative and alternative communication device
- 92606 Therapeutic service(s) for the use of non-speech-generating device, including programming and modification
- 92618 Evaluation for prescription of non-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)
- V5336 Repair/modification of augmentative communicative system or device (excludes adaptive hearing aid)

VI. REFERENCES

Michigan Medicaid Provider Manual

AMA CPT Copyright Statement:

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Priority Health's medical policies are intended to serve as a resource to the plan. They are not intended to limit the plan's ability to interpret plan language as deemed appropriate. Physicians and other providers are solely responsible for all aspects of medical care and treatment, including the type, quality, and levels of care and treatment they choose to provide.

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