ADMINISTRATIVE POLICY STATEMENT
Georgia Medicaid

Policy Name & Number	Date Effective
Speech Generating Devices-GA MCD-AD-1622	07/01/2026
Policy Type	
ADMINISTRATIVE	

Administrative Policy Statement prepared by CareSource and its affiliates are derived from literature based on and supported by clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

Administrative Policy Statements prepared by CareSource and its affiliates do not ensure an authorization or payment of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced in the Administrative Policy Statement. If there is a conflict between the Administrative Policy Statement and the plan contract (i.e., Evidence of Coverage), then the plan contract (i.e., Evidence of Coverage) will be the controlling document used to make the determination.

According to the rules of Mental Health Parity Addiction Equity Act (MHPAEA), coverage for the diagnosis and treatment of a behavioral health disorder will not be subject to any limitations that are less favorable than the limitations that apply to medical conditions as covered under this policy.

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A. Subject
Speech Generating Devices

B. Background
Speech generating devices (SGD) are defined as durable medical equipment that provide an individual who has a severe speech impairment with the ability to meet his or her functional, speaking needs. Speech generating devices are speech aids consisting of devices or software that generate speech and are used solely by the individual who has a severe speech impairment.

The causes of speech impairment in children may include, but are not limited to cerebral palsy, intellectual disability, autism spectrum, and other genetic or speech disorders. Etiologies in adults may include, but are not limited to stroke, traumatic brain injury, amyotrophic lateral sclerosis (ALS), Parkinson's disease, and head and neck cancers among others. There may be associated functional disabilities that also limit the individual's ability to use alternative natural methods of communication, such as writing notes, using sign language, or to manipulate a low-tech augmentative communication system.

The speech may be generated using digitized speech output with prerecorded messages, synthesized speech output to permit message formulation by the user through various methods of device access, or software that allows a computer or other electronic device to function as an audible/written speech generating device.

C. Definitions
- **Speech generating devices (SGD) for Augmentative and Alternative Communication (AAC)** – Electronic or non-electronic aids, devices or systems that correct expressive communication disability that precludes effective communication of messages, in the form most appropriate to the beneficiary and meaningful participation of daily activities. Augmentative communication devices include both dedicated voice output communication devices, certain types of qualifying mobile devices, and computer-based devices that have been modified.
- **Accessories for Speech Generating Devices** – Device related components, including computer software, symbol sets, overlays, mounting devices, switches, cables, and connectors (included in reimbursement for SGD), auditory, visual and tactile output devices, and related follow up training for the member to use the SGD device to effectively meet his or her communication needs.
- **Augmentative Communication Evaluation for a Speech Generating Device** – An evaluation, provided in written form, acceptable to the Department that accompanies a prior authorization request for a SGD, accessory and/or service. The assessment shall be conducted by a speech-language pathologist (SLP) as defined in 42 C.F.R. Section 440-110, who also holds a Georgia license to practice. The assessment may be performed in conjunction with other appropriate licensed practitioners of the healing arts acting within the scope of their practice.

- **Medical Necessity Services (includes concepts of Medically Necessary and Medical Necessity** – Based upon generally accepted medical practices in light of Conditions at the time of treatment, medically necessary services are those that are:
  - Required to correct or ameliorate a defect, physical or mental illness, or a Condition.
  - Appropriate and consistent with the diagnosis and the omission of which could adversely affect the eligible Member's medical condition.
  - Compatible with the standards of acceptable medical practice.
    Provided in a safe, appropriate, and cost-effective setting given the nature of the diagnosis and the severity of the symptoms.
  - Not provided solely for the convenience of the Member or the convenience of the Health Provider.
  - Not primarily custodial care unless custodial care is a Covered Service or benefit under the Member's evidence of coverage.
  - Provided when there is no other effective and more conservative or substantially less costly treatment, service and setting available

  NOTE: All requests for speech generating devices (SGD), accessories or attachments shall be reviewed for Medical Necessity as the term shall be defined in Part I, Policies and Procedures, Section 106.18, applicable to all providers, and the requirements set forth herein. Should the definition of medical necessity set forth in Section 106.18 be changed or modified in any way, those changes or modifications shall apply to claims for speech generating devices, accessories, and services.

D. Policy

I. CareSource reviews medical necessity criteria for speech generating devices with digitized or synthesized speech output using MCG Augmentative Communication Devices, Electronic and Georgia Department of Community Health Policy 1102, *Augmentative And Alternative Communication (AAC) Devices*.

II. Prior Authorization
Providers of speech generating devices must request and obtain prior authorization for the purchase, rental, repair, replacement, or modification of speech generating devices, accessories, and attachments per section 1104.2 of the *DCH Policies and Procedures for Durable Medical Equipment*.

III. Treating Physician Information
The member's treating physician is required to submit the following information in support of prior authorization for a speech generating device, accessories and/or attachments. A prescription/order with the following documentation:
   A. date on the order is within 10 months of the face-to-face visit
   B. handwritten or electronic signature (not stamped) and date for all items requested
   C. all supporting diagnoses or conditions supporting the medical necessity of the items ordered

D. a complete description of the speech generating device, accessories and/or attachments ordered
E. the anticipated length of need for the speech generating device, accessories and/or attachments
F. statement of occurrence with the recommendation of the evaluation for a speech generating device

IV. Speech-Language Pathologist (SLP) Information
The SLP and all other practitioners who submit information in support of the prior authorization request must describe his or her AAC services, training, and experience in addition to establishing their licensure and other credentials or qualifications. The SLP must assert that he or she has no financial interest in the outcome of the assessment. The SLP evaluation for speech generating devices must contain **ALL** the following information. Information should be objective, member specific, and should be provided to support each point:
A. member's medical diagnosis, including the member's communication diagnoses (dysarthria, apraxia, aphasia) with a rationale of the medical necessity for the device and components requested
B. current communication impairment including the type, severity, language skills, cognitive ability, and anticipated course for the impairment
C. member's prognosis with and without the aid of the SGD
D. description of the functional communication goals expected to be achieved through effective use of the device and accessories, and the treatment options, and plan of care
E. rationale for the selection of a specific device, accessories, and/or software
F. the cognitive and physical abilities to effectively use the device and accessories to functionally communicate, and any limitations or constraints affecting the use of the device
G. any previous treatments of communication problems and why those treatments are not effective in permitting communication of messages in the form most appropriate to the member for meaningful use in daily activities
H. for a subsequent upgrade or replacement device, information regarding the functional benefit to the beneficiary of the upgrade compared to the previous device
I. current and projected language comprehension, expressive language capabilities, oral and motor speech status, visual capabilities, hearing capabilities, and the limitation of impairments in these areas which impact the member's expressive communication and prognosis
J. current communication abilities, behaviors and skills, and the limitations or impairments in these areas that interfere with meaningful participation in current and projected daily activities
K. description of the member's postural, mobility and motor status, including optimal positioning and integration of the SGD

L. description of any trial period in which member utilized the speech generating device requested which demonstrates the member's ability and willingness to use the device effectively
M. description of the recommended speech generating device and all requested components
N. explanation as to why the recommended device represents the least costly, most appropriate, and equally effective treatment alternative.

V. Treatment and Training Plan
A. An Augmentative and Alternative Communication (AAC) therapy treatment plan for the member which includes the following:
1. the party responsible for delivering and programming the speech generating device
2. the SLP providing the initial setup, training on the usage of the device, and therapy services
3. a statement as to who will train the member and communication partners in the proper use, programming, care, and maintenance of the speech generating device
4. the short and long-term goals and expected outcomes
5. a description of the criteria used to measure the member's progress towards meeting both short and long-term communication goals and expected outcomes
B. The Alternative and Augmentative Communication assessment must also include an assessment of the specific speech therapy device, accessories and services being recommended which must contain the following information:
1. vocabulary requirements
2. representational systems
3. display organization and features
4. rate enhancement techniques
5. message characteristics, speech synthesis, printed output, display characteristics, feedback, auditory and visual output
6. access techniques and strategies
7. portability and durability issues
8. significant characteristics and features of the SGD, accessories and/or services
9. cost of the recommended device, accessories, and services
10. identification of alternative devices, accessories and/or interventions considered and an explanation of why the requested device, accessories and services are the least costly, most appropriate, and equally effective alternative to permit effective communication by the member
11. an assessment of the extent to which the individual's daily communication needs could be met by a SGD incorporating less complex technology or by a means of communication other than a SGD. For example:
- alphabet board
- communication board

- eye blink system in response to questions
- gestures
- handwriting utterances
- Picture Exchange Communication System or
- sign language

12. whether a purchase or rental is the most effective option

VI. Trial Period and Payment

An SLP may request that a speech generating device, accessory or attachment be provided on a trial basis prior to making a recommendation for purchase. A request for a trial period must be prior authorized, and supported by an AAC evaluation for the device, as described in sec.1105. The duration of the trial period may be between 30 to 90 days, at the discretion of the SLP. Results of trial periods for the speech generating device, accessories or attachments are to be included with any request for purchase of these items.

VII. Examples of Covered Devices

A. a standalone unit running dedicated, proprietary software
B. commercially available software and, if necessary, hardware to run it (eg, a portable or tablet computer)
C. a software application that may be loaded onto devices already owned by the member
D. a combination of components that provides functionality for the user

VIII. Device Modification

A. If the individual has a degenerative disease causing speech impairment, the communication device selected should be capable of modifications necessary to meet the individual's anticipated needs.
B. If the individual is preliterate, the device should be capable of modifications, such as spelling and text capabilities to meet the individuals anticipated learning potential.

IX. Non-covered Devices and Services

The following devices, items and services are not covered:

A. extended warranty and maintenance agreements (excludes tablets or equivalent which require a 3-year loss insurance policy at time of purchase).
B. shipping and handling fees on purchased equipment
C. computer equipment, software and applications, and accessories that are
    1. not ordered by a physician for therapeutic use of the member's
    2. communication device
D. replacement or repairs of equipment being rented
E. replacement or repairs of tablets or equivalent covered as an SGD for AAC services
F. equipment replacement or repair that is necessitated by member neglect, wrongful disposition, intentional misuse, or abuse

G. equipment that is considered same or similar to equipment already funded by Medicaid either through:
   1. the Early Intervention Screening and Diagnosis Program, or
   2. Medical Assistance Services provided by educational agencies, unless such equipment is required by clinical justification of needs and represents the least costly alternative in equipment options for the individual.

H. second speech generating device unless such devices are medically necessary, through justification of clinical needs to functionally communicate and represent the most appropriate, least costly alternative in equipment options for the member

I. replacement of a member's existing speech generating device when the replacement is requested solely as a result of changing technology

J. Equipment that is not NEW when provided to the Medicaid beneficiary. This includes "demos" or any equipment that is issued after the warranty has begun. (This does not apply to crossover claims where equipment may be billed as used.)

K. Tablet or equivalent that does not have a 3-year accidental loss insurance plan at the time of purchase.

L. The use of these devices by members with severe aphasia or dementia is considered unproven and experimental.

E. Conditions of Coverage

NA

F. Related Policies/Rules

Durable Medical Equipment Repairs
Medical Record Documentation Standards for Practitioners

G. Review/Revision History

	DATE	ACTION
Date Issued	03/11/2026	New Policy
Date Revised		
Date Effective	07/01/2026	
Date Archived		

H. References

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The ADMINISTRATIVE Policy Statement detailed above has received due consideration as defined in the ADMINISTRATIVE Policy Statement Policy and is approved.

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