HAP CareSource™

ADMINISTRATIVE POLICY STATEMENT
Michigan Medicaid

Policy Name & Number	Date Effective
Speech Generating Devices-MI MCD-AD-1630	09/01/2026
Policy Type	
ADMINISTRATIVE	

Administrative Policy Statements contain supplemental information regarding standard benefit administration and coverage details. Administrative Policy Statements do not guarantee an authorization or payment of services. The Member's plan contract (e.g., Evidence of Coverage, Member Handbook) contains specific terms and conditions, including limitations, exclusions, benefit maximums, eligibility, and other relevant conditions of coverage. Except as otherwise required by law, if there is a conflict between the Administrative Policy Statement and the plan contract and/or provider agreement, then the plan contract and/or provider agreement will be the controlling document. Reasonable discretion may be used in interpreting and applying this Policy Statement to services provided in a particular case, and the policy may be modified at any time. Policy Statements may be superseded by federal and state laws and regulations, as applicable. In the case of a discrepancy between the Policy Statement's effective date and any applicable legal or regulatory requirement, the law or regulation will govern.

Coverage for mental health and substance use disorder (MH/SUD) benefits are provided at the same level as coverage for medical and surgical (M/S) benefits, as required by the Mental Health Parity and Addiction Equity Act (MHPAEA). MH/SUD benefits are not subject to limits or requirements that are more restrictive than those that apply to M/S benefits.

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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 their 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 even 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)** – Devices defined as durable medical equipment that provides an individual who has a severe speech impairment with the ability to meet his or her functional speaking needs.
- **Speech-Language Pathology (SLP)** – A field in which a clinician specializes in the evaluation and treatment of disorders, cognition, swallowing, voice, and communication disorders. Clinicians can be known as speech language pathologists, speech and language therapists, or speech therapists**.**

D. Policy
I. HAP CareSource reviews medical necessity criteria for speech generating devices with digitized or synthesized speech output using MCG Augmentative Communication Devices, Electronic and Section 2.39, Speech Generating Devices of the Michigan Medicaid Provider Manual.

II. Prior Authorization
A. PA is required for all SGDs, eye control mechanisms, upgrades, modifications, accessories, repairs, replacements and device trials. Required documentation must accompany the Special Services Prior Approval—Request/Authorization (MSA-1653-B) when requesting authorization for all original and replacement/upgrade SGD requests.

B. A copy of the physician prescription must be submitted with the request for an SGD.

III. Documentation

Objective, member-specific information should be included in documentation and should be provided to support each point of the SGD Certificate of Medical Necessity (CMN). **Template-driven documentation that reads the same person to person should not be provided.**

A. The CMN form Certificate of Medical Necessity: Speech-Generating Devices must contain the following information:
   1. formal, written report of a face-to-face evaluation of the member's communication abilities performed by a speech-language pathologist (SLP)
   2. therapeutic history, including speech, occupational, or physical therapies as appropriate
   3. exact specifications for a SGD and the rationale for selection, including both
      a. medical justification for the device
      b. documentation that a non-electronic communication device (such as a communication board) is inadequate to meet the individual's functional communication needs
   4. clinical documentation of the member's cognitive and physical abilities to effectively use the selected device and any accessories to communicate including, when appropriate, results of at least one validated cognitive and/or developmental test
   5. objective examples of how the member demonstrated sufficient use of the requested SGD should be provided including both:
      a. the level of support – physical, verbal, or visual- that is needed
      b. if a high-tech device is requested, documentation to show that the member has demonstrated how they can use the features of the device at this time should be provided.
   6. treatment plan that includes a training schedule for the selected device for the member and caregiver(s), programming needs for the device and evaluations of usage
   7. duration of therapy, member response to therapy and caregiver follow-through should be included
   8. full disclosure of all SGD equipment currently in the member's possession and an explanation of why that equipment does not meet the member's needs
   9. documentation of the medical necessity of any requested accessory or add-on equipment, supplies, or SGD features

B. A formal, written evaluation report includes **ALL** the following:
   1. description of a medical condition that results in severe expressive speech disability such as but not limited to aphasia, aphonia, apraxia, dysarthria, or anarthria, a physiological description of the underlying disorder, description of functional limitation, nature and severity of speech or communication impairment, and prognosis for improvement (or deterioration)

2. assessment of the member's speech skills and capacity for receptive and expressive language
3. explanation, as applicable, of how the individual's cognition, emotions, physical abilities, and behaviors affect the communication of basic needs
4. documentation of specific information about the member's communication history, including:
    a. how they have communicated wants and needs in the past
    b. real life examples of yes/no and the ability to communicate via pictures and/or words
    c. examples of previous spontaneous intent to communicate in any manner
    d. examples of how their previous communication is limited and how it may be optimized
    e. how the their communication needs have outgrown their current mode of communication
5. identification of the persons with whom the member communicates most frequently and any associated limitations and needs
6. the environments where the member communicates most frequently including vocational and educational settings
7. member's physical ability to access the device
8. types of messages the member needs to convey and the range of vocabulary used. This should include their current needs as well as future needs.
9. assessment of the extent to which the individual's daily communication needs have been or 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
    - Eye gaze with pictures or objects to make choices
    - Gestures
    - Handwriting utterances
    - Picture Exchange Communication System or
    - Sign language
10. description of the functional communication goals expected to be achieved with an SGD that include documentation on how the device will support a member's specific abilities and problems
11. recommendations for the following SGD functions and features:
    a. symbols
    b. vocabulary encoded (eg, icon, level-plus-location, spelling)
    c. expanded vocabulary and message generation (programmable words, sentences, phrases)
    d. symbol selection, sequencing, key linking, word lists, predictions, macros
    e. access techniques and strategies
    f. keyboard organization
    g. device outputs (eg, speech synthesis, printed output, character display, auditory and visual prompting, auditory and visual feedback)
    h. portability

12. description of a comprehensive treatment plan that includes a training schedule for the selected SGD
13. signature and license number of the SLP and any other member of the evaluation team

C. A video of the member using the SGD and/or eye control may be used to establish the member's ability to use either item, but is not required. The SLP may submit a video with the prior authorization request if **all** the following are met:
   1. the member or member's legal guardian has dated and signed an authorization for the video documentation as additional documentation of the member's ability to use the device
   2. video is current (within the past 12 months)
   3. provider encrypts the video prior to sending it with the prior authorization request (following HIPAA compliance regulations)

IV. Trial Period and Payment

The state mandated trial of devices helps determine the most appropriate SGD and should be completed as part of the evaluation process. Objective member specific details of the trials should be included in the documentation provided.

A. A trial period of 1-3 months is required during which the provider determines that the device satisfactorily meets the individual's needs.
B. submit a request for payment of 1 month's rental. If the device does not meet the member's needs, then the provider may choose to
C. The SLP performing the member's evaluation may **not** be an employee of or have a financial relationship with the provider of the SGD.
D. Payment may be made only for the type of SGD prescribed. Substitution (eg, provision of a tablet instead of a standalone unit running proprietary software) requires the approval of the prescribing SLP.
E. The payment amount for a portable/tablet computer with software, for portable/tablet computer software, or for an accessory (eg, mounting bracket, adaptive interface) is determined through the prior authorization (PA) process

IV. Examples of Covered Devices

A. a standalone unit running dedicated, proprietary software
B. commercially available software and, if necessary, hardware to run it (eg, portable or tablet computer)
C. a software application that may be loaded onto devices already owned by the member. If installed on a personal device (laptop/iPad), the member/guardian is responsible for:
   1. licensing
   2. compatibility
   3. repair/warrant and
   4. proprietary vendor limitations
D. a combination of components that provides functionality for the user

V. Device Modification

A. PA is required for all SGDs, eye control mechanisms, upgrades, modifications, accessories, repairs, replacements and device trials
B. If the member has a degenerative disease-causing speech impairment, the communication device selected should be capable of modifications necessary to meet the member's anticipated needs.
C. If the member is preliterate, the device should be capable of modifications, such as spelling and text capabilities to meet the member's anticipated learning potential.
D. providers have six months from the prior authorization approval date to provide all approved items, including the SGD, mount and accessories. After six months, a new prior authorization request must be submitted.

VI. Repairs
A. Any repair must include a thorough assessment of overall system condition to avoid frequent repairs.
B. Repairs must extend useful lifetime by at least 1 year from date of request.
1. If repair charges exceed $150, a speech-language pathologist, occupational therapist, or physical therapist must conduct an evaluation.
2. A statement must be included in the evaluation indicating whether the current SGD continues to meet the member's functional needs.
3. If the member's needs are being met with the current system, PA may be granted.
C. When requesting PA for a repair, the cost of the repair and the cost of the replacement must be provided so that determination can be made whether to repair or replace the device.

VII. Non-Covered Devices and Services
The following devices, modifications, and services do not meet the definition of a speech generating device and are not covered:
A. items that do not meet the definition of durable medical equipment and are not dedicated speech devices
B. a second SGD used concurrently by the member or their caregiver
C. environmental control units
D. cell phones, subscriptions, internet, or phone services
E. extended warrantees
F. registration of the device
G. replacements based on manufacturer recommended replacement schedules
H. modification to member's home to allow use of SGD
I. specific features of SGDs not used by the member to meet their functional speaking needs, including any of the following:
1. computing hardware or software not necessary to allow for generation of audible/verbal speech, email, text, or phone messages
2. hardware or software used to create documents and spreadsheets or play games or music

3. other functions a computer can perform that are not directly related to meeting functional speaking communication needs of the member, including video communications or conferencing

J. 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	06/17/2026	New Policy
Date Revised		
Date Effective	09/01/2026	
Date Archived		

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