ADMINISTRATIVE POLICY STATEMENT
Nevada Medicaid

Policy Name & Number	Date Effective
Speech Generating Devices-NV MCD-AD-1631	09/01/2026
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 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
- **Medically Necessary/Medical Necessity** – Healthcare services or products that a prudent physician would provide to a patient to prevent, diagnose or treat an illness, injury or disease, or any symptoms thereof, that are necessary and:
  1. Provided in accordance with generally accepted standards of medical practice.
  2. Clinically appropriate with regard to type, frequency, extent, location, and duration
  3. Not primarily provided for the convenience of the patient, physician, or other provider of healthcare
  4. Required to improve a specific health condition of an insured or to preserve the existing state of health of the insured
  5. The most clinically appropriate level of healthcare that may be provided to the insured.

  A request for a service that is for convenience or comfort of a member or their caregiver is not a consideration of medical necessity and is non-covered.
- **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. CareSource reviews medical necessity criteria for speech generating devices with digitized or synthesized speech output using MCG Augmentative Communication Devices, Electronic and Nevada Medicaid Services Manual (MSM) Chapter 1300, Appendix B.

II. 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. FA-1 Durable Medical Equipment Medicaid form must be completed and signed by the physician within 30-60 days of a face-to-face office visit with the client. The prescribed device and accessories must be listed on the form.

B. Physician's written order/Certificate of Medical Necessity is required in addition to the FA-1 Durable Medical Equipment Medicaid form.

C. Speech and Language Pathologist (SLP)'s formal written evaluation which includes, at a minimum, the following information:

1. formal, written report of a face-to-face evaluation of the individual's communication abilities performed by an (SLP) **not employed by the DME provider**
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 and
   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 visual, is needed for support
   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. a 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 accessory or add-on equipment, supplies, or SGD features being requested

D. 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 this previous communication is limiting, has been maximized
   e. how the member's 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. the 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 SDG functions and features:
    a. symbols
    b. vocabulary encoded (eg, icon, level-plus-location, spelling)
    c. expanded vocabulary and message generation (programmable words, sentences, or 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. an attestation statement from the SLP performing the recipient evaluation and/or recommending the product(s) indicating they are not an employee of and have no financial relationship with the supplier/manufacturer of the SGD
14. signature and license number of the SLP and any other member of the evaluation team

III. Prior Authorization Requirements
   A. Prior authorizations for synthesized speech output SGDs and digitized speech output SGDs with dynamic displays must include:
      1. the software required for the operation of the device
      2. any requests for supplemental software for a synthesized speech output SGD must be established as specifically medically necessary
   B. Prior authorizations for digitized speech output SGDs with static displays must identify the symbol set that will be used to operate the device
   C. For all products and accessories, the MSRP Invoice must include: name of product, make, model, HCPCS code and cost.

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 three months may be required to ensure the appropriate device to address the member's condition.
   B. 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.

C. 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
D. a combination of components that provides functionality for the user

V. Device Modification
A. 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.
B. 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.

VI. 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. a second SGD used concurrently by the member or their caregiver
B. cell phones, subscriptions, internet, or phone services
C. modification to member's home to allow use of speech generating device
D. 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 is not directly related to meeting functional speaking communication needs of the member, including video communications or conferencing
E. Laptop computers, desktop computers, personal digital assistants (PDAs), tablets or other devices that are not dedicated SGDs do not meet the definition of durable medical equipment (DME).
F. 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	05/20/2026	New Policy
Date Revised		
Date Effective	09/01/2026	
Date Archived		

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