CareSource

MEDICAL POLICY STATEMENT
Ohio Medicaid

Policy Name & Number	Date Effective
Speech Generating Devices OH MCD MM-1226	04/01/2022-11/30/2022
Policy Type	
MEDICAL	

Medical 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.

Medical 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 Medical Policy Statement. If there is a conflict between the Medical 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.

Table of Contents

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, mental retardation, autism-like disorders, 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 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)** – 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. Speech generating devices with digitized or synthesized speech output are considered medically necessary when **ALL** of the following criteria are met:
   A. The device has been recommended by a licensed speech language pathologist (SLP) who has conducted a thorough assessment. Documentation must include **ALL** of the following information:
      1. A medical condition that results in severe expressive speech disability such as but not limited to aphasia, aphonia, apraxia or 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. Medical justification for the device and documentation that a non-electronic communication device, (such as a communication board) is inadequate to meet the individual's functional communication needs;

3. Therapeutic history, including speech, occupational, or physical therapies as appropriate; (**6 months)**
4. 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. Documentation of the specific daily functional communication needs, including number of words or sounds used without a device at baseline;
6. Expected functional communication goals with the device;
7. 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; **AND**

B. The member has severe expressive speech impairment, and the evaluation shows that alternative natural communication methods are inadequate to meet the individual's functional communication needs. Examples may include:
- Alphabet board
- Communication board
- Eye blink system in response to questions
- Gestures
- Handwriting utterances
- Picture Exchange Communication System or
- Sign language

AND

C. The member's speech/communication impairment will benefit from the device ordered; **AND**
D. The SLP performing the member's evaluation may not be an employee of or have a financial relationship with the supplier of the SGD.

II. Device Modification
A. If the individual has a degenerative disease causing the 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.

III. 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. Laptop computers, desktop computers, or PDA's which may be programmed to perform the same function as a speech generating device, are noncovered since they are not primarily medical in nature, and are useful in the absence of an illness or injury;
B. Internet or phone service;
C. Modification to patient's home to allow use of speech generating device;

D. Specific features of speech generating device not used by individual who has severe speech impairment to meet his or her functional speaking needs, including:
   1. Any 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; or
   3. Any other function a computer can perform that is not directly related to meeting functional speaking communication needs of patient, including video communications or conferencing.

E. 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

NA

G. Review/Revision History

	DATE	ACTION
Date Issued	12/15/2021	New Policy
Date Revised		
Date Effective	04/01/2022	
Date Archived	11/30/2022	This Policy is no longer active and has been archived. Please note that there could be other Policies that may have some of the same rules incorporated and CareSource reserves the right to follow CMS/State/NCCI guidelines without a formal documented Policy.

H. References

1. American Speech-Language-Hearing Association (ASHA). Augmentative and Alternative Communication. Retrieved November 15, 2021 from www.asha.org
2. Brumberg JS, Pitt KM, Mantie-Kozlowski A, Burnison JD. Brain-Computer Interfaces for Augmentative and Alternative Communication: A Tutorial. Am J Speech Lang Pathol. 2018;27(1):1-12. Retrieved November 15, 2021 from www.ncbi.nlm.nih.gov
3. CMS. National Coverage Determination (NCD) 50.1 Speech Generating Devices v.2 (2015). Retrieved November 15, 2021 from www.cms.gov.
4. MCG. 25th edition. (2021). Augmentative Communication Devices, Electronic. A-0516 (AC). Retrieved November 15, 2021 from www.careweb.careguidelines.com.

Independent medical review – 12/2021