



# CIGNA MEDICAL COVERAGE POLICY

The following Coverage Policy applies to all health benefit plans administered by CIGNA Companies including plans formerly administered by Great-West Healthcare, which is now a part of CIGNA.

Effective Date ..... 3/15/2011  
Next Review Date ..... 3/15/2012  
Coverage Policy Number ..... 0049

## Subject Speech Generating Devices

### Table of Contents

Coverage Policy .....	1
General Background .....	2
Coding/Billing Information .....	5
References .....	6
Policy History.....	8

### Hyperlink to Related Coverage Policies

- Autism Spectrum Disorders/Pervasive Developmental Disorders: Assessment and Treatment
- Devices for Voice Rehabilitation following Total Laryngectomy
- Speech/ Language Therapy
- Speech Therapy for Swallowing and Feeding Disorders
- Stuttering Treatment Devices

### INSTRUCTIONS FOR USE

Coverage Policies are intended to provide guidance in interpreting certain **standard** CIGNA HealthCare benefit plans. Please note, the terms of a customer's particular benefit plan document [Group Service Agreement (GSA), Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer's benefit plan document **always supercedes** the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. Proprietary information of CIGNA. Copyright ©2011 CIGNA

## Coverage Policy

Aids or devices that assist with nonverbal communications, including but not limited to communication boards and prerecorded speech devices, are specifically excluded under many benefit plans. Therefore, speech generating devices that use prerecorded messages (HCPCS codes E2500-E2506) are generally not covered.

If covered, coverage for speech generating devices is subject to the terms, conditions and limitations of the applicable benefit plan's Durable Medical Equipment (DME) benefit and schedule of copayments. Please refer to the applicable benefit plan document to determine benefit availability and the terms, conditions and limitations of coverage. Under many benefit plans, coverage for DME is limited to the lowest-cost alternative.

If coverage for the specific speech generating device is available, the following CIGNA conditions of coverage apply.

CIGNA covers a speech generating device as medically necessary when ALL of the following criteria are met:

- The individual has a permanent and severe expressive speech impairment such as dysarthria, anarthria, aphasia, or aphonia.

- A speech evaluation, conducted by a speech-language pathologist, has documented the severity of the individual's disability, specific to their primary language.
- Speaking needs cannot be met using natural communication methods.
- Other forms of treatment have failed, are contraindicated, or are otherwise not appropriate.
- A speech generating device is available in the individual's primary language and is being requested for the sole purpose of speech generation.

**CIGNA does not cover devices that can run a word processing package, an accounting package, or perform other nonmedical functions. This includes personal digital assistants (PDAs), computers, cell phones, electronic mail devices and pagers, as these are not medical in nature.**

---

## General Background

Speech generating devices (SGDs) assist individuals with severe speech impairments with the ability to meet their functional speaking needs. A SGD may also be considered an electronic augmentative and alternative communication device that generates speech output. Augmentation and alternative communication involves the attempt to compensate for the impairments of individual with severe impairment.

Speech is the articulation and phonation of language sounds. Language refers to symbolic communication and is the ability to converse, comprehend, repeat, read, and write. Communication disorders may include (Bradley, et al., 2008; National Institute on Deafness and Other Communication Disorders [NIDCD]; 2009):

- **Dysarthria:** This disorder involves the abnormal articulation of sounds or phonemes. This group of speech disorders is caused by disturbances in the strength or coordination of the muscles of the speech mechanism as a result of damage to the brain or nerves.
- **Apraxia:** The disorder stems from a deficit in the planning and programming of the sequence of movements for speech and occurs despite the fact that the same muscles move normally when speech is not involved. The most common cause is stroke; however, apraxia may also occur with tumor or traumatic brain injury.
- **Aphasia:** This is the impairment of an individual's ability to understand and formulate language. Aphasia results from brain damage, typically involving the language-dominant (i.e., left) cerebral hemisphere. This disorder is a total or partial loss of the ability to use or understand language; usually caused by stroke, brain disease, or injury.
- **Anarthria:** This disorder is a total loss of ability to articulate.

SGDs have been divided into these technologically and clinically distinct categories:

- SGD with digitized speech output
- SGD with synthesized speech output, includes these two types:
  - devices which requires message formulation by spelling and device access by physical contact, with direct-selection techniques
  - devices which permits multiple methods of message formulation and multiple methods of device access

The devices vary in the features found in each. The features may include:

- methods of displaying language/message components: this may include dynamic or static display
- methods of storing and retrieving language: this includes the levels and encoding strategies utilized (e.g., numeric, letter, semantic)
- rate enhancing method (e.g., message prediction)

Digitized speech devices utilize words or phrases that have been recorded by an individual other than the SGD user for playback upon command of the SGD user. They are also referred to as devices with whole message speech output.

Unlike the prerecorded messages of digitized speech, synthesized speech technology translates a user's input into device-generated speech. Users of synthesized speech devices are not limited to prerecorded messages but rather can independently create messages as their communication needs dictate. These devices require

that the user make physical contact with a keyboard, touch screen or other display containing an alphanumeric display.

Synthesized speech devices permit the user multiple methods of message formulation and multiple methods of access. Multiple methods of message formulation must include the capability for message selection by two or more of the following methods: letters, words, pictures or symbols. Multiple methods of access must include the capability to access the device by two or more of the following methods: direct physical contact via a keyboard or touch screen, or indirect selection techniques via a specialized access device such as a joystick, a head-mouse, an optical head-pointer, a switch, a light pointer, an infrared pointer, a scanning device, or Morse code.

Speech generating software programs enable a laptop computer, desktop computer or personal digital assistant (PDA) to function as an SGD. In the context of this Coverage Policy, an SGD pertains to the speech generating software programs only (i.e., HCPCS code E2511).

Personal digital assistants (PDAs) are handheld devices that integrate the functions of a small computer with features such as a cell phone, personal organizer, electronic mail or pager. Information may be entered either via a pen-based system using a stylus and handwriting recognition software, or via a keyboard, or it may be downloaded from a personal computer using special cables and software. When these devices are not used for the sole purpose of speech generation, they are not considered to be speech generating devices.

Speech generating software programs enable hardware equipment such as a laptop computer, desktop computer or personal digital assistant (PDA) to function as an SGD. Within this CIGNA Coverage Policy, an SGD pertains to the speech generating software programs only (i.e., HCPCS code E2511) and not the hardware. PDAs are handheld devices that integrate the functions of a small computer with features such as a cell phone, personal organizer, electronic mail or pager. Information may be entered either via a pen-based system using a stylus and handwriting recognition software, or via a keyboard, or it may be downloaded from a personal computer using special cables and software. These devices or hardware are not considered to be speech generating devices and are considered to be not medical in nature.

Accessories for speech generating devices (i.e., HCPCS code E2512, E2599) include, but are not limited to, access devices that enable direct or indirect selection of letters, words or symbols via direct or indirect selection techniques. Mounting systems may be necessary to place the SGD device, switches and other access devices within the patient's reach. Examples of access devices include optical head-pointers, joysticks, switches, wheelchair integration devices and SGD/scanning devices. The medical necessity of these accessories should be clearly indicated as part of the speech-language evaluation.

### **Speech Evaluation**

A speech evaluation is performed in order to determine the severity and motor deficit of each individual. This evaluation is conducted by a speech-language pathologist (SLP). The SLP is a licensed health professional, educated at the graduate level in the study of human communication, its development and its disorders. The SLP must hold a Certificate of Clinical Competence (CCC) in speech-language pathology from the American Speech-Language-Hearing Association.

The evaluation consists of five parts: a case history, the examination of the oral mechanism during nonspeech activities, an assessment of perceptual speech characteristics, an assessment of intelligibility, and acoustic physiological analyses. The SLP will be able to determine, based on these factors and on the natural course of the disease or condition, when a speech generating device or treatment is necessary and what type of device or treatment would best meet the needs of the specific patient in question.

Individuals with severe disabilities present a wide range of physical, cognitive, linguistic, sensory and motor deficits, as well as different daily communication needs. Upon completion of the evaluation, a speech generating device may be recommended according to the permanence and severity of expressive speech impairment, as well as the short- and long-term goals for these individuals.

Once the speech assessment of the individual has been completed, the following clinical indicators are used to evaluate the appropriate category of speech generating devices required to meet the individual's communication needs:

- The individual has a communication disability with a diagnosis of severe dysarthria, apraxia and/or aphasia.
- The individual's communication needs that arise in the course of current and projected daily activities cannot be met using natural communication methods.
- The individual requires a speech output communication device to meet his/her functional communication goals.
- The individual possesses the linguistic capability to formulate language (i.e., messages) independently.
- The individual will produce messages most effectively and efficiently using spelling.
- The individual will require a speech generating device with extensive language storage capacity and rate enhancement features.
- The individual will access the device most effectively and efficiently by means of physical contact, direct-selection technique, such as a finger, other body part, stylus, and hand-held pointer, head-stick or mouth-stick.

If the individual needs additional accessories to use the device, then the medical necessity of each accessory must be clearly documented within the evaluation. The use of only one speech generating device or speech generating program at a time is considered a medical necessity. This device or program should be limited to the primary language of the individual, not multilingual in capability.

Upgrades to these devices or programs must first be assessed through a speech-language evaluation. The SLP evaluation should clearly document the medical need for the upgrade.

### **Examples of Speech Generating Devices**

Digitized speech devices that use prerecorded messages of four minutes or less, include, but are not limited to the following devices (i.e., HCPCS code E2500):

- Base Trainer™ (Empowering Resources, Inc., Hicksville, NY)
- BIGmack® (AbleNet, Inc., Roseville, MN)
- Chatbox, Chatbox Deluxe, Chatbox 40 or 40-XT (Saltillo Corp., Millersburg, OH)
- Cheap Talk 8 (Enabling Devices, Hastings on Hudson, NY)
- GoTalk™ Series (Attainment Co., Verona, WI)
- Hawk II (Adamlab, LLC, Troy, MI)
- Hip Talker (Technical Solutions, Victoria, Australia)
- iTalk2™ Communication Aid (Inclusive Technology Ltd., Delph Oldham, UK)
- Little Mack® (AbleNet, Inc., Roseville, MN)
- Message/Mates™ (e.g., 20/75 or 20/150) (Words+, Inc., Lancaster, CA)
- One by Four Talker (Attainment Co., Verona, WI)
- Partner/One™, Partner/Two™ (Advanced Multimedia Devices, Inc. [AMD], Hicksville, NY)
- Personal Talker (Attainment Co., Verona, WI)
- Sequencer (Adaptivation, Sioux Falls, SD)
- Step-by-Step™ with Levels Communicator (AbleNet, Inc., Roseville, MN)
- TalkTrac™ Plus or Plus with Levels (AbleNet, Inc., Roseville, MN)
- Talking Photo Album (Attainment Co., Verona, WI)
- Talking Symbols (AbleNet, Inc., Roseville, MN)
- TECH/Scan: 32 or 32+ (Advanced Multimedia Devices, Inc. [AMD], Hicksville, NY)
- Ultimate 8 (Tash Inc., Richmond, VA)
- VoicePal, VoicePal Max or VoicePal Pro (Adaptivation, Sioux Falls, SD)

Digitized speech output devices that use prerecorded messages of four to eight minutes include, but are not limited to the following devices (i.e., HCPCS code E2500):

- 6 Level Communicator (Enabling Devices, Hastings on Hudson, NY)
- Black Hawk (Adamlab, LLC, Troy, MI)
- Hand Held Voice (Ability Research, Inc., Minnetonka, MN)
- MessageMate 40/300 (Words+, Inc., Lancaster, CA)
- SpeakEasy (AbleNet, Inc., Roseville, MN)
- TalkBack 24 (Crestwood Communication Aids, Inc., Milwaukee, WI)
- Tech/Speak (Advanced Multimedia Devices, Inc. [AMD], Hicksville, NY)

- Tech/Talk (Advanced Multimedia Devices, Inc. [AMDi], Hicksville, NY)

Digitized speech output devices that use prerecorded messages of nine to sixteen minutes include, but are not limited to the following devices (i.e., HCPCS code E2502):

- EasyTalk (Synapse Adaptive, San Rafael, CA)
- Hand Held Voice (Ability Research, Inc., Minnetonka, MN)
- MessageMate (Words+, Inc., Lancaster, CA)
- SideKick (Prentke Romich Company, Wooster, OH)

Digitized speech output devices that use prerecorded messages of 17+ minutes include, but are not limited to the following devices (e.g., HCPCS codes E2504 or E2506):

- Dynamo (DynaVox Technologies, Pittsburgh, PA)
- Macaw 5 (ZYGO Industries, Inc., Portland, OR)
- M3 (DynaVox Technologies, Pittsburgh, PA)
- Springboard Lite (Prentke Romich Company, Wooster, OH)
- Talara-32 (ZYGO Industries, Inc., Portland, OR)
- Tobii ATI s32 (TobiiATI, Dedham, MA)

Synthesized speech devices that require message formulation by spelling and access to physical contact with the device include, but are not limited to the following devices (i.e., HCPCS codes E2508, E2510):

- Allora (ZYGO Industries, Inc., Portland, OR)
- Dubby (Synapse Adaptive, San Rafael, CA)
- DynaWrite (DynaVox Technologies, Pittsburgh, PA)
- Freedom 2000 (Words+, Inc., Lancaster, CA)
- Freestyle (Assistive Technology Inc., Newton, MA)
- Link, LinkPLUS (Assistive Technology Inc., Newton, MA)
- Optimist MMX (ZYGO Industries, Inc., Portland, OR)
- Polyana 4 (ZYGO Industries, Inc., Portland, OR)
- Portable Chat II (Saltillo Corp., Millersburg, OH)
- Tango (DynaVox Technologies, Pittsburgh, PA)
- Tobii ATI Lightwriter, Tobii ATI c12 (TobiiATI, Dedham, MA)
- Vantage Lite, Vanguard, ECO2 (Prentke Romich Company, Wooster, OH)
- VMax+ , V+ (DynaVox Technologies, Pittsburgh, PA)

### **U.S. Food and Drug Administration (FDA)**

SGDs are classified as Class II devices by the U.S. Food and Drug Administration (FDA) and are exempt from the premarket notification procedures. The FDA has described these devices as: “system, communication, powered” devices”. The FDA identifies them as, “A powered communication system is an AC- or battery-powered device intended for medical purposes that is used to transmit or receive information. It is used by persons unable to use normal communication methods because of physical impairment.”

### **Summary**

Speech generating devices provide multiple methods of message formulation and can be accessed in multiple ways. By assessing the individual’s specific condition and communication needs, the speech-language evaluation helps determine the optimal speech generating device or program most appropriate for that individual’s cognitive and functional needs.

## **Coding/Billing Information**

**Note:** This list of codes may not be all-inclusive.

**Covered when medically necessary only when coverage is available for the specific item. Benefit exclusions and limitations may apply. Some of these services are specifically excluded under many plans and therefore generally not covered:**

<b>CPT®*</b> <b>Codes</b>	<b>Description</b>
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

<b>HCPCS</b> <b>Codes</b>	<b>Description</b>
E2500	Speech generating device, digitized speech, using pre-recorded messages, less than or equal to eight minutes recording time
E2502	Speech generating device, digitized speech, using pre-recorded messages, greater than 8 minutes but less than or equal to 20 minutes recording time
E2504	Speech generating device, digitized speech, using pre-recorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time
E2506	Speech generating device, digitized speech, using pre-recorded 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

<b>ICD-9-CM</b> <b>Diagnosis</b> <b>Codes</b>	<b>Description</b>
438.11	Speech and language deficits due to cerebrovascular disease; Aphasia
438.12	Speech and language deficits due to cerebrovascular disease; Dysphasia
438.13	Speech and language deficits due to cerebrovascular disease; Dysarthria
784.3	Aphasia
784.41	Aphonia
784.49	Voice disturbance; other
784.51	Speech disturbance; dysarthria
784.59	Other speech disturbance

\*Current Procedural Terminology (CPT®) © 2010 American Medical Association: Chicago, IL.

## References

1. American Speech-Language-Hearing Association (ASHA). Speech and Language Disorders. Revised 2004. Accessed January 20, 2011. Available at URL address: <http://www.asha.org/public/speech/disorders/>
2. American Speech-Language-Hearing Association (ASHA). Augmentative Communication: A Glossary. Accessed January 20, 2011. Available at URL address: <http://www.asha.org/public/speech/disorders/accPrimer.htm>
3. American Speech-Language-Hearing Association. (2005). Roles and Responsibilities of Speech-Language Pathologists With Respect to Augmentative and Alternative Communication: Position

Statement. Accessed January 20, 2011. Available at URL address:  
<http://www.asha.org/docs/html/PS2005-00113.html>

4. American Speech-Language-Hearing Association. (2002). *Augmentative and Alternative Communication: Knowledge and Skills for Service Delivery*. Accessed January 20, 2011. Available at URL address: <http://www.asha.org/docs/html/KS2002-00067.html>
5. American Speech-Language-Hearing Association. (2004). *Roles and Responsibilities of Speech-Language Pathologists With Respect to Augmentative and Alternative Communication: Technical Report*. Accessed January 20, 2011. Available at URL address: <http://www.asha.org/docs/html/TR2004-00262.html>
6. Ashley J, Duggan M, Sutcliffe N. Speech, language, and swallowing disorders in the older adult. *Clin Geriatr Med*. 2006 May;22(2):291-310; viii.
7. Augmentative Communication Inc. Section 5: types of ACC devices. *Speech Generating Devices*. Updated Jan 2004. Accessed January 20, 2011. Available at URL address: <http://www.augcominc.com/whatsnew/ncs5.html>
8. Augmentative Communication Inc. Section 3: clinical aspects of AAC devices. Accessed January 20, 2011. Available at URL address: <http://www.augcominc.com/whatsnew/ncs3.html>
9. Beukelman DR, Fager S, Ball L, Dietz A. AAC for adults with acquired neurological conditions: a review. *Augment Altern Commun*. 2007 Sep;23(3):230-42.
10. Bradley WG, Daroff RB, Fenichel GM, Jankovic J, editors. *Neurology in Clinical Practice*. 5th ed. Philadelphia: Elsevier; 2008.
11. Centers for Medicare and Medicaid Services. National coverage determination (NCD) for speech generating devices (50.1). 2001. Accessed January 20, 2011. Available at URL address: [http://www.cms.hhs.gov/mcd/viewncd.asp?ncd\\_id=50.1&ncd\\_version=1&basket=ncd%3A50%2E1%3A1%3ASpeech+Generating+Devices](http://www.cms.hhs.gov/mcd/viewncd.asp?ncd_id=50.1&ncd_version=1&basket=ncd%3A50%2E1%3A1%3ASpeech+Generating+Devices)
12. Desch LW, Gaebler-Spira D; Council on Children With Disabilities. Prescribing assistive-technology systems: focus on children with impaired communication. *Pediatrics*. 2008 Jun;121(6):1271-80.
13. Korte JH, Palmer JB. Speech and language disorders. In: Frontera W, Silver J, editors. *Essentials of physical medicine and rehabilitation*. 1st ed. Philadelphia, PA: Hanley and Belfus, Inc.; 2008. ch 145.
14. Millar DC, Light JC, Schlosser RW. The impact of augmentative and alternative communication intervention on the speech production of individuals with developmental disabilities: a research review. *J Speech Lang Hear Res*. 2006 Apr;49(2):248-64.
15. National Institute on Deafness and Other Communication Disorders (NIDCD). National Institutes of Health (NIH). *Voice, Speech, and Language*. Page last updated: 11/24/2010. Accessed January 20, 2011. Available at URL address: <http://www.nidcd.nih.gov/health/voice/>
16. Sanger TD, Henderson J. Optimizing assisted communication devices for Children with motor impairments using a model of information rate and channel capacity. *IEEE Trans Neural Syst Rehabil Eng*. 2007 Sep;15(3):458-68.
17. U.S. Food and Drug Administration (FDA). *Product Classification Database: system, communication, powered*. Accessed January 20, 2011. Available at URL address: <http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfPCD/PCDSimpleSearch.cfm?db=PCD&id=ILQ>
18. Wilkinson KM, Hennig S. The state of research and practice in augmentative and alternative communication for children with developmental/intellectual disabilities. *Ment Retard Dev Disabil Res Rev*. 2007;13(1):58-69.

---

## Policy History

---

<b>Pre-Merger Organizations</b>	<b>Last Review Date</b>	<b>Policy Number</b>	<b>Title</b>
CIGNA HealthCare	3/15/2008	0049	Speech Generating Devices

“CIGNA”, “CIGNA HealthCare” and the “Tree of Life” logo are registered service marks of CIGNA Intellectual Property, Inc., licensed for use by CIGNA Corporation and its operating subsidiaries. All products and services are provided by such operating subsidiaries and not by CIGNA Corporation. Such operating subsidiaries include Connecticut General Life Insurance Company, CIGNA Health and Life Insurance Company, CIGNA Behavioral Health, Inc., CIGNA Health Management, Inc., and HMO or service company subsidiaries of CIGNA Health Corporation and CIGNA Dental Health, Inc. In Arizona, HMO plans are offered by CIGNA HealthCare of Arizona, Inc. In California, HMO plans are offered by CIGNA HealthCare of California, Inc. In Connecticut, HMO plans are offered by CIGNA HealthCare of Connecticut, Inc. In North Carolina, HMO plans are offered by CIGNA HealthCare of North Carolina, Inc. In Virginia, HMO plans are offered by CIGNA HealthCare Mid-Atlantic, Inc. All other medical plans in these states are insured or administered by Connecticut General Life Insurance Company or CIGNA Health and Life Insurance Company.