KAISER PERMANENTE®

Kaiser Foundation Health Plan of Washington

Clinical Review Criteria
Speech Generating Devices

- Augmented and Alternative Communication Devices or Communicators

Criteria

For Medicare Members

Source	Policy
CMS Coverage Manuals	None
National Coverage Determinations (NCD)	Speech Generating Device (50.1)
Local Coverage Determinations (LCD)	Speech Generating Device (L33739)
Local Coverage Article	None

For Non-Medicare Members

Kaiser Permanente has elected to use the Augmentative Communication Devices, Electronic (KP-0516) MCG* for medical necessity determinations. For access to the MCG Clinical Guidelines criteria, please see the MCG Guideline Index through the provider portal under Quick Access.

MCG* are proprietary and cannot be published and/or distributed. However, on an individual member basis, Kaiser Permanente can share a copy of the specific criteria document used to make a utilization management decision. If one of your patients is being reviewed using these criteria, you may request a copy of the criteria by calling the Kaiser Permanente Clinical Review staff at 1-800-289-1363 or access the MCG Guideline Index using the link provided above.

If requesting this service, please send the following documentation to support medical necessity:

- Last 6 months of clinical notes from requesting provider and/or specialist (neurology)
- Speech therapy notes

The following information was used in the development of this document and is provided as background only. It is provided for historical purposes and does not necessarily reflect the most current published literature. When significant new articles are published that impact treatment option, Kaiser Permanente will review as needed. This information is not to be used as coverage criteria. Please only refer to the criteria listed above for coverage determinations.

Background

Augmentative and alternative communication (AAC) is an area of clinical practice that attempts to temporarily or to permanently compensate for the impairment and disability patterns of children with severe oral and written expressive communication disorders. Interventions that use AAC should incorporate the individual's full communication abilities e.g. any existing speech or vocalization, gestures, manual signs, communication boards, and speech output communication devices. Abilities may change over time and the AAC may need to be modified as a child grows and develops.

AAC has four components: symbols, aids, techniques, and strategies. Aids are the physical objects or devices used to transmit or receive messages. These include books, communication boards, charts, mechanical or electronic devices, and computers. The AAC devices have variable capabilities, durability, and cost. The delivery of AAC services to children with severe spoken language disorders requires the collaboration and competence of

Back to Top

families, professionals, and paraprofessionals. Effective, co-coordinated multidisciplinary and an integrated service is crucial in achieving optimal outcome for the children.

The role an AAC system plays in a particular child's life varies with the type and severity of the language disorder. Children with congenital language disorders who may benefit from AAC include those with cerebral palsy, dual sensory impairments, developmental apraxia, oro-motor dyspraxia, language learning disabilities, mental retardation, autism, and pervasive developmental disorders. Acquired language disorders include: traumatic brain injury, aphasia, spinal cord injuries, and other physical disabilities. Not all these indications are covered by health insurance companies.

Medical Technology Assessment Committee (MTAC)

Augmentative Communication Devices

02/13/2002: MTAC REVIEW

Evidence Conclusion: The study reviewed had several limitations; it had a small sample size, lacked a control group, used only subjective measures, and was subject to selection and observation biases. In conclusion the literature available does not provide enough evidence to determine the effect of the augmentative communication devices on the communication skills of children with speech impairments.

Articles: The search yielded 43 articles. Most were reviews, tutorials, notes, and discussions. The search did not reveal any randomized controlled trials, or meta-analyses, only four case reports and two studies that only measured young patients' or parents' satisfactions and /or utilization of the communication systems. The study with the larger sample size was selected for critical appraisal. *An evidence table was created for the following study:* Ko MLB, et al. Outcome of recommendations for augmentative communication in children. *Child Care, Health and Development* 1998; 24(3): 195-205. See Evidence Table.

The use of augmentative communication devices on the communication skills of children with speech impairments not voted using the *Kaiser Permanente Medical Technology Assessment Criteria*.

Applicable Codes

Considered Medically Necessary when criteria in the applicable policy statements listed above are met:

CPT® or HCPC Codes	Description
E1902	Communication board, nonelectronic augmentative or alternative communication device
E2500	Speech generating device, digitized speech, using prerecorded messages, less than or equal to eight minutes recording time
E2502	Speech generating device, digitized speech, using prerecorded messages, greater than eight minutes but less than or equal to 20 minutes recording time
E2504	Speech generating device, digitized speech, using prerecorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time
E2506	Speech generating device, digitized speech, using prerecorded 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

***Note:** Codes may not be all-inclusive. Deleted codes and codes not in effect at the time of service may not be covered.

****To verify authorization requirements for a specific code by plan type, please use the **Pre-authorization Code Check**.

Back to Top

Creation Date	Review Date	Date Last Revised
06/18/2001	03/02/2010[MDCRPC], 02/10/2011[MDCRPC], 12/06/2011[MDCRPC], 10/02/2012[MDCRPC] ,08/06/2013[MPC],11/05/2013[MPC], 09/02/2014[MPC], 07/07/2015[MPC], 05/03/2016[MPC], 03/07/2017[MPC], 01/09/2018[MPC], 12/04/2018[MPC], 12/03/2019[MPC], 12/01/2020[MPC],12/07/2021[MPC],12/06/2022[MPC], 12/09/2023[MPC], 02/13/2024[MPC]	08/31/2015

[MDCRPC] Medical Director Clinical Review and Policy Committee
[MPC] Medical Policy Committee

Revision History	Description
08/31/2015	Added Update to Pub. 100-03 NCD Manual
02/26/2024	Removed CPT 92609 from criteria page as this code is for the service and not the device.

Back to Top