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NOTE: This policy is not effective until August 1, 2025.

Medical Policy Manual Durable Medical Equipment, Policy No. 52

Augmentative Communication Devices and Systems

Effective: August 1, 2025

Next Review: March 2026
Last Review: March 2025

IMPORTANT REMINDER

Medical Policies are developed to provide guidance for members and providers regarding coverage in accordance with contract terms. Benefit determinations are based in all cases on the applicable contract language. To the extent there may be any conflict between the Medical Policy and contract language, the contract language takes precedence.

PLEASE NOTE: Contracts exclude from coverage, among other things, services or procedures that are considered investigational or cosmetic. Providers may bill members for services or procedures that are considered investigational or cosmetic. Providers are encouraged to inform members before rendering such services that the members are likely to be financially responsible for the cost of these services.

DESCRIPTION

Augmentative communication devices and systems have been described as a method to restore the function of speech to the individual with a functional disability caused by a speech impairment.

MEDICAL POLICY CRITERIA

I. Augmentative communication devices and systems may be considered **medically necessary** when **all** of the following criteria are met (A.-C.):

   A. The augmentative communication device has been recommended by a licensed speech language pathologist who has conducted a thorough assessment; and

   B. The individual has severe expressive speech impairment and alternative natural communication methods such as writing or sign language are not feasible or are inadequate for that individual's daily functional communication needs; and

   C. The individual has tested the device, has demonstrated the ability to use the device and there is documentation of the rationale for the specific device selected;

II. Accessories and upgrades for the augmentative communication device may be considered **medically necessary** when Criterion I. is met and medical necessity for

each accessory is clearly documented in the formal evaluation by the speech language pathologist.

III. Augmentative communication devices and systems are considered **not medically necessary** when Criterion I. is not met.

IV. Accessories and upgrades for an augmentative communication device that do not meet Criterion II. are considered **not medically necessary.**

V. Devices that are not dedicated speech devices but are devices that are capable of running software for purposes other than for speech generation (e.g., word processing) are considered **not medically necessary**.

VI. Laptop, tablet or desktop computers, personal digital assistants, or other devices which may be programmed to perform the same function as an augmentative communication device are considered **not medically necessary**.

NOTE: A summary of the supporting rationale for the policy criteria is at the end of the policy.

LIST OF INFORMATION NEEDED FOR REVIEW

REQUIRED DOCUMENTATION:

The information below **must** be submitted for review to determine whether policy criteria are met. If any of these items are not submitted, it could impact our review and decision outcome.

- History and physical/chart notes
- Type of device being requested
- Documentation from speech language pathologist assessment
- Documentation of severe speech impairment
- Documentation that the device has been tested by the individual and is appropriate for the individual both clinically and functionally

CROSS REFERENCES

None

BACKGROUND

Augmentative communication devices and systems (ACD) are also known as augmentative and alternative communication devices (ACC), and speech generating devices (SGD). These devices have been described as a method to restore the function of speech to the individual with a functional disability caused by a speech impairment. Augmentative communication devices can assist the patient who lacks the ability to communicate with speech, or alternatives to speech, such as writing and sign language.

The pathophysiology of the speech disorder may involve spasticity, flaccidity, tremor, rigidity, ataxia or other motor impairments. These motor impairments may affect motor control throughout the body, limiting the individual's ability to use alternative means of communication such as writing notes, using sign language or manipulating a low-tech augmentative communication system.

Low technology, non-electronic augmentative communication devices include boards that use letters, words, phrases and/or symbols (communication boards), mini boards, schedule boards and conversation books. They may be purchased or homemade, or made by the speech therapist.

High technology augmentative communication devices are electronic and are usually computer based. They convert the patient's selections (of letters, words, symbols and/or phrases) into electronic speech. These devices vary in method of access with direct selection, or indirect selection by visual and/or auditory scanning and use of a switch or joy-stick. There are many different devices, with varying capabilities, on the market.

Speech generating devices create either digitized speech or synthesized speech. Digitized speech devices use pre-recorded words or phrases that the user can playback upon command. Synthesized speech translates a user's input into device-generated speech using algorithms representing linguistic rules. Synthesized speech devices create individualized messages based on input from a keyboard, touch screen, or other display containing letters or symbols. Speech generating software programs enable a laptop computer, desktop computer or personal digital assistant (PDA) to function as an SGD.

EVIDENCE SUMMARY

Systematic Reviews

There is sufficient evidence to show that augmentative communication devices and systems used to restore speech in a variety of individuals with functional disabilities caused by speech impairments.[1-4] The use of these devices and systems are directed primarily by evaluations from speech language pathologists and the type and manner of use of the devices is dictated by the type and severity of the functional impairment.

PRACTICE GUIDELINE SUMMARY

No clinical practice guidelines were identified that addressed the use of augmentative communication devices.

SUMMARY

There is enough research to show that augmentative communication devices and systems, including accessories, can improve health outcomes for certain populations. Therefore, augmentative communication devices and systems may be considered medically necessary for patients that meet policy criteria.

There is not enough research to show that augmentative communication devices and systems or accessories for augmentative communication devices can improve health outcomes for patients that do not meet the policy criteria, including but not limited to when there are effective alternatives, or medical necessity has not been documented or established. Therefore, augmentative communication devices and systems are considered not medically necessary when policy criteria are not met.

There is not enough research to show that devices that are not dedicated speech devices but are devices that are capable of running software for purposes other than for speech

generation (e.g., word processing) improve health outcomes. Therefore, devices that are not dedicated speech devices are considered not medically necessary.

There is not enough research to show that laptop, tablet or desktop computers, personal digital assistants (PDAs) or other devices which may be programmed to perform the same function as a speech generating device improve health outcomes. Therefore, electronic devices such as laptops, tablet or desktop computers, PDAs, and other devices which may be programmed to perform the same function as an augmentative communication device are considered not medically necessary.

REFERENCES

1. Berenguer C, Martínez ER, De Stasio S, et al. Parents' Perceptions and Experiences with Their Children's Use of Augmentative/Alternative Communication: A Systematic Review and Qualitative Meta-Synthesis. *Int J Environ Res Public Health.* 2022;19(13). PMID: 35805750
2. White EN, Ayres KM, Snyder SK, et al. Augmentative and Alternative Communication and Speech Production for Individuals with ASD: A Systematic Review. *J Autism Dev Disord.* 2021;51(11):4199-212. PMID: 33511525
3. Leonet O, Orcasitas-Vicandi M, Langarika-Rocafort A, et al. A Systematic Review of Augmentative and Alternative Communication Interventions for Children Aged From 0 to 6 Years. *Lang Speech Hear Serv Sch.* 2022;53(3):894-920. PMID: 35759607
4. Muharib R, Walker V, Dunn W. Effects of Interventions Involving Tablet-Based Speech-Generating Devices for Individuals with ASD: A Meta-analysis. *J Autism Dev Disord.* 2024;54(12):4496-514. PMID: 38019361

CODES

Codes	Number	Description
CPT	None	
HCPCS	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

Date of Origin: *March 2025*