Speech Generating Devices, Voice Prostheses

Humana

Medical Coverage Policy

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Disclaimer

Description

Speech Generating Devices

Speech generating devices (SGDs), also known as augmentative or alternative communication devices, are utilized to help an individual who has a severe speech impairment such as anarthria, aphasia, aphonia, apraxia or dysarthria. The individual may also have an impairment that interferes with writing. SGDs may utilize either digitized or synthesized speech.

Digitized SGDs are those that deliver whole message speech output. These devices deliver words or phrases that have been *prerecorded by an individual other than the user* of the speech generating device, who can play it back on demand.

Synthesized SGDs are those that translate the user's input into device-generated speech using algorithms representing linguistic rules. Users are not limited to prerecorded messages but can create messages independently according to their communication needs. These devices may also be called text to speech systems and are dedicated to speech generating only and cannot be utilized for any other use, such as tablet-based applications or games. Examples of these devices include, but may not be limited to: Accent 800, Accent 1000, Accent 1400, Liberator Rugged 8 (LR8), Nova Chat, QuickTalker Freestyle and Tobii Dynavox I-110.

Voice Prostheses

The **electrolarynx** (which may also be referred to as a hand-held artificial larynx) remains the most commonly used method for communication following a total laryngectomy.[15] This device has a vibrating head that serves as a sound source for speech, in a similar way that the vocal cords vibrate to produce vocal sounds. When the vibrating head is placed against the neck it allows for speech in a similar way the larynx (voice box) did, though the sound may be described as a mechanical or robotic sounding voice. Examples of the electrolarynx include, but may not be limited to: Nu-Vois (Nu-Vois I, Nu-Vois II Digital, Nu-Vois III Digital, Xtra-Vois I) Provox SolaTone Plus TruTone EMOTE and TruTone Plus.

Tracheoesophageal puncture (TEP) voice restoration allows the potential for spontaneous speech production via either an indwelling tracheoesophageal (TE) or nonindwelling TE voice prosthesis, which is suggested to improve the ability to communicate over the telephone and have fewer limitations in interactions with others as compared to the electrolarynx. Examples of indwelling TE voice prosthesis include, but may not be limited to: Blom-Singer Indwelling Voice Prosthesis (eg, ADVANTAGE, CLASSIC, Dual Valve, Duckbill and the Low-Pressure Prosthesis) and Provox (eg, Provox 2, ActiValve, Vega and Vega XtraSeal). An example of a nonindwelling voice prosthesis includes, but may not be limited to, Provox NiD.

The **UltraVoice speaking device** (including the **UltraVoice Plus, Ultravoice 2**) is a variation of an artificial larynx; it, however, is built into an individual's denture or a retainer-like appliance, allowing the individual to speak using their mouth, lips and tongue. In addition to the denture/retainer (which includes battery operated components), the individual must carry an operating control box (usually fastened to a belt) to signal the denture/retainer unit to produce sound. The operating control unit provides on/off signals and pitch as well as inflection and amplification

when used in conjunction with a collar microphone, which is also part of the entire system. This device is purported as being the only one of its type to allow the flexibility for the user to contribute to conversation without being restricted to prerecorded responses or typing comments for the SGD to produce. **(Refer to Coverage Limitations section)**

Fluency Enhancing Devices

Fluency enhancing devices (also known as altered auditory feedback [AAF] devices) generally consist of an earpiece or headphones and an auditory processing unit that is worn around the waist or, with some systems, may be attached to the earpiece itself. How these devices help people who stutter is unclear, but various theories attribute stuttering to an auditory-somatic integration deficit and it is purported that these devices may compensate for the deficit. An example of a fluency enhancing device for stuttering includes, but may not be limited to, the SpeechEasy device. A similar device, the SpeechVive, is used by an individual with Parkinson's disease to assist in increasing the volume and improving the clarity of speech. **(Refer to Coverage Limitations section)**

Coverage Determination

Many Humana Plans exclude coverage of SGDs (communication devices) *EXCEPT* for those members who have had surgical removal of the larynx or a diagnosis of permanent lack of function of the larynx. Please refer to the member's individual certificate.

Speech Generating Devices

Humana members may be eligible under the Plan for **SGDs (digitized or synthesized speech)** *for those plans that do not address or specifically exclude communication devices* when the following criteria are met:

- Prior to the approval of the SGD, the individual has had a formal evaluation of their cognitive and language abilities by a speech-language pathologist (SLP). The formal, written evaluation must include, at a minimum, **ALL** of the following elements:
    - An evaluation of current communication impairment, including the type, severity, language skills, cognitive ability and anticipated course of the impairment; **AND**

- Assessment of whether the individual's daily communication needs could be met using other natural modes of communication; **AND**
- Demonstration that the individual possesses the cognitive and physical abilities to effectively use the selected device and any accessories to communicate; **AND**
- Description of the functional communication goals expected to be achieved and treatment options; **AND**
- For a subsequent ***upgrade*** to a previously issued SGD, information regarding the functional benefit to the individual for the upgrade compared to the initially provided SGD; **AND**
- Rationale for selection of a *specific device and accessories* (coverage is limited to a ***BASIC*** SGD); **AND**
- Treatment plan that includes a training schedule for the selected device; **AND**

- A copy of the SLP's written evaluation and recommendations has been forwarded to the individual's treating physician for review prior to ordering the device; **AND**
- Other forms of treatment have been considered and ruled out; **AND**
- The individual's medical condition is one resulting in a ***permanent severe expressive speech disability*** including, but not limited to, anarthria, aphasia, aphonia, apraxia or dysarthria; **AND**
- The individual's speaking needs cannot be met using natural communication methods; **AND**
- The individual's speech disability will benefit from the device ordered; **AND**
- The SLP performing the evaluation of the individual may not be an employee or have a financial relationship with the supplier of the SGD

Software **that enables a laptop computer, desktop computer, smart phone, tablet device (eg, iPad, Kindle) or personal digital assistant (PDA) to** ***function*** **as an SGD is covered as an SGD if the above criteria are met;** ***however*****, installation of the program or technical support is not separately reimbursable.**

Humana members may be eligible under the Plan for a **speech generating device mounting system for a wheelchair** when the above criteria for a SGD ***have been met***. For information regarding the coverage determination/limitations for wheelchairs, please refer to Mobility Assistive Devices Medical Coverage Policy.

Note: The criteria for **speech generating devices** are not consistent with the Medicare National Coverage Policy and therefore may not be applicable to Medicare members. Refer to the CMS website for additional information.

Voice Prostheses

Humana members may be eligible under the Plan for an **electrolarynx (artificial larynx) or a transesophageal puncture (TEP) system (tracheoesophageal voice prosthesis)** *for those plans that do not address or specifically exclude communication devices* when the following criteria are met:

- Individual has had a total laryngectomy; **AND**
- Prior to the approval of the voice prosthesis, the individual has had a formal evaluation of their cognitive and language abilities by an SLP; **AND**
- The individual has adequate pulmonary function to force air from the trachea through the prosthesis into the esophagus; **AND**
- The individual has the manual dexterity to use and care for the device; **AND**
- Subsequent ***upgrade*** to a previously issued voice prosthesis: information must be provided regarding the functional benefit to the individual of the upgrade compared to the initially provided device

Humana members may be eligible under the Plan for **replacement of an indwelling TEP system** every three to six months (this is generally performed as an outpatient procedure).

Coverage Limitations

Humana members may **NOT** be eligible under the Plan for **SGDs** for any indications other than those listed above. All other indications are considered not medically necessary as defined in the member's individual certificate. Please refer to the member's individual certificate for the specific definition.

Humana members may **NOT** be eligible under the Plan for **SGDs** for **autism spectrum disorders (ASD)**. These are considered experimental/investigational as they are not identified as widely used and generally accepted for the proposed uses as reported in nationally recognized peer-reviewed medical literature published in the English language.

Humana members may **NOT** be eligible under the Plan for the following **SGDs** as they do not meet the definition of durable medical equipment (DME):

- A device that is useful to someone without a severe speech impairment is not considered to be a SGD; **OR**
- Devices that are not dedicated speech devices, but are devices that are capable of running software for purposes other than for speech generation (eg, devices that can also run a word processing package, an accounting program or perform other nonmedical functions); **OR**
- Internet or phone services or any modification to a home to allow use of the SGD, including any computing hardware or software not necessary to allow for generation of audible/verbal speech, email, text or other function a computer can perform that is not directly related to meeting the functional speaking communication needs of the individual, including video communications or conferencing; **OR**
- Laptop computers, tablet devices (eg, iPad, Kindle), smart phones, desktop computers or PDAs, which may be programmed to perform the same function as

a speech generating device, are not covered as they are not primarily medical in nature and do not meet the definition of DME

These are considered not medically necessary as defined in the member's individual certificate. Please refer to the member's individual certificate for the specific definition.

Humana members may **NOT** be eligible under the Plan for an **electrolarynx or** a **transesophageal puncture (TEP) system** for any indications other than those listed above. All other indications are considered not medically necessary as defined in the member's individual certificate. Please refer to the member's individual certificate for the specific definition.

Humana members may **NOT** be eligible under the Plan for the following devices for any indications:

- Fluency enhancing devices including, but not limited to the **SpeechEasy device** for stuttering or the **SpeechVive device** for Parkinson's disease; **OR**

- **UltraVoice system** voice prosthesis

These are considered not medically necessary as defined in the member's individual certificate. Please refer to the member's individual certificate for the specific definition.

Humana members may **NOT** be eligible under the Plan for **replacement batteries for speech generating devices** for any indication. Although they may be prescribed by a health care practitioner, **batteries** are also available without a prescription and may be obtained over-the-counter (OTC) and are therefore generally contractually excluded. In the absence of a contractual exclusion for OTC items, **batteries** are considered not medically necessary as defined in the member's individual certificate. Please refer to the member's individual certificate for the specific definition.

Background

Additional information about **anarthria, aphasia, aphonia, apraxia, dysarthria or other speech impairments** may be found from the following websites:

- American Speech-Language-Hearing Association
- National Institute on Deafness and Other Communications Disorders
- National Library of Medicine

Medical Alternatives

Physician consultation is advised to make an informed decision based on an individual's health needs.

Provider Claims Codes

Any CPT, HCPCS or ICD codes listed on this medical coverage policy are for informational purposes only. Do not rely on the accuracy and inclusion of specific codes. Inclusion of a code does not guarantee coverage and or reimbursement for a service or procedure.

CPT® Code(s)	Description	Comments
31611	Construction of tracheoesophageal fistula and subsequent insertion of an alaryngeal speech prosthesis (eg, voice button, Blom-Singer prosthesis)	
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	
CPT® Category III Code(s)	**Description**	**Comments**
No code(s) identified		

HCPCS Code(s)	Description	Comments
E1399	Durable medical equipment, miscellaneous	**Not Covered if used to report any SGD outlined in Coverage Limitations section**
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	
E3000	Speech volume modulation system, any type, including all components and accessories	**Not Covered** **New Code Effective 01/01/2024**
K1009	Speech volume modulation system, any type, including all components and accessories	**Not Covered** **Deleted Code Effective 12/31/2023**

L8499	Unlisted procedure for miscellaneous prosthetic services	**Not Covered if used to report any SGD outlined in Coverage Limitations section**
L8500	Artificial larynx, any type	**Not Covered if used to report any SGD outlined in Coverage Limitations section**
L8505	Artificial larynx replacement battery/accessory, any type	**Not Covered**
L8507	Tracheo-esophageal voice prosthesis, patient inserted, any type, each	
L8509	Tracheo-esophageal voice prosthesis, inserted by a licensed health care provider, any type	
L8510	Voice amplifier	**Not Covered**
L8511	Insert for indwelling tracheo-esophageal prosthesis, with or without valve, replacement only, each	
L8512	Gelatin capsules or equivalent, for use with tracheo-esophageal voice prosthesis, replacement only, per 10	
L8513	Cleaning device used with tracheoesophageal voice prosthesis, pipet, brush, or equal, replacement only, each	
L8514	Tracheo-esophageal puncture dilator, replacement only, each	
L8515	Gelatin capsule, application device for use with tracheo-esophageal voice prosthesis, each	
V5336	Repair/modification of augmentative communicative system or device (excludes adaptive hearing aid)	
V5362	Speech screening	
V5363	Language screening	

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