

Speech Generating Devices

Policy Number: CS189.G
Effective Date: January 1, 2025

[➔ Instructions for Use](#)

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Related Community Plan Policies
<ul style="list-style-type: none"> Durable Medical Equipment, Orthotics, Medical Supplies, and Repairs/Replacements Habilitation and Rehabilitation Therapy (Occupational, Physical, and Speech)
Commercial Policy
<ul style="list-style-type: none"> Speech Generating Devices

Application

This Medical Policy does not apply to the states listed below; refer to the state-specific policy/guideline, if noted:

State	Policy/Guideline
Indiana	None
Kentucky	Speech Generating Devices (for Kentucky Only)
Louisiana	Augmentative and Alternative Communication Devices (for Louisiana Only)
Mississippi	Speech Generating Devices (for Mississippi Only)
Nebraska	Speech Generating Devices (for Nebraska Only)
New Jersey	Speech Generating Devices (for New Jersey Only)
New Mexico	Speech Generating Devices (for New Mexico Only)
North Carolina	Speech Generating Devices (for North Carolina Only)
Ohio	Speech Generating Devices (for Ohio Only)
Pennsylvania	Speech Generating Devices (for Pennsylvania Only)
Tennessee	Speech Generating Devices (for Tennessee Only)

Coverage Rationale

For medical necessity clinical coverage criteria, refer to the InterQual® CP: Durable Medical Equipment, Speech Generating Devices (SGD).

[Click here to view the InterQual® criteria.](#)

Medical Records Documentation Used for Reviews

Benefit coverage for health services is determined by the federal, state, or contractual requirements, and applicable laws that may require coverage for a specific service. Medical records documentation may be required to assess whether the member meets the clinical criteria for coverage but does not guarantee coverage of the services requested; refer to the protocol titled [Medical Records Documentation Used for Reviews](#).

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

HCPCS Code	Description
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

Policy History/Revision Information

Date	Summary of Changes
01/01/2025	<p>Medical Records Documentation Used for Reviews (<i>previously titled Documentation Requirements</i>)</p> <ul style="list-style-type: none">Replaced list of <i>Required Clinical Information</i> with instruction to refer to the protocol titled Medical Records Documentation Used for Reviews <p>Supporting Information</p> <ul style="list-style-type: none">Archived previous policy version CS189.F

Instructions for Use

This Medical Policy provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the federal, state or contractual requirements for benefit plan coverage must be referenced as the terms of the federal, state or contractual requirements for benefit plan coverage may differ from the standard benefit plan. In the event of a conflict, the federal, state or contractual requirements for benefit plan coverage govern. Before using this policy, please check the federal, state or contractual requirements for benefit plan coverage. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Medical Policy is provided for informational purposes. It does not constitute medical advice.

UnitedHealthcare may also use tools developed by third parties, such as the InterQual® criteria, to assist us in administering health benefits. The UnitedHealthcare Medical Policies are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.