

Speech Generating Devices

Policy Number: RMHP.MP.038.11
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[➔ Instructions for Use](#)

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| Related Policies |
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| <ul style="list-style-type: none"> • Durable Medical Equipment, Orthotics, Medical Supplies, and Repairs/Replacements • Habilitation and Rehabilitation Therapy (Occupational, Physical, and Speech) |

Coverage Rationale

[➔ See Benefit Considerations](#)

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 member specific benefit plan document 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 service 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 the member specific benefit plan document 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 |

| HCPSC Code | Description |
|------------|--|
| 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 |

Benefit Considerations

The following benefit considerations may not apply to all plans. Refer to the member specific benefit plan document for applicable benefit considerations.

Speech Generating Devices

Durable medical equipment benefits include dedicated speech generating devices required for treatment of severe speech impairment or lack of speech directly due to sickness or injury. Examples include but are not limited to:

- Freedom
- Prentke Romich (or PRC)
- Say-it!™
- Tobii Dynavox

Repair, Replacement, and Upgrade

Refer to the Medical Policy titled [Durable Medical Equipment, Orthotics, Medical Supplies, and Repairs/Replacements](#).

Coverage Limitations and Exclusions

Repairs and replacement due to misuse, malicious damage, or gross neglect or to replace lost or stolen items.

Note: Most benefit plans require a 3-month rental period before a purchase can be made.

References

UnitedHealthcare Insurance Company Generic Certificate of Coverage 2018.

Instructions for Use

This Medical Policy provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the member specific benefit plan document must be referenced as the terms of the member specific benefit plan may differ from the standard plan. In the event of a conflict, the member specific benefit plan document governs. Before using this policy, please check the member specific benefit plan document and any applicable federal or state mandates. 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.

This Medical Policy may also be applied to Medicare Advantage plans in certain instances. In the absence of a Medicare National Coverage Determination (NCD), Local Coverage Determination (LCD), or other Medicare coverage guidance, CMS allows a Medicare Advantage Organization (MAO) to create its own coverage determinations, using objective evidence-based rationale relying on authoritative evidence ([Medicare IOM Pub. No. 100-16, Ch. 4, §90.5](#)).

UnitedHealthcare may also use tools developed by third parties, such as the InterQual® Guidelines, to assist us in administering health benefits. 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.