**Speech Generating Devices**

| Origination: 05/01/12 | Revised: 09/01/17 | Annual Review: 11/07/19 |

**Purpose:**

To provide Speech Generating Devices (SGD) guidelines for Population Health and Provider Alliances associates to reference when making benefit determinations.

**Coverage Guidelines:**

- If covered, coverage for speech generating devices is subject to the terms, conditions and limitations of the Member’s Durable Medical Equipment (DME) benefit.

  All of the following criteria must be met:

  1. The Member must have a formal evaluation of their cognitive and language abilities by a speech-language pathologist. The written submitted evaluation must include documentation that the Member possesses the cognitive and physical abilities to effectively use the selected device;
  2. The Member’s medical condition is a permanent severe expressive speech disability.

- Only one (1) speech generating device or speech generating software program at a time is considered medically necessary per Member.

**Exclusion Criteria:**

- Multi-lingual modules for speech generating devices are not considered medically necessary.
- Laptop computers, desktop computers, personal digital assistants (PDAs), or other devices that are not dedicated speech generating devices are not covered because they do not meet the definition of durable medical equipment.
- Software that enables a laptop computer, desktop computer, or PDA to function as a SGD is considered a speech generating device; however, installation of the program or technical support is not covered. Also not covered are any interfaces, cables, adapters, interconnects, and switches necessary for the accessory to interface with the SGD.

**References:**


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Disclaimer Information:

Coverage Issues Guidelines and Medical Technology Assessment Recommendations are developed to determine coverage for AvMed’s benefits, and are published to provide a better understanding of the basis upon which coverage decisions are made. AvMed makes coverage decisions using these guidelines, along with the Member's benefit document. The use of this guideline is neither a guarantee of payment nor a final prediction of how specific claim(s) will be adjudicated.

Coverage Issues Guidelines and Medical Technology Assessment Recommendations are developed for selected therapeutic or diagnostic services found to be safe, but proven effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in the AvMed service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations.

Treating providers are solely responsible for the medical advice and treatment of Members. This guideline may be updated and therefore is subject to change.