

Speech Generating Devices and Supplies

DME.SU.105.A

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Introduction

Speech generating devices and supplies are addressed by this guideline.

Criteria

A speech generating device is considered medically necessary when **all** of the following criteria are met:

- The individual has had an evaluation of their cognitive and communication abilities by a speech-language pathologist.
- The formal, written evaluation must include **all** of the following:
 - communication impairment, including the type, severity, language skills, cognitive ability, and anticipated course of the impairment
 - description of the communication goals expected to be achieved;
 - rationale for selection of a specific device and any accessories;
 - treatment plan that includes a training schedule for the selected device; and
 - confirmation of the individual's abilities to effectively use the selected device and any accessories to communicate.
- The individual's medical condition has resulted in a severe expressive speech impairment.
- The individual's speaking needs cannot be met using traditional communication methods.
- Alternative interventions (e.g., speech therapy) were evaluated and determined to be clinically ineffective.
- A copy of the speech-language pathologist's evaluation and recommendation have been forwarded to the individual's treating practitioner prior to ordering the device.

Software that enables a laptop computer, desktop computer or personal digital assistant (PDA) to function as an speech generating device may be considered medically necessary. Accessories and upgrades may be considered medically necessary if the above criteria are met and documentation supporting the medical necessity is clearly documented in the evaluation.

Not Covered

- More than one speech generating device is considered not medically necessary.
- Computers and tablets are not considered durable medical equipment (DME) because they are useful in the absence of an illness or injury and therefore are considered not medically necessary.

Evidence Discussion

Speech-generating devices (SGDs) are an established modality within augmentative and alternative communication (AAC) strategies for individuals with dysarthria or other conditions that result in reduced speech intelligibility.¹

The American Speech-Language-Hearing Association (ASHA) recommends that AAC interventions be initiated as early as possible, irrespective of the underlying cause of the communication impairment.² Common conditions that cause a need for AAC include Alzheimer's disease, Parkinson's disease, autism spectrum disorder, learning difficulties, stroke, cerebral palsy, head/brain injury, and amyotrophic lateral sclerosis.³

A 2018 randomized controlled trial (RCT) (n=45) demonstrated that preschool children with autism spectrum disorder (ASD) who received an SGD intervention incorporating peer-mediated strategies exhibited significantly greater gains in communication. Specifically, children in the treatment group showed marked increases in the rate of intentional communication acts across intervention, generalization, and maintenance phases, with predicted mean rates rising from approximately 0.30 acts per minute at baseline to 2.38 acts per minute during maintenance, whereas peers in the comparison group remained largely unchanged. Both groups improved on standardized language measures; however, the treatment group showed greater improvement in expressive language scores on the Mullen Scales of Early Learning (p = .04).⁴

A 2024 review by Yuan et al. analyzed 18 studies involving 108 children with ASD who had severe speech impairments, most producing fewer than 20 spontaneous words or being nonverbal. The findings suggested that incorporating SGDs into structured language interventions generally supported improvements in expressive speech and social communication. Outcomes varied, with some children showing substantial gains in spoken language while others demonstrated minimal progress. Children with stronger prelinguistic skills at baseline tended to benefit more, indicating that foundational

¹ Clarke ZC, Judge S, Fryer K, Cunningham S, Toogood J, Hawley MS. A qualitative study exploring the effect of communicating with partially intelligible speech. *Augmentative and Alternative Communication*. 2023;39(2):110-122. doi:<https://doi.org/10.1080/07434618.2023.2206910>

² Vogel AP, Spencer C, Burke K, et al. Optimizing Communication in Ataxia: A Multifaceted Approach to Alternative and Augmentative Communication (AAC). *Cerebellum*. 2024;23(5):2142-2151. doi:10.1007/s12311-024-01675-0

³ Jennifer Lalitha Flaubert, Carol Mason Spicer, Jette AM. *Augmentative and Alternative Communication and Voice Products and Technologies*. Nih.gov. Published May 9, 2017. <https://www.ncbi.nlm.nih.gov/books/NBK453284/>

⁴ Thiemann-Bourque K, Feldmiller S, Hoffman L, Johnner S. Incorporating a Peer-Mediated Approach Into Speech-Generating Device Intervention: Effects on Communication of Preschoolers With Autism Spectrum Disorder. *J Speech Lang Hear Res*. 2018;61(8):2045-2061. doi:10.1044/2018_JSLHR-L-17-0424

communication abilities may influence success. Overall, the evidence supported SGDs as a helpful tool for promoting speech development in children with ASD, though individual responses differed.⁵

Codes

HCPCS code descriptions

HCPCS Code	Description
A4601	Lithium ion battery, rechargeable, for non-prosthetic use, replacement
E1902	Communication board, non-electronic augmentative or alternative communication device
E2500	Speech generating device, digitized speech, using pre-recorded messages, less than or equal to 8 minutes recording time
E2502	Speech generating device, digitized speech, using pre-recorded messages, greater than 8 minutes but less than or equal to 20 minutes recording time
E2504	Speech generating device, digitized speech, using pre-recorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time
E2506	Speech generating device, digitized speech, using pre-recorded 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

⁵ 1.Yuan W, Dunn M, Kennedy J, Hsiao YJ, Poppen M. Impact of Speech Generating Device Interventions on Vocalizations of Individuals with Autism and Severe Communication Impairment: A Systematic Review of the Research.Edu and Training in Autism and Developmental Disabilities. 2024;59(3):233-256. doi:https://doi.org/10.1177/215416472405900302

HCP Code	Description
E2512	Accessory for speech generating device, mounting system
E2513	Accessory for speech generating device, electromyographic sensor
E2599	Accessory for speech generating device, not otherwise classified
E3000	Speech volume modulation system, any type, including all components and accessories
L8500	Artificial larynx, any type

References

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2. NCD - Speech Generating Devices (50.1). Cms.gov. Published 2024. <https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=274&ncdver=2&keywordtype=starts&keyword=speech%20generating&bc=0>
3. Article - Speech Generating Devices (SGD) - Policy Article (A52469). Cms.gov. Published 2024. <https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=52469&=>
4. ASHA. American Speech-Language-Hearing Association | ASHA. Asha.org. Published 2025. <https://www.asha.org/>