



ADMINISTRATIVE POLICY STATEMENT

TrueCare

Policy Name & Number	Date Effective
Speech Generating Devices-TrueCare-AD-1633	10/01/2026
Policy Type	
ADMINISTRATIVE	

Administrative Policy Statements contain supplemental information regarding standard benefit administration and coverage details. Administrative Policy Statements do not guarantee an authorization or payment of services. The Member's plan contract (e.g., Evidence of Coverage, Member Handbook) contains specific terms and conditions, including limitations, exclusions, benefit maximums, eligibility, and other relevant conditions of coverage. Except as otherwise required by law, if there is a conflict between the Administrative Policy Statement and the plan contract and/or provider agreement, then the plan contract and/or provider agreement will be the controlling document. Reasonable discretion may be used in interpreting and applying this Policy Statement to services provided in a particular case, and the policy may be modified at any time. Policy Statements may be superseded by federal and state laws and regulations, as applicable. In the case of a discrepancy between the Policy Statement's effective date and any applicable legal or regulatory requirement, the law or regulation will govern.

Coverage for mental health and substance use disorder (MH/SUD) benefits are provided at the same level as coverage for medical and surgical (M/S) benefits, as required by the Mental Health Parity and Addiction Equity Act (MHPAEA). MH/SUD benefits are not subject to limits or requirements that are more restrictive than those that apply to M/S benefits.

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A. Subject**Speech Generating Devices****B. Background**

Speech generating devices (SGD) are defined as durable medical equipment that provide an individual who has a severe speech impairment with the ability to meet his or her functional, speaking needs. Speech generating devices are speech aids consisting of devices or software that generate speech and are used solely by the individual who has a severe speech impairment.

The causes of speech impairment in children may include, but are not limited to cerebral palsy, intellectual disability, autism spectrum, and other genetic or speech disorders. Etiologies in adults may include, but are not limited to stroke, traumatic brain injury, amyotrophic lateral sclerosis (ALS), Parkinson's disease, and head and neck cancers among others. There may be associated functional disabilities that also limit the individual's ability to use alternative natural methods of communication, such as writing notes, using sign language, or even manipulate a low-tech augmentative communication system.

The speech may be generated using digitized speech output with prerecorded messages, synthesized speech output to permit message formulation by the user through various methods of device access, or software that allows a computer or other electronic device to function as an audible/written speech generating device.

C. Definitions

- **Speech Generating Devices (SGD)** – Devices defined as durable medical equipment that provides an individual who has a severe speech impairment with the ability to meet his or her functional speaking needs.
- **Speech-Language Pathology (SLP)** – A field in which a clinician specializes in the evaluation and treatment of disorders, cognition, swallowing, voice, and communication disorders. Clinicians can be known as speech language pathologists, speech and language therapists, or speech therapists.

D. Policy

- I. TrueCare reviews medical necessity criteria for speech generating devices with digitized or synthesized speech output using MCG Augmentative Communication Devices, Electronic and Miss. Code Ann. § 43-13-121, Rule 1.11: Augmentative Communication Devices.
- II. Documentation
Objective, member-specific information should be included in documentation and should be provided to support each point of the SGD Certificate of Medical Necessity (CMN). **Template-driven documentation that reads the same person to person should not be provided.**
 - A. The CMN form, Certificate of Medical Necessity - Augmentative (Alternative) Communication Device (ACD) and Related Supplies, must contain the following information:

1. diagnoses and related ICD-10-CM codes
 2. formal, written report of a face-to-face evaluation of the individual's communication abilities performed by a speech-language pathologist (SLP)
 3. therapeutic history, including speech, occupational, or physical therapies as appropriate
 4. exact specifications for a SGD and the rationale for selection, including both:
 - a. medical justification for the device
 - b. documentation that a non-electronic communication device (such as a communication board) is inadequate to meet the individual's functional communication needs
 5. clinical documentation of the member's cognitive and physical abilities to effectively use the selected device and any accessories to communicate including, when appropriate, results of at least one validated cognitive and/or developmental test
 6. objective examples of how the member demonstrated sufficient use of the requested SGD should be provided including both:
 - a. the level of support – physical, verbal, or visual needed for support
 - b. if a high-tech device is requested, documentation to show that the member has demonstrated how they can use the features of the device at this time should be provided
 7. a treatment plan that includes a training schedule for the selected device for the member and caregiver(s), programming needs for the device and evaluations of usage
 8. duration of therapy, member response to therapy, and caregiver follow-through should be included
 9. full disclosure of all SGD equipment currently in the member's possession and an explanation of why that equipment does not meet the member's needs
 10. documentation of the medical necessity of any accessory or add-on equipment, supplies, or SGD features being requested
- B. A formal, written evaluation report includes **ALL** the following:
1. description of a medical condition that results in severe expressive speech disability such as but not limited to aphasia, aphonia, apraxia, dysarthria, or anarthria, a physiological description of the underlying disorder, description of functional limitation, nature and severity of speech or communication impairment, and prognosis for improvement (or deterioration)
 2. assessment of the member's speech skills and capacity for receptive and expressive language
 3. explanation, as applicable, of how the individual's cognition, emotions, physical abilities, and behaviors affect the communication of basic needs
 4. documentation of specific information about the member's communication history, including
 - a. how they have communicated wants and needs in the past
 - b. real life examples of yes/no and the ability to communicate via pictures and/or words
 - c. examples of previous spontaneous intent to communicate in any manner

- d. examples of how this previous communication is limiting, has been maximized
- e. how the member's communication needs have outgrown their current mode of communication
5. identification of the persons with whom the member communicates most frequently and any associated limitations and needs
6. the environments where the member communicates most frequently including vocational and educational settings
7. the member's physical ability to access the device
8. types of messages the member needs to convey and the range of vocabulary used. This should include their current needs as well as future needs
9. assessment of the extent to which the individual's daily communication needs have been or could be met by a SGD incorporating less complex technology or by a means of communication other than a SGD. For example:
 - Alphabet board
 - Communication board
 - Eye blink system in response to questions
 - Eye gaze with pictures or objects to make choices
 - Gestures
 - Handwriting utterances
 - Picture Exchange Communication System or
 - Sign language
10. description of the functional communication goals expected to be achieved with an SGD that include documentation of how the device will support a member's specific abilities and communication impairment
11. recommendations for the following SDG functions and features:
 - a. symbols
 - b. vocabulary encoded (eg, icon, level-plus-location, spelling)
 - c. expanded vocabulary and message generation (programmable words, sentences, or phrases)
 - d. symbol selection, sequencing, key linking, word lists, predictions, macros
 - e. access techniques and strategies
 - f. keyboard organization
 - g. device outputs (eg, speech synthesis, printed output, character display, auditory and visual prompting, auditory and visual feedback)
 - h. portability
12. description of a comprehensive treatment plan that includes a training schedule for the selected SGD
13. signature and license number of the SLP and any other member of the evaluation team

III. Trial Period and Payment

The state mandated trial of devices helps determine the most appropriate SGD and should be completed as part of the evaluation process. Objective member specific details of the trials should be included in the documentation provided.

- A. The trial should be at least thirty (30) days, not to exceed ninety (90) days, to ensure that the beneficiary's needs are met by the proposed system and in the most cost effective manner.
 - B. The SLP performing the member's evaluation may **not** be an employee of or have a financial relationship with the provider of the SGD.
 - C. Payment may be made only for the type of SGD prescribed. Substitution (eg, provision of a tablet instead of a standalone unit running proprietary software) requires the approval of the prescribing SLP.
 - D. The payment amount for a portable/tablet computer with software, for portable/tablet computer software, or for an accessory (eg, mounting bracket, adaptive interface) is determined through the prior authorization (PA) process.
- IV. Examples of Covered Devices
- A. a standalone unit running dedicated, proprietary software
 - B. commercially available software and, if necessary, hardware to run it (eg, portable or tablet computer)
 - C. a software application that may be loaded onto devices already owned by the member
 - D. a combination of components that provides functionality for the user
- V. Device Modification
- A. If the member has a degenerative disease-causing speech impairment, the communication device selected should be capable of modifications necessary to meet the member's anticipated needs.
 - B. If the member is preliterate, the device should be capable of modifications, such as spelling and text capabilities, to meet the member's anticipated learning potential.
- VI. Non-Covered Devices and Services
- The following devices, modifications, and services do not meet the definition of a speech generating device and are not covered:
- A. a second SGD used concurrently by the member or their caregiver
 - B. cell phones, subscriptions, internet, or phone services
 - C. modification to member's home to allow use of speech generating device
 - D. specific features of SGDs not used by the member to meet their functional speaking needs, including any of the following:
 - 1. computing hardware or software not necessary to allow for generation of audible/verbal speech, email, text, or phone messages
 - 2. hardware or software used to create documents and spreadsheets or play games or music
 - 3. other functions a computer can perform that is not directly related to meeting functional speaking communication needs of the member, including video communications or conferencing
 - E. The use of these devices by members with severe aphasia or dementia is considered unproven and experimental.

E. Conditions of Coverage
NA

F. Related Policies/Rules
Durable Medical Equipment Repairs
Medical Record Documentation Standards for Practitioners

G. Review/Revision History

	DATE	ACTION
Date Issued	05/20/2026	New Policy
Date Revised		
Date Effective	10/01/2026	
Date Archived		

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