
Medical Policy



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BCN Policy Effective Date: 7/14/26
(See policy history boxes for previous effective dates)

Title: Augmentative and Alternative Communication Devices: Speech Generating Devices and Communication Boards

Description/Background

According to the American Speech-Language-Hearing Association, “Augmentative and alternative communication (AAC) includes all forms of communication (other than oral speech) that are used to express thoughts, needs, wants, and ideas...People with severe speech or language problems rely on AAC to supplement existing speech or replace speech that is not functional. Special augmentative aids, such as picture and symbol communication boards and electronic devices, are available to help people express themselves. This may increase social interaction, school performance and feelings of self-worth.”

There are two main classifications of communication systems:

- **Unaided communication systems:** This occurs when the child or adult uses facial expressions or body language to communicate.
- **Aided communication systems:** These require the use of tools or equipment in addition to the user's body. Aided communication methods can range from paper and pencil to communication books or boards to devices that produce voice output (speech generating devices or SGDs) and/or written output. Electronic communication aids allow the user to use picture symbols, letters, and/or words and phrases to create messages. Some devices can be programmed to produce different spoken languages.

There are several types of **aided communications** systems

- *Low-tech communication devices* include items such as **communication boards** and laser light pointers for alphabet boards. Communication boards can also be low-technology communication displays consisting of photographs, symbols, words/phrases or a combination of all three. Low technology, non-electronic augmentative communication devices include boards that use letters, words, phrases and/or symbols (communication boards), mini boards, schedule boards and conversation books. They may be purchased or

homemade, or made by the speech therapist. Multiple communication boards can be developed to address both specific and generic vocabulary needs for a specific patient. These devices do not need batteries, electricity or electronics. These are often very simple communication boards or books, from which the user selects letters, words, phrases, pictures and/or symbols to communicate a message. Depending on physical abilities and limitations, users may indicate the appropriate message with a body part, light pointer, eye-gaze direction, or a head/mouth stick. Alternatively, they may indicate yes or no while a listener scans through the different symbols.

Simple speech output systems or Voice Output Communication Aids (VOCA) are also considered tech devices. Using a VOCA, the individual makes a choice by pushing a button or a picture on a special keyboard and the device speaks the choice. Symbols can represent common phrases. Examples of low-tech devices include but are not limited to:

- BigMac (Ablenet) which can record a single message up to two minutes in length
- Talking Brix (Ablenet) for recording personal reminders)
- Tech/Four, an entry-level multi message device
- SpringBoard
- Tech/Scan 32
- *High tech communication devices* or speech generating devices (SGDs) are speech aids that provide individuals with severe speech impairment the ability to meet their functional speaking needs. Digitized speech sometimes referred to as devices with “whole message” speech output, use words or phrases that have been recorded by an individual other than the SGD user for playback upon command of the SGD user.

Synthesized speech is a technology that translates a user’s input into device-generated speech using algorithms representing linguistic rules. Users of synthesized speech SGDs are not limited to pre-recorded messages but rather can independently create messages as their communication needs dictate. Some SGDs require message formulation by spelling and access by physical contact with a keyboard, touch screen, or other display containing letters.

Speech generating software programs enable a laptop computer, desktop computer or personal digital assistant (PDA) to function as an SGD. The term SGD also describes these speech generating software programs. Speech generating devices may permit multiple methods of message formulation and multiple methods of device access. An SGD with multiple methods of message formulation should include message selection by two or more of the following methods:

- Letters
- Words
- Pictures

Accessories for SGDs include, but are not limited to access devices that enable selection of letters, words or symbols via direct or indirect selection techniques. Examples of access devices include, but are not limited to, optical head pointers, joysticks and SGD scanning devices. Mounting switches are devices necessary to place the SGD, switches and other access devices within the reach of the patient.

The assessment of need for an SGD must be performed by a qualified speech-language pathologist (SLP). SLPs are licensed health professionals trained in the diagnosis and

treatment of speech and language disorders. The SLP should hold a Certificate of Clinical Competence from the American Speech and Hearing Association.

Medical Policy Statement

Augmentative and alternative communication devices, including speech generating devices and communication boards are covered for BCN members who meet patient selection criteria as defined in the Inclusionary/Exclusionary Guidelines section. Appropriate DME copayments will apply.

Inclusionary and Exclusionary Guidelines

INCLUSIONS:

BCN will cover alternative augmentative communication devices (AACs), including communication boards and speech-generating devices (SGDs) for BCN members if all seven of the following criteria are met:

1. Prior to the delivery of the AAC, the patient has had a formal evaluation of their cognitive and communication abilities by a speech-language pathologist (SLP). The formal, written evaluation must include, at a minimum, the following elements:
 - a. Current communication impairment, including the type, severity, language skills, cognitive ability and anticipated course of the impairment.
 - b. An assessment of whether the individual's daily communication needs could be met using other natural modes of communication.
 - c. A description of the functional communication goals expected to be achieved and treatment options.
 - d. Rationale for selection of a specific device and any accessories.
 - e. Demonstration that the patient possesses a treatment plan that includes a training schedule for the selected device.
 - f. Documentation that the patient possesses the cognitive and physical abilities to use the selected device and any accessories to communicate.
 - g. For a subsequent *upgrade* to a previously issued SGD, information must be supplied regarding the functional benefit to the patient of the upgrade compared to the initially provided AAC.
2. The patient's medical condition is one resulting in severe expressive speech impairment.
3. The patient's speaking needs cannot be met using natural communication methods.
4. Other forms of treatment have been considered and ruled out.
5. The patient's ability to communicate will benefit from the device ordered.
6. A copy of the SLP's written evaluation and recommendation must be forwarded to the patient's treating physician prior to ordering the device.
7. The SLP performing the patient evaluation may not be an employee of or have a financial relationship with the supplier of the AAC.

AAC accessories are covered if the basic coverage criteria (1-7) for the base device are met and the medical necessity for each accessory is clearly documented in the formal evaluation by the SLP.

EXCLUSIONS

- If one or more of the SGD coverage criteria 1-7 is not met, the SGD will be denied as not medically necessary. Claims for more than one SGD will be denied as not medically necessary.
- Laptop computers, desktop computers, PDAs or other devices that are *not* dedicated SGDs are noncovered because they do not meet the definition of durable medical equipment (DME).
- *Software* that enables a laptop computer, desktop computer or PDA to function as an SGD is covered as an SGD. Installation of the program or technical support is not separately reimbursable.

CPT/HCPCS Level II Codes (*Note: The inclusion of a code in this list is not a guarantee of coverage. Please refer to the medical policy statement to determine the status of a given procedure*)

Established codes:

E1902	E2500	E2502	E2504	E2506	E2508
E2510	E2513	E2511	E2512	E2599	V5336

Other codes (investigational, not medically necessary, not a benefit, etc.):

E1399*

**Laptop computers, desktop computers, PDAs or other devices that are not dedicated SGDs are noncovered because they do not meet the definition of durable medical equipment (DME). Software (E2511) that enables a laptop computer, desktop computer or PDA to function as an SGD is covered as an SGD; however, installation of the program or technical support are not separately reimbursable.*

Rationale

A literature analysis by Millar et al (2006) showed that “AAC [augmentative and alternative communication] offers “significant benefits for individuals with developmental disabilities in terms of enhancing communicative competence and promoting language development. Ninety-four percent of the participants in the reviewed studies demonstrated increased speech production during or following at least one of the AAC interventions investigated.” However, all of the studies had very small sample sizes and were not specific to a particular developmental characteristic. None of the studies had the primary goal of determining the impact of AAC on speech development.

A research review by Wilkinson & Hennig (2007) states that practitioners and researchers should recognize the critical importance of evidence-based practice in AAC assessment and intervention, and clear recommendations have emerged for critical analysis of evidence. However, they also state despite the appreciation of its importance, the actual base of evidence itself is still at its inception. Further research in the role of visual perception is needed, but the evidence appears to be strong that AACs greatly enhance the quality of life of selected patients with communication deficits.

A systematic review by Rispoli et al (2010) identified 35 studies with a total of 86 participants with developmental disabilities. The review examined the following features for the studies: (a) participant characteristics, (b) SGD function, (c) SGD characteristics, (d) intervention

procedures, (e) intervention results and (f) certainty of evidence. There were 17 different devices included in the studies. Positive outcomes (e.g., target communication skills improved for all participants) were reported in 86% (n= 30) of studies. Fifty-four percent of the positive studies were categorized as providing conclusive evidence. Mixed outcomes (e.g., some participants improved and others did not improve target communication skills) were reported in 14% (n= 5) of studies. The authors concluded the data from articles was "promising due to the large number of conclusive studies and the replication of intervention approaches."

A 2011 article by Wallace states that communication problems experienced following a brain injury or stroke not only impact a person's ability to participate in their desired social and vocational roles but may also impact their ability to participate in decision-making about their care, participate in therapy and receive counseling and education. Many technologies exist, including Augmentative and Alternative Communication (AAC) device, which can help increase communication and life participation following a brain injury or stroke.

The published literature regarding the effectiveness of ACDs in autism and other pervasive developmental disorders is not as strong. Currently there are no controlled research studies and almost all studies are either single-subject studies or consist of very small sample sizes, and are therefore anecdotal. Most of the studies have been conducted only in school settings and therefore provide no data outcomes in home and community settings.

When exploring speech devices, the patient must work with a speech language pathologist experienced in the area of augmentative communication. An occupational or physical therapist may also need to be part of the team if the person will have difficulty activating and carrying the device.

Government Regulations

National:

National Coverage Determination (NCD): Speech Generating Devices Pub 100-3; Section 50.1, Version 2. effective July 29, 2015. Manual last updated 05/28/26.

A. General

Speech generating devices are defined as durable medical equipment that provides an individual who has severe speech impairment with the ability to meet his 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 speech is generated using one of the following methods:

- digitized audible/verbal speech output, using prerecorded messages;
- synthesized audible/verbal speech output which requires message formulation by spelling and device access by physical contact with the device-direct selection techniques;
- synthesized audible/verbal speech output which permits multiple methods of message formulation and multiple methods of device access; or

- software that allows a computer or other electronic device to generate audible/verbal speech.

Other covered features of the device include the capability to generate email, text, or phone messages to allow the patient to “speak” or communicate remotely, as well as the capability to download updates to the covered features of the device from the manufacturer or supplier of the device.

If a speech generating device is limited to use by a patient with a severe speech impairment and is primarily used for the purpose of generating speech, it is not necessary for the device to be dedicated only to audible/verbal speech output to be considered DME. Computers and tablets are generally not considered DME because they are useful in the absence of an illness or injury.

Indications and Limitations of Coverage

B. Nationally Covered Indications

N/A

C. Nationally Non-Covered Indications

Internet or phone services or any modification to a patient’s home to allow use of the speech generating device are not covered by Medicare because such services or modifications could be used for non-medical equipment such as standard phones or personal computers. In addition, specific features of a speech generating device that are not used by the individual who has a severe speech impairment to meet his or her functional speaking needs are not covered. This would include any computing hardware or software not necessary to allow for generation of audible/verbal speech, email, text or phone messages, such as hardware or software used to create documents and spreadsheets or play games or music, and any other function a computer can perform that is not directly related to meeting the functional speaking communication needs of the patient, including video communications or conferencing. These features of a speech generating device do not fall within the scope of § 1861(n) of the Social Security Act and the cost of these features are the responsibility of the beneficiary. Suppliers of speech generating devices are encouraged to furnish the beneficiary with a voluntary Advance Beneficiary Notice (ABN), or similar notice, which informs that these features are not covered and to alert the beneficiary of the expense of these features.

D. Other

A/B MACs acting within their respective jurisdictions have discretion to cover or not cover speech generating devices based on their individual reasonable and necessary determinations.

Local:

CGS Administrators, LLC., LCD L33739-Speech Generating Devices, for services performed on or after 10/01/2024.

For the purposes of this policy, speech generation is defined as audible generation of words or phrases and in addition, may include:

- Communication via written text (i.e., email or text (SMS) messaging); or,
- Communication via phone messaging.

Speech generating devices are 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 generating devices are speech aids consisting of devices or software that generate speech (as defined above) and are used solely by the individual who has a severe speech impairment. The speech is generated using one of the following methods:

- Digitized audible/verbal speech output, using prerecorded messages;
- Synthesized audible/verbal speech output which requires message formulation by spelling and device access by physical contact with the device-direct selection techniques;
- Synthesized audible/verbal speech output which permits multiple methods of message formulation and multiple methods of device access; or
- Software that allows a computer or other electronic device to generate speech.

A speech generating device (SGD) (E2500 - E2511) is covered when all of the following criteria (1-7) are met:

1. Prior to the delivery of the SGD, the patient has had a formal evaluation of their cognitive and communication abilities by a speech-language pathologist (SLP). The formal, written evaluation must include, at a minimum, the following elements:
 - a. Current communication impairment, including the type, severity, language skills, cognitive ability, and anticipated course of the impairment;
 - b. An assessment of whether the individual's daily communication needs could be met using other natural modes of communication;
 - c. A description of the functional communication goals expected to be achieved and treatment options;
 - d. Rationale for selection of a specific device and any accessories;
 - e. Demonstration that the beneficiary possesses a treatment plan that includes a training schedule for the selected device;
 - f. The cognitive and physical abilities to effectively use the selected device and any accessories to communicate;
 - g. For a subsequent upgrade to a previously issued SGD, information regarding the functional benefit to the beneficiary of the upgrade compared to the initially provided SGD; and,
2. The beneficiary's medical condition is one resulting in a severe expressive speech impairment; and,
3. The beneficiary's speaking needs cannot be met using natural communication methods; and,
4. Other forms of treatment have been considered and ruled out; and,
5. The beneficiary's speech impairment will benefit from the device ordered; and,

6. A copy of the SLP's written evaluation and recommendation have been forwarded to the beneficiary's treating physician prior to ordering the device; and,
7. The SLP performing the beneficiary's evaluation may not be an employee of or have a financial relationship with the supplier of the SGD.

If one or more of the SGD coverage criteria 1-7 is not met, the SGD will be denied as not reasonable and necessary.

Codes E2500, E2502, E2504, E2506, E2508, E2510, E2511 perform the same essential function - speech generation. Therefore, claims for more than one SGD will be denied as not reasonable and necessary.

The capability to download updates to the covered features of the device from the manufacturer or supplier of the device is covered.

ACCESSORIES:

Claims for accessories to SGDs must meet the general coverage requirements for the base SGD described in criteria 1-7 above. Claims for SGD accessories for beneficiaries who do not meet criteria 1-7 above will be denied as not reasonable and necessary.

Alternative input devices are covered when a beneficiary is unable to use standard input devices. Claims for alternative input devices for beneficiaries who are able to use standard input devices will be denied as not reasonable and necessary.

Eye tracking and gaze interaction accessories for speech generating devices are covered when furnished to individuals with a demonstrated medical need for such accessories.

If the SGD is denied as not reasonable and necessary, any related accessories will be denied as not reasonable and necessary.

(The above Medicare information is current as of the review date for this policy. However, the coverage issues and policies maintained by the Centers for Medicare & Medicare Services [CMS, formerly HCFA] are updated and/or revised periodically. Therefore, the most current CMS information may not be contained in this document. For the most current information, the reader should contact an official Medicare source.)

Related Policies

Durable Medical Equipment (Joint medical policy)

References

1. American Speech-Language-Hearing Association. Augmentative and Alternative Communication. Available at: <http://www.asha.org/public/speech/disorders/AAC/>. Accessed June 2026.
2. Centers for Medicare & Medicaid Services. Local Coverage Determination: Speech Generating Devices (SGD). L33739. (2020). Pub 100-3, Ch 1, Sec 50.1. Available at:

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4. Fager S. et al. Augmentative and alternative communication use and acceptance by adults with traumatic brain injury. *Augment Altern Commun.* 2006 Mar;22(1):37-47
5. Ganz JB, Earles-Vollrath TL, Heath AK, Parker RI, Rispoli MJ, Duran JB. A Meta-Analysis of Single Case Research Studies on Aided Augmentative and Alternative Communication Systems with Individuals with Autism Spectrum Disorders. *J Autism Dev Disord.* 2011 Mar 5. [Epub ahead of print]
6. Millar DC et al. The impact of augmentative and alternative communication intervention on the speech production of individuals with developmental disabilities: a research review, *J Speech Lang Hear Res*, 2006 Apr;49(2):248-64.
7. Rispoli M, Franco JH, van der Meer L, et al. The use of speech generating devices in communication interventions for individuals with developmental disabilities: a review of the literature. *Dev Neurorehabil.* 2010; 13(4):276-293.

The articles reviewed in this research include those obtained in an Internet based literature search for relevant medical references through June 2026, the date the research was completed.

BCN Medical Policy History

Date	Rationale
2/5/02	BCN policy established
8/16/05	Policy updated, changed from not medically necessary to covered
2/18/07	Routine maintenance; policy retired.
3/21/12	Policy taken out of retirement in order to add information about communication boards. Codes added, policy title changed from "Speech Generating Devices to "Augmentative and Alternative Communication Devices: Speech Generating Devices and Communication Boards." Updated Medicare and Medicaid information, updated references. Added information from the ASLHA (American Speech Language Hearing Association) regarding their assessment protocol for choosing augmentative communication devices.
8/21/13	Routine policy review. No changes to policy status.
7/16/14	Routine policy review. Code V5336 added to policy. No changes to policy status.
11/18/15	Routine policy review. Updated LCD language and website information. No changes to policy status.
11/16/16	Routine policy review. Updated NCD/LCD language. Removed Blue Cross Complete reference. Updated Medicaid name change to Michigan Department of Health and Human Services.
11/15/17	Updated LCD information to include coverage of accessories. No changes to policy status.
11/14/18	Routine policy review. No changes to policy status.
09/24/19	Routine policy maintenance, no change in policy status.
07/09/20	Routine policy review. No change in policy status.
07/15/21	Routine policy review. No change in policy status.
07/07/22	Routine maintenance; no change to policy status.
07/13/23	Routine maintenance; no change in policy status. Vendor Managed: Northwood. (ds)
7/11/24	Routine maintenance, no change in Medicare coverage. Vendor managed: Northwood. (ds)
7/10/25	Added code E2513 as established. Routine maintenance, no change in status. Vendor managed: Northwood (ds)

7/14/26	Routine policy maintenance, no change in status. Vendor managed: Northwood (ds)
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Next Review: 3rd Qtr. 2027

**MEDICAL POLICY TITLE: AUGMENTATIVE AND ALTERNATIVE COMMUNICATION DEVICES:
SPEECH GENERATING DEVICES AND COMMUNICATION BOARDS
BCN BENEFIT ADMINISTRATION**

I. Coverage Determination

Commercial HMO (includes Self-Funded groups unless otherwise specified)	Covered; criteria apply.
BCNA (Medicare Advantage)	See government section.
BCN65 (Medicare Complementary)	Coinsurance covered if primary Medicare covers the service.

II. Administrative Guidelines

- The member's contract must be active at the time the service is rendered.
- The service must be authorized by the member's PCP except for Self-Referral Option (SRO) members seeking Tier 2 coverage.
- Services must be performed by a BCN-contracted provider, if available, except for Self-Referral Option (SRO) members seeking Tier 2 coverage.
- Payment is based on BCN payment rules, individual certificate benefits and certificate riders.
- Appropriate copayments will apply. Refer to certificate and applicable riders for detailed information.
- CPT - HCPCS codes are used for descriptive purposes only and are not a guarantee of coverage.
- Duplicate (back-up) equipment is not a covered benefit.