Altered Auditory Feedback Device (SpeechEasy®) for the Treatment of Stuttering

Policy Number: HS-158
Original Effective Date: 3/4/2010

APPLICATION STATEMENT

The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any.

DISCLAIMER

The Clinical Coverage Guideline (CCG) is intended to supplement certain standard WellCare benefit plans and aid in administering benefits. Federal and state law, contract language, etc. take precedence over the CCG (e.g., Centers for Medicare and Medicaid Services [CMS] National Coverage Determinations [NCDs], Local Coverage Determinations [LCDs] or other published documents). The terms of a member’s particular Benefit Plan, Evidence of Coverage, Certificate of Coverage, etc., may differ significantly from this Coverage Position. For example, a member’s benefit plan may contain specific exclusions related to the topic addressed in this CCG. Additionally, CCGs relate exclusively to the administration of health benefit plans and are NOT recommendations for treatment, nor should they be used as treatment guidelines. Providers are responsible for the treatment and recommendations provided to the member. The application of the CCG is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any. All links are current at time of approval by the Medical Policy Committee (MPC) and are subject to change prior to the annual review date. Lines of business (LOB) are subject to change without notice; current LOBs can be found at www.wellcare.com. All guidelines can be found at this site as well but selecting the Provider tab, then “Tools” and “Clinical Guidelines”.

BACKGROUND

Stuttering is a disorder in which certain sounds, syllables, or words are repeated or prolonged, disrupting the normal flow of speech. Symptoms are generally worse in stressful situations such as talking in public or on the telephone, while talking or singing in unison may temporarily alleviate symptoms, a phenomenon known as the choral effect. Altered auditory feedback (AAF) attempts to emulate the choral effect by allowing the user to hear their voice with a slight time delay and/or a pitch shift which is said to create the illusion of another individual speaking at the same time. Such devices include the SpeechEasy®. Stuttering usually develops in young children as they are learning to speak and may occur in 2% to 5% of children at some stage. In the United States,
approximately 3 million people or 1% of the adult population stutter. Usual treatment for stuttering includes various behavioral vocal techniques to assist speakers with generating difficult words or sounds and with actively monitoring their own speech.

The literature search identified 5 uncontrolled studies of the SpeechEasy device and a satisfaction survey of patients who purchased the device. Results of these studies do not provide reliable evidence that the SpeechEasy device is an effective treatment for stuttering. Several studies performed under ideal conditions in the speech laboratory indicated that patients benefited from use of this device; however, the only study that assessed stuttering in more realistic situations of daily life and involved statistical analysis of the results found that improvements in speech were not statistically significant. Moreover, the available studies were relatively small and uncontrolled, enrolled patients with large differences in stuttering severity, and had limited or no long-term assessment of speech to evaluate the durability of improvements. Further studies are needed to determine whether the SpeechEasy device provides statistically and clinically significant improvements in speech for patients who stutter.

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POSITION STATEMENT

Applicable To:

- [x] Medicaid
- [x] Medicare

Altered auditory feedback devices, such as the SpeechEasy® (Janus Development Group Inc.) are considered experimental and investigational and are NOT a covered benefit.

CODING

CPT® Code – No applicable codes.

Non-Covered HCPCS Code

E1399  Durable medical equipment, miscellaneous (No specific HCPCS Level II Code is designated.)

Non-Covered ICD-10 Diagnosis Code

F98.5  Adult onset fluency disorder

Coding information is provided for informational purposes only. The inclusion or omission of a CPT, HCPCS, or ICD-10 code does not imply member coverage or provider reimbursement. Consult the member’s benefits that are in place at time of service to determine coverage (or non-coverage) as well as applicable federal / state laws.

REFERENCES


MEDICAL POLICY COMMITTEE HISTORY AND REVISIONS

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<td>New template design approved by MPC.</td>
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