

Medical Policy



Speech Aid/Artificial Larynx

Description

Artificial larynx and electronic speech aids are devices used for individuals who have had a laryngectomy or whose larynx is permanently inoperative.

Policy

Electronic speech aids and artificial larynx devices are considered **medically necessary** for members who meet coverage criteria.

Policy Guidelines

Coverage Criteria:

1. Must be ordered by the member's treating practitioner.
2. Member has had a laryngectomy or whose larynx is permanently inoperative.

HCPCS Level II Codes and Description

L8500	Artificial Larynx, any type
L8501	Tracheostomy speaking valve
L8505	Artificial larynx replacement battery/accessory, any type
L8507	Tracheo-esophageal voice prosthesis, patient inserted, any type, each
L8509	Tracheo-esophageal voice prosthesis, inserted by a licensed health care provider, any type
L8510	Voice amplifier
L8511	Insert for indwelling tracheoesophageal prosthesis, with or without valve, replacement only, each
L8512	Gelatin capsules or equivalent, for use with tracheoesophageal voice prosthesis, replacement only, per 10
L8513	Cleaning device used with tracheoesophageal voice prosthesis, pipet, brush, or equal, replacement only, each
L8514	Tracheoesophageal puncture dilator, replacement only, each
L8515	Gelatin capsule, application device for use with tracheo-esophageal voice prosthesis, each

Important Note:

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Northwood's Medical Policies are developed to assist Northwood in administering plan benefits and determining whether a particular DMEPOS product or service is reasonable and necessary. Equipment that is used primarily and customarily for a non-medical purpose is not considered durable medical equipment.

Coverage determinations are made on a case-by-case basis and are subject to all of the terms, conditions, limitations, and exclusions of the member's contract including medical necessity requirements.

The conclusion that a DMEPOS product or service is reasonable and necessary does not constitute coverage. The member's contract defines which DMEPOS product or service is covered, excluded or limited. The policies provide for clearly written, reasonable and current criteria that have been approved by Northwood's Medical Director.

The clinical criteria and medical policies provide guidelines for determining the medical necessity for specific DMEPOS products or services. In all cases, final benefit determinations are based on the applicable contract language. To the extent there are any conflicts between medical policy guidelines and applicable contract language, the contract language prevails. Medical policy is not intended to override the policy that defines the member's benefits, nor is it intended to dictate to providers how to direct care. Northwood Medical policies shall not be interpreted to limit the benefits afforded to Medicare or Medicaid members by law and regulation and Northwood will use the applicable state requirements to determine required quantity limit guidelines.

Northwood's policies do not constitute medical advice. Northwood does not provide or recommend treatment to members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

Northwood follows all CMS National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), as applicable.

References

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<https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=237>
Last accessed and reviewed 11/19/24.

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Change/Authorization History

Revision Number	Date	Description of Change	Prepared / Reviewed by	Approved by	Review Date:	Effective Date:
A	11-20-06	Initial Release	Rosanne Brugnani	Ken Fasse	n/a	
01		Annual Review – no changes	Susan Glomb	Ken Fasse	Dec.2008	
02	12-22-09	Annual Review/ no changes	Susan Glomb	Ken Fasse	Dec.2009	
03	12-03-10	Annual Review – No changes	Susan Glomb	Ken Fasse	Dec2010	
04	07-20-11	Added Important Note to all Medical Policies	Susan Glomb	Dr. B. Almasri		
05	12-08-11	Annual Review. Added References to Policy	Susan Glomb	Dr. B. Almasri	Dec. 2011	
06	12-03-12	Annual review – no changes.	Susan Glomb	Dr. B. Almasri	Dec. 2012	
07	12-11-13	Annual review. No changes.	Susan Glomb	Dr. B. Almasri		

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08	12-1-14	Annual Review. No Changes	Susan Glomb	Dr. B. Almasri		
09	11-24-15	Annual Review. No Changes.	Lisa Wojno	Dr. B. Almasri	November 2015	
10	11-17-16	Annual Review. No Changes.	Lisa Wojno	Dr. B. Almasri	Novmeber 2016	
11	11-17-17	Annual review. No changes.	Carol Dimech	Dr. C. Lerchin	November 2017	
12	11-19-18	Annual Review. No Changes.	Lisa Wojno	Dr. C. Lerchin	November 2018	
13	11-13-19	Annual review. No changes.	Carol Dimech	Dr. C. Lerchin	November 2019	
14	11-09-20	Annual Review. Changed 'physician' to 'practitioner'.	Lisa Wojno	Dr. C. Lerchin	November 2020	
15	11-15-21	Annual Review. Added NCD, LCD verbiage to "Important Note".	Carol Dimech/Susan Glomb	Dr. C. Lerchin		
16	11-16-22	Annual review. No changes.	Carol Dimech	Dr. C. Lerchin	11-16-22	11-16-22
17	11-20-23	Annual review. Added NCD coverage reference.	Carol Dimech	Dr. C. Lerchin	11-20-23	11-20-23
18	11-19-24	Annual review. No changes	Carol Dimech/Susan Glomb	Dr. C. Lerchin	11-19-24	11-19-24