2024, Mar. 2024 Release CP:Durable Medical Equipment

Subset: Speech Generating Devices (SGD) [1, 2, 3, 4, 5]

Requested Service: Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access

Patient:	Name:	DOB:	ID #:	GROUP #:
	Sex (circle): M / F	Height:	Weight:	
Provider/PCP:	Name:	Fax #:	Phone #:	
	NPI/ID #:	Signature:		Date:
Servicing:	Vendor/Facility:		Phone #:	
	Diagnosis/ICD:	Service Date:	Authorization: / / to / /	

ICD-10:

HCPCS:

INSTRUCTIONS: Choose one of the following options and continue to the appropriate section

- ▢ 10. Initial request
- ▢ 20. Replacement request

▢ 10. Initial request

1. Device or devices requested, Choose one:
   - ▢ A) Speech generating device with or without accessories (E2500, E2502, E2504, E2506, E2508, E2510)
   - ▢ B) Speech generating software program, for personal computer or personal digital assistant with or without accessories (E2511) [8, 9]
   - ▢ C) Accessories only for speech generating device (E2512, E2599) [9]
   - ▢ D) None of the above

   • If option A selected, then go to question 2
   • No other options lead to the requested service

2. Device requested, Choose one:
   - ▢ A) Speech generating device, digitized speech, using prerecorded message (E2500, E2502, E2504, E2506) [10, 11]
   - ▢ B) Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device (E2508) [12, 11]
   - ▢ C) Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access (E2510) [12, 11]
   - ▢ D) None of the above

   • If option C selected, then go to question 3
   • No other options lead to the requested service

Initial request (continued...)

3. Diagnosed with severe expressive speech impairment [13, 14]
   - ▢ A) Yes
   - ▢ B) No

   • If option Yes selected, then go to question 4
   • No other options lead to the requested service

4. Choose all that apply:
   - ▢ A) Evaluation of cognitive and communication abilities completed by a speech-language pathologist (SLP) [15]
   - ▢ B) SLP's evaluation available prior to ordering device
   - ▢ C) Other clinical information (add comment)

   • If the number of options selected is 2 and option C not selected, then go to question 5
   • No other options lead to the requested service

5. Documentation supports, Choose all that apply: [16]
   - ▢ A) Current communication impairment (type, severity, language skills, cognition, anticipated duration) [17, 18]
   - ▢ B) Exclusion of other forms of treatment including natural modes of communication to improve intelligibility [19]
   - ▢ C) Functional communication goals
   - ▢ D) Treatment options and rationale for specific device [20]
   - ▢ E) Cognitive and physical abilities appropriate to specific device [21, 22, 23, 24]
   - ▢ F) Treatment and training plan
   - ▢ G) Benefit of speech generating device on speech impairment
   - ▢ H) Other clinical information (add comment)

   • If the number of options selected is 7 and option H not selected, then go to question 6
   • No other options lead to the requested service

6. Device accessories requested [9]
   - ▢ A) Yes
   - ▢ B) No

   If option No selected, then the rule is satisfied; you may stop here
   • If option Yes selected, then go to question 7

7. Confirm device and accessories requested, Choose all that apply:
   - ▢ A) Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access (E2510)
   - ▢ B) Accessory for speech generating device, mounting system (E2512)
   - ▢ C) Accessory or accessories for speech generating device, not otherwise classified (E2599)
   - ▢ D) None of the above

   If option A selected, then the rule is satisfied; you may stop here
   • No other options lead to the requested service

▢ 20. Replacement request

Replacement request (continued...)

1. Choose one: (25, 26)
   - ▢ A) Replacement necessary due to loss, theft, or irreparable damage
   - ▢ B) Replacement necessary after reasonable useful lifetime of 5 years or more
   - ▢ C) Other clinical information (add comment)

   • If option A or B selected, then go to question 2
   • No other options lead to the requested service

2. Choose all that apply:
   - ▢ A) Documentation supports continued medical necessity (27)
   - ▢ B) Replacement is with the same or similar device or accessories (28)
   - ▢ C) Other clinical information (add comment)

   • If the number of options selected is 2 and option C not selected, then go to question 3
   • No other options lead to the requested service

3. Current device and/or accessories requiring replacement, Choose one:
   - ▢ A) Speech generating device with or without accessories (E2500, E2502, E2504, E2506, E2508, E2510)
   - ▢ B) Speech generating software program, for personal computer or personal digital assistant with or without accessories (E2511) (8, 9)
   - ▢ C) Accessories only for speech generating device (E2512, E2599) (9)
   - ▢ D) None of the above

   • If option A selected, then go to question 4
   • No other options lead to the requested service

4. Device requiring replacement, Choose one:
   - ▢ A) Speech generating device, digitized speech, using prerecorded message (E2500, E2502, E2504, E2506) (10, 11)
   - ▢ B) Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device (E2508) (12, 11)
   - ▢ C) Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access (E2510) (12, 11)
   - ▢ D) None of the above

   • If option C selected, then go to question 5
   • No other options lead to the requested service

5. Replacement accessories required
   - ▢ A) Yes
   - ▢ B) No

   If option No selected, then the rule is satisfied; you may stop here
   • If option Yes selected, then go to question 6

Replacement request (continued...)

6. Confirm device and accessories, Choose all that apply:
   - ▢ A) Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access (E2510)
   - ▢ B) Accessory for speech generating device, mounting system (E2512)
   - ▢ C) Accessory or accessories for speech generating device, not otherwise classified (E2599)
   - ▢ D) None of the above

If option A selected, then the rule is satisfied; you may stop here • No other options lead to the requested service

Reference

Ltd - This requested service is designated as 'Limited Evidence' in this clinical scenario. Criteria cannot be met.

2nd - Secondary review required. Criteria cannot be met.

Off-label - Use for an indication not approved by the U.S. Food and Drug Administration (FDA).

Notes:

1:
Alternate name(s) for this equipment include:

Augmentative and alternative communication device (AAC)

2:
Up to 1% of individuals worldwide have a form of speech, language, or communication impairment, and approximately 5 million individuals in America and 97 million individuals worldwide might benefit from use of speech generating devices (SGD) or augmentative and alternative communication (AAC) (American Speech-Language-Hearing Association, Augmentative and Alternative Communication. 2023; Elsahar et al., Sensors (Basel) 2019, 19: 1911). According to the American Speech-Language-Hearing Association, a communication disorder occurs when an individual has difficulty expressing themselves using language, gesturing, or writing (American Speech-Language-Hearing Association, Speech-Language Pathology Medical Review Guidelines. 2015).

A communication disorder may be congenital (e.g., cerebral palsy, autism, intellectual and developmental disability, genetic disorders, apraxia) or acquired (e.g., stroke, head injury, cancer, amyotrophic lateral sclerosis, multiple sclerosis) (American Speech-Language-Hearing Association, Augmentative and Alternative Communication. 2023; Ciarmoli and Stasolla, Curr Dev Disord Rep 2023, 10: 14-9). Individuals who have severe speech and physical impairment also include those with medical conditions such as muscular dystrophy and spinal muscular atrophy (Peters et al., Front Hum Neurosci 2022, 16: 952380).

Speech generation or AAC refers to augmenting, complementing, or replacing speech in individuals with complex communication needs. SGDs are used by individuals with severe speech disabilities to meet their functional communication needs and can be either low- or high-technology devices. Speech generation may be by audible word or phrase generation as well as communication via written text, including email, text, and phone messaging. A device such as a laptop or tablet computing device, smartphone, or personal digital assistant (PDA), however, can also be used in the absence of illness or injury and is, therefore, typically not considered durable medical equipment.

Communication modes are classified as unaided (gestures, facial expression, body postures, or manual signing) or aided (books, symbol charts, computer-based systems or Voice Output Communication Aids [VOCAs]) (Hanley et al., J Intellect Disabil 2022: 17446295221115914). Low-technology aided systems include picture-exchange systems, communication boards, photographs, and objects. High-technology aided systems include SGDs and computers, tablets, and smartphones that utilize AAC software. Speech generating software programs enable a laptop or desktop computer, tablet, handheld computing device, smartphone, or PDA to function as an SGD and generate speech.

These criteria cover high-technology devices that can be used in individuals at any point in the treatment regimen or disease process. High-technology devices are electronic SGDs and are usually computer-based. Digitized speech generating devices (devices with "whole message" speech output) use words, phrases, sentences, and sounds that have been recorded by an individual’s voice or proxy voice. Pre-recorded messages vary by length of time of the segments. Synthesized speech translates a user’s input into device-generated speech using algorithms representing linguistic rules. Users of synthesized SGDs can independently create messages as their communication needs dictate. Some SGDs may require message formulation by spelling and access with a keyboard, touch screen, or other display containing letters.

Based on an individual’s skillset, communication needs, and physical positioning, accessories such as a mounting system, switch, keyboard, eye tracking device, pen or stylus, head control mouse, keyguard, joystick, and stand may be appropriate to support the SGD.

Individuals with a communication disorder of any severity have the right to use devices such as speech generating, augmentative and alternative, or other assistive technology at all times, according to the National Joint Committee for the Communication Needs of Persons with Severe Disabilities (Brady et al., Am J Intellect Dev Disabil 2016, 121: 121-38).

A systematic review concluded that early intervention using low- and high-tech AAC with young children (infants to preschool age) who have complex communication needs has a positive effect on improvement in communication and language skills and does not impede language development (Leonet et al., Lang Speech Hear Serv Sch 2022, 53:

894-920).

3:
Advances in medical device technology have enabled the use of the internet or network connectivity (e.g., Bluetooth, wireless, and portable USB devices) to control and adjust the functional parameters in monitoring real-time activity. These parameters include, but are not limited to, collection, exchange, sharing, or storage of patient-specific and aggregate clinical data. Device cybersecurity is essential not only to protect the privacy of personal health information, but to assure that devices are not inadvertently or maliciously disrupted causing inappropriate functioning of the device and patient harm. The FDA provides safety communications related to regulated medical devices, including device specific recalls (U.S. Food and Drug Administration, Medical Devices. 2023). The FDA also provides resources and guidance about potential cybersecurity risks (U.S. Food and Drug Administration, Digital Health Center of Excellence. 2022).

4:
The codes associated with a given durable medical equipment recommendation may include codes for the chosen piece of equipment, as well as relevant related accessories when clinically indicated. These additional supply or accessory codes provide supplementary information to the reviewer when making decisions regarding these complex requests. InterQual® does not endorse these codes and use of these codes is not required as part of the review.

5:
InterQual® Durable Medical Equipment (DME) criteria are derived from the systematic, continuous review and critical appraisal of the most current evidence-based literature and include input from our independent panel of clinical experts. To generate the most appropriate recommendations, a comprehensive literature review of the clinical evidence was conducted. Sources searched included PubMed, Agency for Healthcare Research and Quality (AHRQ) Technology Assessments, Choosing Wisely, Centers for Medicare and Medicaid Services (CMS) Local and National Coverage Determinations, the Cochrane Library, the FDA, and the National Institute of Health and Care Excellence (NICE). Other medical literature databases, medical content providers, data sources, regulatory body websites, and specialty society resources may also have been used. Relevant studies were assessed for risk of bias following principles described in the Cochrane Handbook. The resulting evidence was assessed for consistency, directness, precision, effect size, and publication bias. Observational trials were also evaluated for the presence of a dose-response gradient and the likely effect of plausible confounders.

6:
If a request is for a piece of durable medical equipment that is different from what was previously authorized, use the initial pathway.

7:
If the status or condition of a patient changes and as a result the patient needs to replace a speech generating device, software program, or accessory, use the initial pathway.

8:
Speech generating software or program applications enable an individual's personal computing device or mobile technology device to function as a speech generating device (American Speech-Language-Hearing Association, Speech-Language Pathology Medical Review Guidelines. 2015). Speech generating software or applications may be recommended if clinically appropriate, but do not include the personal computing devices in which the software operates (e.g., laptop or desktop computer, tablet, smartphone, or personal digital assistant [PDA]). Coverage may include the necessary device updates from the supplier.

9:
Accessories may be needed for proper positioning of the device (e.g., mounts, stands) or assisting users in engaging in communication (e.g., mouse, joystick) (American Speech-Language-Hearing Association, Speech-Language Pathology Medical Review Guidelines. 2015). Based on an individual’s skillset, communication needs, and physical positioning, accessories such as a mounting system, switch, pen or stylus, keyboard, eye tracking device, head control mouse, keyguard, joystick, and stand may be appropriate to support the speech generating device.

10:
Digitized speech devices use prerecorded words or phrases in electronic form that can be played upon command with a user action (Elsahar et al., Sensors (Basel) 2019, 19: 1911).

11:
Extensive core vocabulary may be necessary when individuals have higher-level cognitive functioning requirements (i.e., developing or existing executive-level functioning). Executive-level functioning includes the cognitive abilities required for complex goal directed behavior and adaptation to environmental changes. Being able to plan, organize, and strategize are important components of executive-level functioning. Self-monitoring and self-awareness skills enable the individual to conform behavior to meet social expectations. Executive-level functioning allows independent care, performance of useful work, and maintenance of social relationships. An appropriate evaluation should identify the features an individual needs which can then be matched to the appropriate speech generating device.

12:
Synthesized speech devices have computer-generated output from text-to-speech input by the user based on mathematical algorithms. There are two types of synthesized speech devices: some require message formulation by spelling and access by physical contact with the device and others permit multiple methods of message formulation and multiple methods of device access. An example of the latter type is a Grid Pad 15 manufactured by Smartbox Assistive Technology, which allows the individual to access the device by eye gaze, touch, joystick, trackball, or head mouse. The flexibility with an unlimited number of words or messages allows for personal expression to be communicated (Elsahar et al., Sensors (Basel) 2019, 19: 1911).

13:
Severe expressive speech impairment is the inability or limited ability to communicate daily wants, needs, or thoughts via the spoken word.

14:
Clinical presentations that result in severe expressive speech disabilities include but are not limited to severe language delays, cerebral palsy, intellectual and developmental disability, Parkinson's disease, autism, traumatic brain injury, stroke, amyotrophic lateral sclerosis, dystonia, Huntington's disease, multiple sclerosis, Down syndrome, muscular dystrophy, apraxia, and dysarthria.

15:
Identifying the device features of a system that will meet the communication needs of the individual without exceeding those needs is a critical step in matching products to the person. Speech-language pathologists (SLP) will consider low-tech speech generating devices (SGD) before high-tech devices due to the lower cost and ease of obtaining them (Elsahar et al., Sensors (Basel) 2019, 19: 1911). The SLP's evaluation should report the identification of those needed features and consideration of alternatives. A hands-on experience by the individual with the device, prior to ordering, may be an advantageous way to ensure the selected SGD is the optimal choice for maximal independence, particularly when the evaluator has a clinical question to answer about the need for a particular feature.

16:
A formal evaluation by a speech-language pathologist (SLP) should include (American Speech-Language-Hearing Association, Speech-Language Pathology Medical Review Guidelines. 2015). :

- Current communication impairment (e.g., type, severity, language abilities, cognitive skills, anticipated duration of impairment)
- Other forms of treatment as well as attempts at using natural modes of communication to enhance intelligibility have been explored and established as less effective
- Functional communication goals and treatment options
- Rationale for device selection
- Treatment plan and training schedule for selected device
- Cognitive and physical abilities appropriate for communication with selected device and accessories

17:
Communication involves listening, reading, writing, speaking, and gesturing and requires a multifaceted relationship between cognition (i.e., thinking, understanding, learning, remembering), language, and speech. Cognitive processes can range from basic to complex and include such things as attention, memory, reasoning, and executive functioning (American Speech-Language-Hearing Association, Speech-Language Pathology Medical Review Guidelines. 2015). Important considerations also include sensory-perceptual skills, literacy level, and behavioral and environmental needs.

When an individual requires a speech generating device (SGD) and there is a need for more than one spoken language, it is up to the judgment of the treating clinician, patient, and team members as appropriate as to which language should be chosen for use with the SGD.

18:
The speech-language pathologist's (SLP) evaluation will indicate the amount of vocabulary an individual needs access to in order to communicate in a variety of contexts and for a variety of purposes. Limited specific (fringe) vocabulary includes user-specific words that allow individuals to express themselves as unique. These words are highly individualized and situation specific. There can be larger or smaller sets of fringe vocabulary depending on the individual's needs. In comparison, core vocabulary includes words that are useful to many individuals in a variety of situations. These words often include pronouns, helping verbs, and prepositions.

19:
No one augmentative and alternative communication (AAC) system or speech generating device (SGD) is universally applicable across individuals with developmental disabilities. Some individuals benefit from low-technology devices, some benefit from high-technology devices, and some benefit from using a combination of unaided low-technology and aided high-technology devices (Elsahar et al., Sensors (Basel) 2019, 19: 1911). When deciding on a device to use, each individual's abilities, goals, and preferences must be considered, including the rationale for why natural modes to enhance intelligibility of communication are not appropriate, as well as a list of what treatment techniques and technology have been tried and have been found to be unsuccessful.

20:
Access technologies allow individuals with complex communication and motor impairments to engage in communication by speaking messages and writing text (Koch Fager et al., Augment Altern Commun 2019, 35: 13-25). How the individual accesses the symbols or messages on the device is called "selection." Selection is an important component in the decision-making process and should be included in the rationale when the options for a speech generating device have been outlined. There are two main selection techniques: direct and indirect (American Speech-Language-Hearing Association, Augmentative and Alternative Communication. 2023).

Direct selection is an access strategy that requires an individual to have reliable motor control in order to select and send a message by physical touch, eye-gaze, joystick, trackball, mouse, infrared light beams, or transmission of acoustic signals and speech recognition. Direct selection is the fastest and most efficient form of input.

Indirect selection (scanning) involves symbols in a display that are highlighted one by one, either manually by a partner (visually or auditorily) or electronically through a light and sound cursor. When the target symbol is reached, the user indicates the selection by the means available to them (e.g., blinking, switching, grunting, nodding). Symbols can be scanned one by one in linear fashion or in groups (American Speech-Language-Hearing Association, Augmentative and Alternative Communication. 2023).

21:
The individual must have the cognitive ability to comprehend the purpose and the use of the speech generating device (SGD). The individual's cognitive status and ability to learn new information will help determine what features the device needs to have. A systematic review of 56 studies with 221 participants demonstrated that patients with cerebral palsy might benefit from SGDs that have extensive symbol vocabularies or text-to-speech capabilities, whereas patients with traumatic brain injury might have better communication support with an SGD that replaces or augments speech (Tincani et al., Perspect Behav Sci 2020, 43: 387-413).

22:
Information regarding the individual's motor control (e.g., fine and gross movements, position, seating, ambulation

requirements) may be derived from an occupational therapy or physical therapy evaluation. This type of evaluation may be necessary to assist in determining the most appropriate mode of accessing the speech generating device (i. e., eye tracking and gaze interaction) and seating and positioning needs, as well as to determine the mounting needs of the device and access peripherals. Gross motor and fine motor control can be affected by physical attributes of the device (weight and size) and should be part of the feature matching.

23:
For individuals with physical and mobility limitations, selecting a speech generating device (SGD) and access method to control the SGD is done after careful assessment of fine and gross motor abilities. Proper seating along with correct positioning of their SGD and access technology can assist in more accurate control of the system when the trunk is stabilized, resulting in improved upper limb functioning (Griffiths et al., Paediatr Child Health 2022, 32: 277-81; Griffiths and Addison, Paediatr Child Health 2017, 27: 470-5). When appropriate, consideration may be necessary regarding interfacing the access for an SGD with the interface used on an individual's power mobility device.

24:
In order for individuals with severe motor impairments to be able to engage successfully with their access technology, equipment needs to be in an optimal position with consistent lighting across multiple environments. Proper positioning is important to the success of device access when individuals shift position inadvertently or are repositioned during the day (Koch Fager et al., Augment Altern Commun 2019, 35: 13-25; Koch Fager et al., Augment Altern Commun 2019, 35: 13-25).

25:
The determination as to whether an item meets the definition of durable medical equipment, the timing of ongoing review, and decisions regarding appropriateness of ongoing use or replacement of equipment may vary based on factors such as regulatory guidance, the expected duration of use, organizational policies, or contractual agreements.

26:
According to CMS policy, durable medical equipment (DME) that is owned, not rented and not under warranty, can generally be replaced at any time if it is lost, stolen, irreparably damaged, or not functioning.

When DME is owned (not rented, and not covered under a warranty), the reasonable useful lifetime (RUL) after which many types of DME could be replaced is typically 5 years. However, there are a number of DME items with shorter RULs that could be replaced sooner than 5 years, such as prostheses and certain lower extremity orthoses. In those cases, additional program-specific guidance and equipment-specific RUL timeframes would be provided (Centers for Medicare & Medicaid Services, Medicare Benefit Policy Manual Chapter 15; 110.1 - Definition of Durable Medical Equipment. 2021; Medicare Claims Processing Manual Chapter 20 - Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS). 2019).

27:
Typically, an order from the treating practitioner would be sufficient to reaffirm the medical necessity of the item requiring replacement.

28:
According to CMS policy, equipment should be replaced with an item of equipment that is identical or nearly identical to the one that had originally been approved. If a different type of equipment is requested due to a change in medical condition, it would not be considered a replacement (Centers for Medicare & Medicaid Services, Medicare Benefit Policy Manual Chapter 15; 110.2 - Repairs, Maintenance, Replacement, and Delivery. 2023).

ICD-10-CM (circle all that apply): F70, F71, F72, F73, F78.A1, F78.A9, F79, F80.1, F80.2, F80.4, F80.89, F80.9, F84.0, F84.2, F84.3, F84.5, F84.8, F84.9, G10, G12.21, G20.A2, G20.B1, G20.B2, G20.C, G21.11, G21.19, G21.2, G21.3, G21.4, G21.8, G21.9, G24.9, G35, G71.00, G80.0, G80.1, G80.2, G80.3, G80.4, G80.8, G80.9, I69.022, I69.090, I69.122, I69.190, I69.222, I69.290, I69.322, I69.390, I69.822, I69.890, I69.922, I69.990, Q90.0, Q90.1, Q90.2, Q90.9, R47.01, R47.1, R47.81, R47.82, R47.89, R49.1, R49.8, S06.0X0S, S06.0X1S, S06.0X9S, S06.0XAS, S06.1X0S, S06.1X1S, S06.1X2S, S06.1X3S, S06.1X4S, S06.1X5S, S06.1X6S, S06.1X9S, S06.1XAS, S06.2X0S, S06.2X1S, S06.2X2S, S06.2X3S, S06.2X4S, S06.2X5S, S06.2X6S, S06.2X9S, S06.2XAS, S06.300S, S06.301S, S06.302S, S06.303S, S06.304S, S06.305S, S06.306S, S06.309S, S06.30AS, S06.310S, S06.311S, S06.312S, S06.313S, S06.314S, S06.315S, S06.316S, S06.319S, S06.31AS, S06.320S, S06.321S, S06.322S, S06.323S, S06.324S, S06.325S, S06.326S, S06.329S, S06.32AS, S06.330S, S06.331S, S06.332S, S06.333S, S06.334S, S06.335S, S06.336S, S06.339S, S06.33AS, S06.340S, S06.341S, S06.342S, S06.343S, S06.344S, S06.345S, S06.346S, S06.349S, S06.34AS, S06.350S, S06.351S, S06.352S, S06.353S, S06.354S, S06.355S, S06.356S, S06.359S, S06.35AS, S06.360S, S06.361S, S06.362S, S06.363S, S06.364S, S06.365S, S06.366S, S06.369S, S06.36AS, S06.370S, S06.371S, S06.372S, S06.373S, S06.374S, S06.375S, S06.376S, S06.379S, S06.37AS, S06.380S, S06.381S, S06.382S, S06.383S, S06.384S, S06.385S, S06.386S, S06.389S, S06.38AS, S06.4X0S, S06.4X1S, S06.4X2S, S06.4X3S, S06.4X4S, S06.4X5S, S06.4X6S, S06.4X9S, S06.4XAS, S06.5X0S, S06.5X1S, S06.5X2S, S06.5X3S, S06.5X4S, S06.5X5S, S06.5X6S, S06.5X9S, S06.5XAS, S06.6X0S, S06.6X1S, S06.6X2S, S06.6X3S, S06.6X4S, S06.6X5S, S06.6X6S, S06.6X9S, S06.6XAS, S06.810S, S06.811S, S06.812S, S06.813S, S06.814S, S06.815S, S06.816S, S06.819S, S06.81AS, S06.820S, S06.821S, S06.822S, S06.823S, S06.824S, S06.825S, S06.826S, S06.829S, S06.82AS, S06.890S, S06.891S, S06.892S, S06.893S, S06.894S, S06.895S, S06.896S, S06.899S, S06.89AS, S06.8A0S, S06.8A1S, S06.8A2S, S06.8A3S, S06.8A4S, S06.8A5S, S06.8A6S, S06.8A9S, S06.8AAS, S06.9X0S, S06.9X1S, S06.9X2S, S06.9X3S, S06.9X4S, S06.9X5S, S06.9X6S,

HCPCS (circle all that apply): E2510, Other _____