

Date: [Date]

To: [Insurance Company Name]

Attention: [Claims/Appeals Department]

Fax/Address: [Insert Address or Fax Number]

RE: Letter of Medical Necessity for Speech Generating Device (SGD)

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Policy Number: [Policy ID]

Group Number: [Group Number]

ICD-10 Diagnosis Codes: F84.0 (Autistic Disorder), F80.2 (Mixed receptive-expressive language disorder)

To Whom It May Concern,

I am writing to formally request coverage for a Speech Generating Device (SGD) and necessary accessories for [Patient Name]. I have been treating this patient since [Date] for deficits related to Autism Spectrum Disorder.

Clinical Status:

[Patient Name] presents with severe expressive communication impairment. The patient is currently [non-verbal / minimally verbal] and is unable to meet daily functional communication needs using natural speech. Traditional speech therapy alone has not resulted in functional communication.

Evaluation Results:

A formal Augmentative and Alternative Communication (AAC) evaluation was conducted on [Evaluation Date]. During the evaluation, the patient demonstrated the cognitive and physical ability to use a dedicated SGD to communicate wants, needs, and medical status. Several methods were trialed, and the [Specific Device Name/Software] was found to be the most effective for the patient's specific motor and language profile.

Medical Necessity:

The requested SGD is medically necessary to:

- Provide a primary means of communication for medical needs and pain reporting.
- Reduce behavioral frustrations resulting from the inability to communicate.
- Allow the patient to participate in activities of daily living.

Requested Equipment:

- [Device Model Name]
- [Specific Software/App Name]
- [Protective Case/Mounting Equipment]

This patient's communication deficit is expected to be long-term. The SGD is not for educational or vocational purposes, but to provide a functional voice for medical and daily survival needs. Without this device, the patient remains unable to communicate basic health and safety requirements.

I recommend the immediate approval of this request. Please contact me at [Phone Number] if further documentation is required.

Sincerely,

[Physician/SLP Signature]

[Printed Name and Title]

[NPI Number]

[Facility Name]