

Date: [Insert Date]

To: [Insurance Company Name]

Attention: Medical Review/Prior Authorization Department

Address: [Insert Address]

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

Patient Name: [Patient Full Name]

Date of Birth: [Patient DOB]

Policy/Member ID: [Insert ID Number]

Diagnosis: Amyotrophic Lateral Sclerosis (ALS), ICD-10 Code: G12.21

To Whom It May Concern,

I am writing to formally request coverage for a speech-generating device (SGD) with eye-tracking access for my patient, [Patient Name], who has been diagnosed with Amyotrophic Lateral Sclerosis (ALS).

Clinical Status:

The patient is experiencing progressive neuromuscular degeneration. Due to the progression of ALS, the patient currently presents with severe dysarthria and/or anarthria, rendering them unable to meet daily communication needs through natural speech. Additionally, the patient has lost functional use of their upper extremities, making manual communication boards, typing, or standard switch-access devices impossible to use.

Medical Necessity:

An eye-tracking communication system is medically necessary because it is the only viable method for the patient to communicate medical needs, pain levels, and basic functional requirements. Evaluation by a Speech-Language Pathologist (SLP) has confirmed that the patient possesses the cognitive and visual ability to operate an eye-gaze system effectively.

Requested Equipment:

The following equipment is required for the patient's health and safety:

- [Insert Specific Device Name/Model]
- [Insert Specific Eye-Gaze Module/Camera]
- Mounting System (for wheelchair or bed use)

Conclusion:

Without this technology, the patient will remain in a "locked-in" state, unable to participate in their own medical care or communicate emergencies. This device is not for convenience, but is a vital piece of durable medical equipment required to treat the patient's severe communication disability.

Thank you for your prompt consideration of this request. Please contact my office at [Phone Number] if further information is required.

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]

[NPI Number]

[Clinic/Hospital Name]