

**Date:** [Insert Date]

**To:** [Insurance Company Name]

**Attention:** [Claims/Appeals Department]

**Address:** [Insurance Address]

**RE: Letter of Medical Necessity for Speech-Generating Device**

**Patient Name:** [Patient Full Name]

**Date of Birth:** [Patient DOB]

**Policy Number:** [Policy Number]

**Group Number:** [Group Number]

To Whom It May Concern,

I am writing to formally recommend the purchase of a dedicated Text-To-Speech (TTS) assistive communication device for my patient, [Patient Name], who is currently under my care following a Cerebrovascular Accident (Stroke) on [Date of Stroke].

**Diagnosis and Clinical Status:**

As a result of the stroke, the patient presents with [Diagnosis, e.g., Severe Broca's Aphasia or Verbal Apraxia (ICD-10 Code)]. This condition has resulted in a profound impairment of expressive language. Currently, the patient is unable to meet daily functional communication needs through natural speech or writing.

**Medical Necessity:**

The requested Text-To-Speech device is a medical necessity to allow the patient to:

- Communicate basic needs and medical concerns to caregivers and healthcare providers.
- Interact in emergency situations.
- Participate in ongoing speech and cognitive rehabilitation.

**Evaluation of Alternatives:**

We have trialed lower-tech options such as picture boards and gestures; however, these methods are insufficient for the patient to convey complex thoughts or specific medical symptoms. The patient has demonstrated the cognitive and motor ability to utilize a TTS interface effectively during clinical evaluations.

**Requested Equipment:**

I am prescribing the following Speech Generating Device (SGD): [Insert Specific Device Name and Model, e.g., Tobii Dynavox, iPad with specialized AAC software].

In summary, this device is essential for the patient's health, safety, and recovery. Please contact my office at [Phone Number] if you require further clinical documentation.

Sincerely,

[Physician/SLP Signature]

[Printed Name and Title]

[NPI Number]

[Facility Name]