

Date: [Date]

To: Medicare Claims Processing Department

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

Patient Name: [Patient First and Last Name]

Medicare Number: [Medicare ID Number]

Date of Birth: [DOB]

Diagnosis/ICD-10 Code: [Diagnosis Code, e.g., G40.909]

Dear Medicare Representative,

I am writing to formally request coverage for a dedicated Speech Generating Device (SGD), specifically the [Model Name/Manufacturer], for the above-named patient. This device is medically necessary to meet the patient's functional communication needs.

Clinical Background:

The patient presents with a severe expressive communication impairment resulting from [Specific Condition, e.g., ALS, Cerebral Palsy, Severe Aphasia]. Clinical evaluation confirms that the patient's natural speech is not sufficient to meet daily functional communication needs.

Evaluation Results:

A formal Speech-Language Pathology evaluation was conducted on [Date]. Results indicate that the patient possesses the cognitive and physical abilities to utilize a dedicated SGD. Specifically, the patient demonstrated the ability to:

- Select icons/words to convey basic needs and medical concerns.
- Navigate multiple screens or folders.
- Utilize [Touch/Eye-Gaze/Switch] as a functional access method.

Device Recommendation:

The [Device Model] is recommended because it is a "dedicated" device (HCPCS Code E2510) designed solely for communication. Non-dedicated devices (such as consumer tablets) were considered but ruled out because [Reason, e.g., they do not provide the necessary durability, specialized software, or dedicated support required for this patient].

Treatment Plan:

The patient will receive ongoing Speech-Language Therapy to ensure proficiency with the device. This equipment is expected to be required for a period of [Expected Duration/Lifetime].

I certify that the prescribed Speech Generating Device is medically necessary and is the least costly alternative that meets the patient's clinical needs.

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]

[NPI Number]

[Phone Number]

[SLP Signature]

[Speech-Language Pathologist Name, MS/MA CCC-SLP]

[License Number]