

Date: [Insert Date]

To: [Insurance Company Name]

Attention: Claims/Appeals Department

Address: [Insurance Company Address]

RE: Letter of Medical Necessity for Software Upgrade

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Policy Number: [Policy #]

Group Number: [Group #]

Device Model: [Name of Speech Generating Device]

To Whom It May Concern,

I am writing to formally recommend a medically necessary software upgrade for [Patient Name]'s Speech Generating Device (SGD). [Patient Name] has been diagnosed with [Diagnosis/ICD-10 Code], which results in a severe expressive communication impairment.

The patient currently utilizes the [Device Name] as their primary means of functional communication. The requested software upgrade, [Name of Software Upgrade/Version], is essential for the following reasons:

- **Functional Communication:** The upgrade provides [Specific Features, e.g., expanded vocabulary, improved word prediction] necessary for the patient to express basic needs and medical concerns.
- **Access and Efficiency:** Improvements in the software interface will allow the patient to communicate with greater speed and reduced fatigue, which is critical due to [Physical/Cognitive Limitation].
- **System Compatibility:** The current software version is no longer supported or compatible with [Hardware/Operating System], leading to frequent system crashes that leave the patient without a voice.
- **Clinical Progress:** The patient has reached the limits of the current software version and requires the advanced linguistic features of the upgrade to continue meeting therapeutic goals.

Without this upgrade, [Patient Name] will experience a significant decline in their ability to participate in their own medical care and daily activities. This software is not for convenience or education; it is a prosthetic tool required to treat a significant communication disability.

I request that you approve coverage for this essential medical equipment upgrade. If you require further clinical documentation, please contact me at [Phone Number].

Sincerely,

[Signature]

[Name of Speech-Language Pathologist/Physician]

[Title/Credentials]

[NPI Number]

[Facility Name]