

[Date]
[Insurance Company Name]
[Claims/Appeals Department Address]
[City, State, Zip Code]

RE: Letter of Medical Necessity for Speech-Generating Device

Patient Name: [Patient First and Last Name]

Date of Birth: [DOB]

Member ID: [ID Number]

Group Number: [Group Number]

To Whom It May Concern,

I am writing to formally request coverage for a picture-based augmentative and alternative communication (AAC) device for [Patient Name]. [Patient Name] has a diagnosis of Down Syndrome (ICD-10 Q90.9) which has resulted in significant expressive language delays and severe speech intelligibility impairment.

Clinical Assessment:

The patient presents with [list specific symptoms, e.g., non-verbal status, limited vocabulary, or severe apraxia]. Current speech therapy evaluations indicate that the patient's natural speech is insufficient to meet daily functional communication needs.

Medical Necessity:

A picture-based speech-generating device is medically necessary to allow the patient to communicate basic needs, medical symptoms, and safety concerns. Due to the cognitive and motor profiles associated with Down Syndrome, a robust visual-graphic interface is the most effective method for this patient to achieve functional communication.

Device Recommendation:

Based on a formal AAC evaluation conducted on [Date], it is recommended that the patient receive [Device Name/Model] with [Specific Software Name]. Trials have demonstrated that the patient can successfully navigate picture-based symbols to construct sentences and express intentions.

Treatment Plan:

The patient will continue receiving speech-language pathology services to integrate this device into their daily routine. This intervention is expected to decrease frustration, improve social interaction, and provide a reliable means of communication for health and safety.

I strongly recommend the immediate approval of this equipment. Please contact my office at [Phone Number] if further documentation is required.

Sincerely,

[Physician/SLP Signature]
[Printed Name and Credentials]
[NPI Number]
[Facility Name]