

Date: [Insert Date]

To: [Insurance Provider Name]

Attention: [Claims/Medical Review Department]

Address: [Provider Address]

Re: Letter of Medical Necessity for Speech-Generating Device

Patient Name: [Patient Name]

Date of Birth: [DOB]

Member ID: [Member ID Number]

Diagnosis: [Diagnosis Name and ICD-10 Code]

To Whom It May Concern,

I am writing to formally request coverage for a bilingual Speech-Generating Device (SGD) for the above-referenced patient. This device is medically necessary to treat a severe communication impairment that prevents the patient from meeting daily functional communication needs.

Clinical Assessment:

The patient presents with [Name of Condition], resulting in [Non-verbal/Limited Verbal/Apraxia]. Based on a comprehensive speech-language evaluation, the patient demonstrates the cognitive and motor capabilities to use an augmentative and alternative communication (AAC) system.

Requirement for Bilingual Capabilities:

The patient resides in a multilingual household where [Primary Language] and [Secondary Language] are spoken. To ensure medical safety, social integration, and effective communication with primary caregivers and medical providers, the device must include high-quality synthesized speech and vocabulary sets in both languages. A monolingual device would render the patient unable to communicate effectively within their primary environment, hindering their ability to report pain, express medical needs, or participate in their care plan.

Recommended Equipment:

Based on trials, the patient requires the following:

- [Device Model Name]
- [Specific Bilingual Software/App Name]
- [Necessary Accessories/Mounts]

Treatment Plan:

The patient will receive ongoing Speech-Language Pathology services to facilitate the use of this device. The goal is to increase functional communication across all environments and languages used by the patient.

I certify that the requested equipment is medically necessary for this patient's treatment. Please contact me at [Phone Number] if further information is required.

Sincerely,

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