

Letter of Medical Necessity

Evaluation Date:

Client:

D.O.B.:

Weight: lbs.

Height: inches

Parent/Guardians:

Evaluation Participants:

, Client

, SLP

, AAC Consultant

Diagnoses:

Primary Insurance:

Provider:

ID#

Medical Justification to Acquire New Equipment

Dear Medical Reviewer,

Patient is scheduled to attend speech therapy 1x weekly in an outpatient clinic setting. He presents with a severe speech and language disorder secondary to a diagnosis of autism, and he is unable to verbalize. Patient has participated in traditional therapy techniques trialing a variety of natural modes of communication and these have been unsuccessful. Currently he does not have a functional mode of communication however over several trial sessions over the last several months with the Nuvo speech generating device (SGD) he has demonstrated excellent use of the device to communicate his wants and needs. Patient demonstrates the cognitive, visual, auditory, motor, and receptive language ability to use the device to functionally communicate.

Natural modes of communication such as sign language or low-tech systems would only be functional if the person he is trying to communicate with knows how to sign, or if someone could add vocabulary pictures to the low tech system to meet patient's communication needs. Neither of these options have been successful for him and he demonstrates self-inflicting behaviors of hitting and biting himself when he is unable to meet his daily communication needs. These modes of communication do not allow for independent and spontaneous communication and navigating through pages of picture cards slows down or completely stops the communication process. These systems do not have voice output and patient is unable to create novel

messages. Without voice output he is unable to call for help or direct attention to medical needs. Communication is limited to communication partners who understand his communication intent and they must predict his needs.

The Nuvo SGD with symbol-based software makes it possible for the patient to communicate with anyone anywhere. If he is sick or in pain, he is able to select icons to communicate these needs. He is able to request food and drink wants and needs and answer questions. If he had his own device, he could communicate at home with his family as well as out in the community.

The above equipment has been determined to be medically necessary and is in no way for the patient's convenience. Thank you in advance for your anticipated approval of this much needed equipment.

Sincerely,

, SLP
Phone:

Date

I have read and agree with the justification of medical necessity for the durable medical equipment listed above. I agree with speech language pathologist's recommendations, and I agree this patient is a good candidate for the speech generating device listed above.

, MD
Phone:
Fax:

Date