Letter of medical necessity

Speech-generating software (HCPCS E2511). For US health plans, Medicaid, HSA and FSA administrators. Place on practice letterhead. HSA and FSA administrators usually need only the diagnosis, the recommendation and a signature.

Date: [date]

Patient: [full name] Date of birth: [MM/DD/YYYY]
Member ID: [number] Plan: [plan name]
Diagnosis: [diagnosis and ICD-10 code(s)]

1. Communication status

[Results of the speech-language evaluation dated [date]. Current expressive and receptive abilities. Why natural speech does not meet daily functional communication needs.]

2. Functional impact

[Effect on medical communication, safety, daily needs and participation across home and community settings.]

3. Options considered

[Lower-tech options tried or ruled out, and why. Other speech-generating systems trialed, with outcomes.]

4. Trial results

[Trial period dates. What the patient did with the recommended software during the trial.]

5. Recommendation

I recommend VoiceBloom AAC, a speech-generating software program, installed on [device the patient already has / device type]. It will be used primarily by the patient for speech generation. Cost: $449 CAD plus applicable tax, or the amount shown on the attached receipt. One-time lifetime licence, no recurring fees.

6. Treatment plan

[Goals, therapy frequency, who will train the patient and caregivers.]

I am not employed by VoiceBloom Inc. and have no financial relationship with VoiceBloom Inc.

[SLP signature, name, credentials, state licence number]

Physician order

I have reviewed this evaluation and prescribe the software above as medically necessary.
[Physician signature, name, NPI, date]

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