

Sample Appeal Letter: Comfort or Convenience

(DATE)

(INSURANCE NAME)

(INSURANCE ADDRESS)

(INSURANCE CITY, STATE ZIP)

RE: (FULL NAME OF CLIENT)

DOB: (DATE OF BIRTH)

To whom it may concern:

I recently submitted a request for purchase of the (DEVICE NAME) for my client, (CLIENT's NAME), who has a medical diagnosis of (DIAGNOSIS) and a speech-language diagnosis of (DIAGNOSIS). These diagnoses have left (HIM/HER) functionally nonverbal and unable to adequately express (HIS/HER) medical needs in an effective way without the use of Augmentative-Alternative Communication (AAC). As outlined in the AAC Evaluation Reported dated (DATE OF YOUR ORIGINAL REPORT), it is medically necessary for (CLIENT) to have access to a speech-generating device (SGD) so that (HIS/HER) medical needs can be expressed and met. (DOCTOR's NAME) was in agreement with my recommendation for purchase of the (DEVICE NAME) as the most cost-effective solution for meeting (CLIENT's) current medical communication needs.

On (DATE), I received notice that the E2510 (DEVICE NAME) was denied due to the following explanation:

*(*INSERT THE WORDING TO MATCH WHAT WAS SAID IN YOUR DENIAL DOCUMENT)*

I am appealing this decision based on the following information:

- The [DEVICE] is a **dedicated** speech-generating device (SGD) that has an HCPCS code of E2510 and is defined as durable medical equipment (DME) by the National Coverage Determination (NCD) guidelines. The fact that the [DEVICE] is **dedicated** means that CLIENT's NAME cannot access the [Windows or iOS] side of the device. In other words, HE/SHE is "locked out" of access to other apps or features that would normally be available on a consumer tablet. This feature is medically necessary for CLIENT's NAME because it ensures uninterrupted access to HIS/HER voice throughout the day as well as reduces maladaptive behaviors caused by the distraction of other non-communication apps (i.e. games, videos, etc.).
- Under federal law, to qualify for reimbursement from Medicare or Medicaid, a device must meet the definition of DME. In addition, DME must be considered medical equipment to be eligible for reimbursement. The Department of Health & Human Services' Centers for Medicare & Medicaid Services (CMS) issued its Medicare Benefit Policy Manual (MBPM) describing which devices qualify for reimbursement as DME. According to MBPM (Pub. 100-02), Ch. 15 § 110, "Equipment which is primarily and customarily used for a nonmedical purpose may not be considered "medical" equipment for which payment can be made under the medical insurance program. This is true even though the item has some remote medically related use." No one uses an [DEVICE] in the absence of a severe communication disability because the device

is not useful in those circumstances. The [DEVICE] serves a medical purpose which is why it meets the definition of DME.

- The [DEVICE] is specifically designed, marketed, and sold exclusively to individuals with severe communication disabilities. It is in no way an item of “comfort or convenience” but rather, one of medical necessity. The [DEVICE] is expected to reduce or ameliorate the mental and developmental effects of (CLIENT’s) disability. (CLIENT) is unable to communicate verbally. The ability to communicate is essential to conveying medical information, learning, and social interaction as well as to achieve and maintain independence. When communication is impaired, it affects every aspect of a person's life. When communication is impaired, the individual is at risk medically as they are not able to express health concerns or report abuse. Lack of communication can lead to behavior problems limiting the individual’s functional ability within the community.

If further information is needed to substantiate this request, please contact me. Thank you for your time.

Sincerely,

(YOUR NAME AND CREDENTIALS)

(TITLE)

(EMPLOYER NAME)

(EMPLOYER ADDRESS)

(EMPLOYER CITY, STATE, ZIP)

(PHONE)

(FAX)

(EMAIL)