

(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 appropriate solution for meeting (CLIENT's) current medical communication needs.

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 facts:

- 1) **Cost.** In Indiana, Medicare/Medicaid and private insurers do not cover the cost of iPads or apps because they are not considered Durable Medical Equipment (DME) as defined by the National Coverage Determination (NCD) guidelines. Your suggestion that (CLIENT) should use an iPad/app to meet his medical communication needs means that the family would have to pay privately for the hardware, app, case, amplifier, keyguard, and training. If the iPad breaks, (CLIENT) would be financially responsible to get it fixed or purchase a new one because iPads/apps are not covered by funding sources in Indiana. Requiring (CLIENT) to fund (HIS/HER) own iPad/app as a communication device would result in financial hardship for the family. Thankfully, the (DEVICE) I recommended is considered DME and is covered by Medicare/Medicaid and private insurance in Indiana. The hardware, software, case, amplifier, keyguard, and lifetime of training are included! If the (DEVICE) breaks, it has a (1-3) year warranty and can be fixed without issue. If the warranty has expired, Medicare/Medicaid or private insurance in Indiana will pay for repairs. This relieves the financial burden on (CLIENT).
- 2) **Durability.** The iPad is not built to sustain the daily "abuse" that an Accent device can withstand. Individuals who use AAC devices and/or their peers are tough on equipment. The (DEVICE) has been put through durability testing including a "dye test" in which the device is placed in a tumble dryer (without heat) for 10 minutes - after which time it still functions and doesn't have a cracked screen! Good luck trying that with an iPad.
- 3) **Sound Quality.** The iPad wasn't built for expressive communication with others, so the speakers aren't very loud. In fact, in most community settings, you can't hear the voice output of an iPad without attaching an amplifier. The (DEVICE) has an amplifier built into the case so you get excellent sound quality without having to attach anything separate or plug anything else in.
- 4) **Training and Support.** A lifetime of training and support from PRC is included with the purchase of an Accent device! Training and support from a PRC Consultant are NOT

included in the price of the app, so if (CLIENT) purchases an iPad with the Words for Life app and wants training, (HE/SHE) will have to pay, per occurrence, for training.

- 5) **Access Methods, Vocabularies, and Features.** A PRC Accent device offers a variety of access methods and features that you cannot get on an iPad such as headpointing (NuPoint) and eyegaze (NuEye), CoreScanner and Essence, bilingual options (i.e. Spanish Unity), and "skins" that change the background color or add "padding" between the keys to soften the visual intensity of the screen. There are so many more features in the (DEVICE) that allow you customize the system to a user - these are not available in the iPad app.

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)