OASIS · AT A GLANCE

AAC and Insurance: Getting Device Coverage

The documentation that gets AAC devices funded, the medical necessity letter that does most of the work, the trial period that demonstrates use, and the appeal pathway when the first denial arrives.

BY JIM PALASTY · OASIS FOR AUTISM · 9 MIN READ

1

NECESSITY LETTER

One well-built medical necessity letter does most of the work. The SLP signs it, the family assembles the evidence, approval rates climb. The letter is the assignment.

How it works

THREE STEPS

SLP-led assessment

A qualified speech-language pathologist conducts the AAC evaluation. The evaluation is the foundation of the funding request.

→

Medical necessity letter

Diagnosis, functional impact, prior approaches tried, devices considered, recommendation. Specific, clinical, supported.

→

If denied, appeal

Most initial denials are reversed at the first level of appeal when documentation gaps are addressed. Plan for appeal as part of the process.

What goes in the medical necessity letter

Identification	Name, DOB, diagnosis with ICD code
Functional impact	Specific communication failures and their consequences
Prior approaches	What has been tried, dates, outcomes, why insufficient
Recommendation	Specific make and model with clinical rationale
Goals	Specific functional outcomes the device addresses
Prescriber	Physician or qualified SLP credentials and signature
Plan citation	Insurance policy provision or Medicaid coverage citation

WHAT IT LOOKS LIKE

“

The first denial said my son had not tried alternatives. He had been using picture cards for eight years. The SLP rewrote the medical necessity letter to specifically list each prior method, dates, and why each was insufficient. The appeal was approved in nineteen days. The device arrived a week later. He has been using it for three years. The total time from first call to device-in-hand was four and a half months. The denial was a step in the process, not the end of it.

VERA, GRAND HAVEN

What matters, at a glance

The "tried and failed" denial

Insurance commonly denies AAC saying other communication approaches have not been tried and failed. Documentation that preempts this specifically is the difference between approved and denied.

Medical necessity letter

SLP-signed, two to three pages, addresses each anticipated denial reason. The letter is the brief. The brief is the case. Everything else is supporting evidence.

Trial period

Most insurance plans require or allow a trial period with the proposed device. The trial is evidence. The trial is also where the family learns what they actually need.

Approval timeline

Submission to approval typically 30-60 days. Submission to denial often faster. Denial through successful appeal, three to six months total. Plan the calendar.

Required documentation

Diagnosis, functional communication evaluation, prior approaches with outcomes, recommended device, expected outcomes, prescriber sign-off.

Appeal pathway

First-level appeal usually within 60 days of denial. Add the missing documentation. Address the specific denial reason. Reversal rates are meaningful when the letter is rewritten well.

BRING THESE · CHECK AS YOU GO

- [ ] SLP with adult AAC funding experience identified
- [ ] Medical necessity letter drafted
- [ ] Submission method confirmed (vendor vs. prescriber)
- [ ] Backup low-tech communication in place during wait
- [ ] Evaluation completed and report received
- [ ] Insurance plan policy reviewed
- [ ] Calendar entry for appeal deadline (typically 60 days)

YOUR MOVE

Building the funding application

1. Schedule the SLP evaluation. Confirm the SLP has worked with adult AAC funding before.
2. Request the evaluation report in writing, with specific functional impact descriptions.
3. Draft the medical necessity letter with the SLP. Address common denial reasons preemptively.
4. Submit through the prescriber's office or the device vendor's funding department, whichever the SLP recommends.
5. If denied, appeal within the deadline. The appeal is not a setback; it is the second step of the process.

Insurance does not reward the family who gives up at the first denial. Insurance rewards the family that appeals. Plan for both.

RESOURCES NAMED IN THIS POST

oasisforautism.com · https://oasisforautism.com

Informational only. Not legal or medical advice. Verify current program rules before acting.

ABOUT THE AUTHOR

JP

Jim Palasty

Jim Palasty is the founder of OASIS for Autism and a single father of an adult autistic daughter in Michigan.