

Claiming for Assistive Devices

Assistive Device Billing Procedures

Under the School-Based ACCESS Program (SBAP), participating LEA's are eligible to claim Medical Assistance (MA) reimbursement for procurement and repairs of student-specific assistive technology devices, provided the following criteria are met and/or forms are completed:

1. Student has been identified as receiving special education services.

The student must have a current Individual Education Program (IEP) that defines the student's need for the device and any needed related supportive services. The student's IEP team must have determined that an assistive device and/or service are necessary for the student to benefit from his/her education program.

2. Student is between 3-20 years old.

3. Student is enrolled in the Medical Assistance (MA) program.

The student must be actively enrolled in the MA program and eligible to receive MA benefits.

4. The assistive device needed by the student is identified under SBAP guidelines as eligible for reimbursement.

Only certain assistive devices qualify for reimbursement. Under SBAP, an assistive device is defined as an item, piece of equipment, or product system that is used to increase, maintain or improve the functional capabilities of the student with a disability. For list of devices that qualify for reimbursement, refer to the *Assistive Device List* in this packet.

5. Parental consent has been obtained.

Per the Individuals with Disabilities Education Act (IDEA) and the Family Educational Rights and Privacy Act (FERPA), the student's parent must sign a *Parental Consent Form*, authorizing the LEA to claim MA reimbursement for the assistive device.

Note: If the parent has already signed a *Parental Consent Form* authorizing the LEA to claim for MA reimbursement for the current prescribing IEP an additional form is not required for the assistive device.

6. Medical authorization has been obtained.

The assistive device must be deemed medically necessary and be ordered on either:

- a. physician's prescription
- b. *Medical Practitioner Authorization Form*

If using the *Medical Practitioner Authorization Form*, the appropriate assistive device category must be checked and the form must be signed and dated by one of the following practitioners:

- Medical Doctor (MD)
- Doctor of Osteopathy (DO)

7. Transfer of ownership letter/notice has been signed and received from parent.

If the LEA is submitting an eligible assistive device for SBAP reimbursement, the ownership of the device must be transferred to student. The LEA must send a *Transfer of Ownership* letter to notify the parent of a possible transfer.

8. Assistive Device Billing Form has been completed and submitted to PCG.

The LEA must complete an *Assistive Device Billing Form* and submit it to PCG. Refer the *Assistive Device List* for the Appropriate Y-code that describes the device and include it on the form.

- **You must also include a copy of the device invoice and a copy of the Transfer of Ownership Letter.** If claiming reimbursement for a device repair, include a copy of the repair invoice as proof of payment.

Assistive Device Billing Procedures

9. Billing Rejection Notice is sent to the parent (only if claim is rejected).

In the event that MA rejects as assistive device claim, PCG will notify the LEA. The LEA will notify the parent via a *Billing Rejection Notice* that the device will remain the property of the LEA.

**10. The LEA will make copies of all paper documentation as needed to submit a claim;
LEA will maintain all original documents submitted to SBAP as part of the claim.
LEA will maintain these documents for six years for audit purposes.**

11. Assistive Device documentation can be sent to PCG through the following Methods:

Mail:

Public Consulting Group
Attn: Jennifer Taylor
2040 Linglestown Road
Suite 201
Harrisburg, PA 17110

Email:

SBAPsupport@pcgus.com

Please place "Assistive Device" in the subject.

Assistive Device List

Assistive Technology Procedure Code T1999	Y Code
7 - Level Communication Builder	315
Ablelink Connectables One Step Communicator	184
Accent 1000	T2000
Accent 1000 with Nu Eye Tracking System	T2001
Accent 1400	T2002
Accent 1400 with Nupoint Head Tracking	T2003
Accent 800-D	T2004
ACCI Choice Communicator 64 with app	T2005
Acrobat Electronic Magnifier (monitor required)	2
Acrobat Panel with 12 inch LCD Monitor and Camera	1
Allora 2	T1999
ALT-Chat with Symbolstix	7
Amigo Portable Video Magnifier	8
ASL switches	T2049
Attainment Talker Kit	9
Attainment Talkers	T2028
Aumax LCD Video Magnifier	11
Bag of Sound	12
BAT USB One Hand Keyboards (Right and Left)	14
Big Keys ABC Keyboard for PC with Keyguard	15
Big Keys QWERTY Keyboard with Keyguard for PC	16
BIGmack Communicator Kit (includes 5 BIGmack Communicators)	17
Blue2 Bluetooth Switch	T2045
Boost Personal Video Magnifier	312
Braille Sense Plus Braille Notetaker	22
Braille Star 40	23
Braillenote Apex BT 32 Cell	358
Braillenote Apex QT 32 Cell	359
Braillenote PK	26
Brailiant 40 Cell Refreshable Braille Display	28
Busy Box Kit - 5 Function Activity Center	29
Chat Fusion 10	T2006
Chattervox Voice Amplifier	313
Cheap Talk 4 - Direct / Scan with Jacks (in-line)	37
Cheap Talk 8 - Direct / Scan with Jacks	38
Clarity Deskmate Plus Video Magnifier	40
Clarity Deskmate Video Magnifier	41
Classmate Reader	44
Classmate Reader (For AT Specialists) 2 week loan period	331
Comtek ChatPack - Desktop Sound Field Personal FM System	326
Cordless Battery-Operated Environmental Control Unit	50
C-Pen Reader	T2044
Daisey Mounts	T2050
Dual-tube Video Microscopy System	56
Dynavox T10	T2012
Dynavox T15	T2013
Easy Talk	332

Assistive Device List

Assistive Technology Procedure Code T1999	Y Code
Echovoice ev3 Voice Amplifier	66
Eyegaze Edge Desktop	T2015
Eyegaze Edge Tablet	T2014
Eyegaze Edge Talker	T2016
Eye-Pal	71
Eye-Pal Solo	70
Eye-Pal Solo LV	70
Eye-talk	73
Falck 1001 Voice Amplifier	77
FarView Portable Video Magnifier	78
Finger Isolation Busy Box	79
Fl4sh 4	T2007
Flip 'n Talk	334
Flipper Panel with 10 inch Monitor	82
Focus 40 Blue Braille Display	343
Forte Portable Word Processor	T2042
Four Level Communication Builder	86
Frogpad Bluetooth iFrog Portable One-Handed Keyboard (right hand)	87
Go Talk 20+	90
Go Talk 4+	91
Go Talk 9+	92
GoTalk Pocket	T2027
Graphing Calculator with Screen Enlarger	94
Half-Qwerty Keyboard for PC or Mac	101
Head mouse Nano	T2023
Hearit Complete Auditory Tool Kit	105
Hiptalk 12 with levels	T2025
Index Basic-D Braille Embosser	13
Insight Desktop Video Magnifier (requires a monitor)	110
iPad with AAC apps	114
iPod Mini with AAC Apps	T2029
iPod Touch with Proloquo2Go	115
iSense Micro NB Wireless Personal FM System (Phonak)	116
Jot a Dot Pocket Braille	120
Juliet Braille	121
Jumbo Universal Remote Control	122
LCD Touch Screen 17 inch Monitor (Serial and USB)	353
Lightspeed Desktop Soundpak System	322
Lightwriter SL35/C Cherry with Full Size Keyboard	138
Lightwriter SL40	337
Lightwriter SL40 Connect	T2017
Logan ProxPad Plus Tangibles kit	T2030
Logan Proxtalker	142
Logan® ProxPAD™ Deluxe with Talking My Way Cards	T2032
Logan®ProxPAD™ Plus with Tangible Object Cards	T2031
Low Tech Communicators Kit	347
Lynx Portable Video Magnifier	144

Assistive Device List

Assistive Technology Procedure Code T1999	Y Code
Magic Arm Mount Kit	146
Magnicam Electronic Portable Video Magnifier (connects to a TV)	149
Magnilink S Portable Video Magnifier with Reading and Distance Camera	150
Magnisight Explorer Custom Focus CCTV with 17 inch CRT Color Monitor	349
Magnisight Explorer Custom Focus CCTV with 17 inch LCD Monitor - PC Edition	151
Magnisight Explorer Custom Focus CCTV with 19 inch LCD Monitor	152
Maltron Ergonomic One-handed Keyboard (left handed) for PC	153
Maltron Ergonomic One-handed Keyboard (right handed) for PC	154
Maxport Color Portable Magnifier	157
Medium Visually Impaired Communicator	160
Medley	T2048
Merlin Desktop Electronic Magnifier with 19 inch LCD	161
Microlink with Naida SuperPower Hearing System (for moderately-severe to severe hearing loss)	166
Microlink with Naida UltraPower Hearing System (for severe to profound hearing loss)	167
Microlink with Nios Micro III Junior Hearing System (for mild to moderately severe hearing loss)	168
Mimio XI Wireless Digital Whiteboard Recorder	169
Mini Light Box	T1999
Mobi	175
Motiva Personal FM System (Williams Sound)	176
Mount'n mover	T2033
Mountbatten Braille - MB Pro	317
myReader2 Desktop Video Magnifier/Auto Reader	351
NEO with Co:Writer Applet	182
Nova Chat 10D+	T2034
Nova Chat 12	T2037
Nova Chat 5D+	T2035
Nova Chat 8	T2036
Olympia Portable Magnifier	183
ONYX Swing-arm Portable Magnification Camera	185
Optelec Clearview+ Desktop Video Magnifier	188
Oticon Amigo Personal FM System	190
Pacmate BX 400	195
Pacmate BX 400 with Portable Braille Display	195
Pacmate QX 400 (Qwerty with Portable Braille Display)	197
Page Turner	198
Partner/Plus Four	199
Pc Eye Mini	T2022
Pearl Portable Reading Camera	345
Perkins Braille	210
Perkins Braille (electric)	211
Personal FM System (Comtek)	328
Personal FM System (Lightspeed)	212
Pico Pocket Video Magnifier	213
Pocket Viewer	220
Powerlink 3 with Airlink Cordless Switch	221
Prio	T2008

Assistive Device List

Assistive Technology Procedure Code T1999	Y Code
Prio Mini	T2009
Quick Talker 23	T2019
Quick Talker 7	T2020
Quicklook Full Color Portable Magnifier	224
Quicktalker 12	T2018
Quicktalker Freestyle	T2011
QuickTalker Freestyle Mini	T2010
Radium Sound Field System	323
RedCat Classroom Audio System	342
Rio Video Magnifier	227
SAM (Switch Adapted Mouse) Joystick for Mac/Windows	T1999
SAM (Switch Adapted Mouse) Joystick for Windows (USB)	T1999
Sapphire Portable Video Magnifier	230
SARA - Scanning and Reading Appliance	231
SCATIR switch	T2046
School DAF Anti-Stuttering Device	234
Sci-Plus 200 Scientific Calculator	324
Sensview Duo Portable Magnifier	237
Sensview P 430 Portable Magnifier	238
Smart 128	242
Smart Speak (32 location)	243
Smart Talk (8 location)	244
Smartview Graduate Portable Video Magnifier	245
Smartview Nano Handheld Video Magnifier	246
Step By Step Communicator	251
StepPad	T2026
Super Talker Progressive Communicator	255
Switch Click USB	256
Switch-activated Tape Recorder with Latch / Timer	257
Symbol Communicator for the Blind	258
T-3 Talking Tactile Tablet	259
Tactile Image Enhancer	260
Talk 4 (with 12 Levels and Optional Vibration)	261
Talk 8 (with 12 Levels and Scanning and Vibration Option)	262
Talking Magic Roller	355
Talktrac Wearable Communicator	T2021
Tech Scan 32 Plus	266
Tech Scan 8 Plus (auditory scanning)	267
Tech Speak - 32 location	268
Tech Talk - 8 Location	325
The View Portable Desktop Video Magnifier	273
The Writer Fusion	274
Tiger Cub Braille Embosser	278
Tobii T10	T2039
Tobii T15	T2041
Tobii T7	T2040
Topaz Desktop Video Magnifier 19 inch LCD Model	280

Assistive Device List

Assistive Technology Procedure Code T1999	Y Code
Topaz Space Saver Desktop Video Magnifier with 17 inch Monitor	281
Touch Chat Express	T2038
Tracker Pro	284
Tracker Pro	T2024
Transformer USB Portable Electronic Magnifier	357
Traxsys Joystick Plus -- Mac/PC (USB)	208
Traxsys Rollerball 2 Trackball (USB and PS/2)	209
Traxsys Trackball and Joystick Assessment Kit (PC)	207
Tufftalker with Gus - Communicator Software	287
UBI DUO - Face to Face Communicator	290
USB Switch Interface (Mac or PC)	293
Victor Reader Stream - Digital Talking Book Player	300
Vocaflex	356
Voice Pal Max (90 seconds recording time) + Scanning	302
Voice Pal Plus with Scanning	303
Wizcom Reading Pen	T2043
Zoomview Screen Magnifier for 14 inch to 33 inch Monitors	310
Zygo Wireless Voice Amplifier	T2047

Assistive Device Parental Consent Form

Local Education Agencies (LEAs) are eligible to receive federal Medicaid reimbursement for student-specific assistive technology devices and its repairs when the device meets the requirements of the state’s Medicaid program and is necessary for the student to benefit from his or her education program.

The Individual with Disabilities Education Improvement Act of 2004 (IDEA) and the Family Educational Rights and Privacy Act (FERPA) require schools to obtain written parental consent to share students’ education and health-related records such as IEPs and Evaluation Reports. We are requesting your permission to share this information with the PA Department of Education, the PA Department of Public Welfare, and a physician in order to bill Medical Assistance.

In addition to the Medicaid-covered services your child may receive as part of his/her IEP, MA will continue to pay for medically necessary, Medicaid-covered services that are provided to your child outside of school.

I understand that:

- if I give permission, I may withdraw it for future services at any time. However, it does not negate an action that has occurred after consent was given and before the consent was revoked.
- my refusal to give consent will not change the services my child received under his/her IEP.
- whether I consent or refuse, I will not have to pay for these services.
- upon request, I may receive copies of my child’s records that are disclosed as a result of this authorization.

I **give** my child’s school permission to share my child’s education and health-related information and bill Medical Assistance.

I **do not give** my child’s school permission to share my child’s educational and health-related information and bill Medical Assistance.

Name of School

Student’s Full Name (last, first, middle initial)

Date of Birth

IEP Meeting Date

IEP Start Date

IEP End Date

Parent/Guardian Name (print)

Parent/Guardian Signature

Date

Assistive Device Medical Practitioner Authorization Form

LEA Name: _____

Student's Name: _____

Date of Current IEP: _____

I have reviewed the student's Individual Education Program (IEP) and agree that the following assistive device and services recommended by the IEP team are both appropriate and medically necessary for the proper treatment and management of the student's illness or disability.

Type of Assistive Device

- Computer Access: i.e. alternative keyboards/mouse's, eye tracking systems, voice recognition
- Assistive listening amplification device
- Augmentative/alternative communication device
- Sensory Impairment
- Vision device

Supportive Services Needed

Authorized Signature _____

Date of Signature _____

Printed Name/Practitioner Title _____

License # _____

NPI # _____

MA Provider # _____

Assistive Device Transfer of Ownership

Student's Name: _____

Transfer of Ownership Date: _____

Dear Parent/Guardian:

Your child's LEA (Local Education Agency) is a participant of the School Based ACCESS Program (SBAP). Through SBAP, they can submit a claim for reimbursement from Medical Assistance (MA) for the cost of providing your child with this assistive device.

A claim for this device, which was purchased specifically for your child, is being processed. Once MA approves and reimburses the LEA for the federal portion of the cost, the ownership of this device must transfer to your child.

Please note that if MA rejects the claim, your child will continue to have full access to this device as part of his/her Individual Education Program (IEP); however, the device will remain the property of the LEA.

The LEA, through the Assistive Technology Team, will provide the necessary training and support in the use of the device. It is important to collaborate with the school personnel who are assisting in the training process for the proper use of the device.

If the device is not working and needs to be repaired, please contact us at _____ for assistance. The LEA is responsible for any costs related to the repair of the device; however, the school district does not cover any repairs once the student graduates.

If you have any questions, please contact your LEA for assistance.

Sincerely,

cc: School District Representative

Assistive Device Billing Rejection Notice

Date: _____

Dear Parent:

This letter is to inform you that Medical Assistance has denied our Local Education Agency's (LEA) claim for cost reimbursement for your child's assistive device.

Therefore, the device will remain the property of our LEA. However, your child will continue to have full access to the device as part of his/her Individual Education Program (IEP) until your child graduates.

If the device should malfunction an need repair, please call

_____ at _____ for assistance. The LEA is responsible for any costs related to the repair of the device.

Please do not hesitate to contact me if you have questions.

Sincerely,

cc: