

Funding Assistive Technology with Private Insurance

Jamahl, a 14-year-old who is unable to speak, needed a speech device to talk with others. His parents were able to pay for this communication device through private insurance.

You may want to ask for the help of a parent or organization experienced with the funding of AT through private insurance.

Can private insurance fund assistive technology?

It may be possible to get your private insurance to pay for medically necessary assistive technology if the insurance plan covers durable medical equipment, prosthetic devices or equipment associated with therapy, such as physical or speech therapy. If it seems more cost effective, the insurance company may rent the equipment rather than purchasing it.

Each insurance plan is different. You have the right to see your entire plan, in plain language, not just the plan summary. It is important for you to know what your plan covers, as well as the specific items your plan does not cover. Read your plan carefully.

There is no legal requirement for private plans to cover AT. It is worth pursuing funding unless a device or service is expressly prohibited. Try to have the attitude that the answer will be yes; if the answer is no, continue to ask, "Why not?" You may want the assistance of an

individual or organization experienced in dealing with private insurance funding of AT.

Definitions

medically necessary Usually, an AT device or service is considered medically necessary if it will help a child to function more independently, improve or maintain current levels of functioning or prevent further deterioration in his or her condition.

durable medical equipment (DME) Durable medical equipment is equipment that can stand repeated use, is generally used for medical purposes and is appropriate for home use. Wheelchairs, walkers, canes, crutches, shower chairs and special lifts are some examples of durable medical equipment.

prosthetic devices Prosthetic devices can help a child overcome limitations related to illness, a medical condition or injury. They are devices specifically designed to replace, correct or support the



**Vermont
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To order copies of this fact sheet, or to learn more about VFN's materials and services, contact the Vermont Family Network
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You can also contact us via e-mail at info@vtfn.org.

And don't forget to visit our website at www.vtfn.org.

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function of a body part. Examples include augmentative or alternative communication devices to help a child with limited or no ability to speak or an artificial limb to help a child walk. Other examples of prosthetic devices are braces and hearing aids.

rehabilitative therapy Medicaid may pay for technology if it is needed for rehabilitative therapy, such as physical, occupational or speech therapy. Therapy-related technology includes therapy balls, hearing aids, pencil grips, special eating utensils, augmentative communication devices and communication boards.

How do I get AT funded by private insurance?
First, your child's physician or other approved Vermont provider, such as a physical therapist or speech and language pathologist, must fill out a medical necessity form, which serves as a prescription for durable medical equipment, prosthetic devices or supplies.

Next, you submit the prescription to an approved vendor, such as a medical supply store. Sometimes the supplier may provide the device first and then bill the insurance company. In other cases, the insurance company must approve funding before the supplier can provide it. Your policy will describe the insurance company's prior approval requirements.

All requests for insurance funding of AT should include a detailed, written explanation of why the equipment or service is needed to help your child function more independently, improve his current abilities or prevent deterioration in his condition. Review your policy to find out how to prove medical necessity.

What if my private insurance won't pay for AT?
If your request for funding is denied, you should receive written notice of the

decision, including notice of your appeal rights and procedures.

Your policy should clearly define the appeal procedure for a claim denial, including time frames and the address for filing an appeal. A denial at one level will trigger appeal rights at another level. You may appeal the decision in a court of law if you are still denied the equipment.

Resources

Vermont Family Network
help for families advocating for AT
(802) 876-5315 • 1-800-800-4005
info@vtfn.org • www.vtfn.org

Disability Law Project
legal support for getting AT
(800) 747-5022 Burlington/Champlain Valley

(800) 789-4195 Central Vermont
(800) 769-7459 Rutland Area
(800) 769-6728 Northeast Kingdom
(800) 769-9164 Southern Vermont
All phones (V/T/T/Y).

Vermont Center for Independent Living
information on AT devices and funding
(800) 639-1522
www.vcil.org

Vermont Department of Banking,
Insurance & Securities
consumer assistance about insurance
(802) 828-3302
www.bishca.state.vt.us

Children with Special Health Needs
information on AT devices and funding
(800) 660-4427
www.state.vt.us/health/hi/cshn/cshn.htm

Titles in VFN's Assistive Technology (AT) Series

Facts About AT • AT Evaluations • AT & the IEP • AT & the IFSP • AT & Section 504 • Funding AT • Funding AT Through Medicaid • Funding AT Through Private Insurance