

# Read Me First - New York Medicaid

New York Funding Sources have strict requirements for AAC Evaluations. Please either upload your own evaluation OR use the template provided in the State Documents tab. PRC-Saltillo's report writing tool DOES NOT meet these requirements. If this is your first AAC Evaluation in the state of New York, please contact your local consultant for additional support.

## **Prescription from Physician**

Please use Certificate of Medical necessity form on portal, including name of device and CPT codes such as "E2510: NovaChat 8; E2599: 60 Location Key Guard"

### **Speech Generating Device (SGD) Trial**

Results from a four-week trial of the SGD must be documented in the Speech Language AAC Evaluation. Start and end dates of the trial MUST be noted.

## **Individual Education Plan (IEP)**

If the client is school aged, IEP from current school year must be submitted. IFSP applicable if no IEP.

#### IF REQUESTING EYE TRACKING:

OT and/or PT report required supporting choice of eye-tracking as most appropriate access method dated within the last 6 months.

Phone: 800.268.5224