

LEARNING DISABILITIES PROGRAM

Children's Hospital Neurology Foundation

Fegan 11
300 Longwood Avenue
Boston, MA 02115
(617) 355-2868
(866) 397-5657 (fax)

Dear Parent/Guardian,

Thank you for your interest in the Learning Disabilities Program. The Learning Disabilities Program is dedicated to helping students as well as their parents and teachers in their mutual efforts to experience academic success. Our staff is available to help you during the entire process from making the appointment to helping you interpret the results. Please read the enclosed information very carefully as it will answer many of your questions regarding our program.

In order to make an appointment the following must be completed and received by the Learning Disabilities Program:

1. Guarantor and Patient Information Form
2. Authorization of Payment for Schools (if applicable)
3. Parent Prepayment (half of parent responsibility payable by check, Visa, or Mastercard)

Once an appointment is scheduled, you will receive a confirmation packet with further details on the evaluation day as well as teacher and parent forms that must be completed and returned at least two weeks prior to the appointment. In addition to these forms, we ask you to submit reports from prior testing, including MCAS scores, and a current IEP if applicable.

If you have any questions at any time during this process, feel free to contact us at (617) 355-2868 or via the email addresses below.

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LEARNING DISABILITIES PROGRAM (LDP) COMPREHENSIVE LEARNING DISABILITIES EVALUATION GENERAL INFORMATION

The Learning Disabilities Program, a private practice group of the Children’s Hospital Neurology Foundation, provides a **Comprehensive Learning Disabilities Evaluation** for children who are experiencing a lack of success in school or who have specific difficulties with academic achievement. Emphasizing a neuropsychological approach to diagnosis and management, the evaluation seeks to understand and describe the child’s learning profile in the context of school and family, especially as it impacts achievement and developmental progress.

Each child sees **five specialists** over the course of one day of testing. A key feature of our comprehensive evaluation and the cornerstone for understanding the child is an interdisciplinary integration of the findings from individual evaluations. For that reason, **we require that all children participate in all components of testing.**

Children Eligible for the LDP Evaluation: The program is appropriate for children age 7 to 15 ½. Children must have completed the first grade by the time of the evaluation. Children who are not appropriate for this evaluation and who are **better served through other programs at Children’s Hospital include children who are not within the appropriate age range, children who have been diagnosed with autism or mental retardation, children who are not fluent in English, or children who have significant motor or sensory impairments.** The program coordinator can provide referral information for other programs that may be appropriate for those children.

Components of LDP Evaluation:

Neurological Consultation	A general neurological evaluation as well as an extended neurological exam is conducted, including evaluation of strength, reflexes, sensory skills, coordination, and fine and gross motor skills. Structured questionnaires are reviewed to assess the presence of an attention disorder.
Neuropsychological Testing	A selection of cognitive tests, in both verbal and visual spatial domains, is administered and interpreted in order to characterize the child’s overall learning profile.
Psychological Evaluation	Both parent/guardian and child are interviewed in order to screen for the presence of emotional issues both past and present that may hinder the child’s academic and social development.
Oral & Written Language Evaluation	Understanding and use of oral language as well as interaction of language skills with reading and writing skills are assessed.
Mathematics Evaluation	An array of arithmetic, geometric, and logical tasks is administered to assess level of mathematics achievement as well as the student’s inherent strengths and weaknesses as they impact mathematical growth.
Coordination and Integration of Findings	One team member serves as Case Coordinator. The Case Coordinator interviews the parent/guardian, reviews school materials and previous testing, contacts school personnel or therapists if needed, and works with all team members to integrate the findings from all disciplines into an Integration of Findings report. The Case Coordinator meets with the family to provide general feedback, typically within four weeks of the evaluation.

LEARNING DISABILITIES PROGRAM (LDP) IMPORTANT INFORMATION ABOUT THE EVALUATION

BEFORE THE EVALUATION:

- Input from teachers is an important part of the evaluation. We ask families to **submit the appropriate forms to the school** to be completed and returned at least two weeks prior to the evaluation. In addition, any previous testing, MCAS scores, and a current IEP, if applicable, should be sent prior to the evaluation.
- Input from parents regarding the child's history, parent observations and parent questions is also important. We ask families to complete **the appropriate forms** and return them at least two weeks prior to the evaluation.
- Please inform the program coordinator of **any recent or planned educational or psychological testing**. Since many tests cannot be administered more than once within a certain timeframe, recent testing can impact the results of your child's evaluation.

THE EVALUATION:

- Testing begins at 8 a.m. and is generally completed by 2 p.m. The evaluation is designed to be warm and child-friendly. Children are tested one-on-one with evaluators who specialize in working with children and ensure the child is comfortable during the activities presented. Children should be assured that there are no injections or other invasive procedures.
- Both norm-referenced and criterion-referenced tests are used and are selected from the variety of accepted instruments in response to a child's needs. Please note that a full WISC is not administered, but only selected subtests are used. Families may make arrangements for the completion of the WISC for an additional fee.
- Because Children's Hospital is a teaching facility, LDP senior staff and trainees work collaboratively to administer testing, analyze results, and write reports. Requests for specific providers cannot be granted.

AFTER THE EVALUATION:

- A feedback session with the Case Coordinator is offered to the family typically within four weeks of the evaluation. School personnel, with the permission of the parents, are encouraged to attend in person or through a conference call.
- Written reports are mailed within eight weeks of the testing date. Many school systems will not review results from the testing until the full set of reports has been received.
- The LDP team will specify areas that warrant attention and describe approaches that should help the child. By state law, however, it is the responsibility of the school system to determine the specific provisions to carry out these recommendations.
- The Case Coordinator is available to respond to specific questions regarding the evaluation and reports. Additional consultation is available from the Case Coordinator or any other specialist of the team but may be subject to a fee.

LEARNING DISABILITIES PROGRAM (LDP) FINANCIAL INFORMATION

PAYMENT: Payment for individual components may be assigned to one, two, or three parties: the parent, an insurance company and/or the school. Please use the attached *Payment Worksheet* (page 8 of this packet) to indicate which components will be assigned to the parent/guardian, school, and/or insurance.

- Parent/Guardian Payment: A prepayment of 50% of the fees assigned to the parents is required before an appointment can be scheduled. The balance of those fees will be due on the day of the evaluation. Payment can be in the form of a check payable to the *Learning Disabilities Program* or Visa or Mastercard.
- Insurance: Coverage is extremely limited. **Families are responsible for obtaining all necessary authorizations and referrals.** Any fees denied and/or not reimbursed within 90 days by insurance revert to the family. For more details, please see the enclosed information regarding insurance.
- Schools: The parent/guardian is responsible for arranging with the school for those components which the school will cover and to obtain authorization for school payment of those components. If a family chooses to submit a prepayment for the full evaluation rather than wait for school authorization and the school system later agrees to pay, an appropriate refund will be granted. Please see the enclosed information regarding Department of Education regulations.

PROMPT PAYMENT PLAN: Families who pay without the assistance of their school system or insurance are eligible for a **25% discount** provided that they make final payment by the evaluation day.

- The total cost of the evaluation under the prompt payment plan is \$3688 and a prepayment of \$1844 is required.
- If a family chooses the prompt payment plan, the Learning Disabilities Program will not offer assistance if the family seeks reimbursement from their school or insurance following the evaluation.

CANCELLATION POLICY: Please inform us of a cancellation as early as possible so that the appointment can be offered to another family.

- If an appointment is cancelled more than fourteen days in advance, a full refund of the prepayment will be granted.
- A \$500 cancellation fee will be charged for cancellations fourteen days or less in advance of an appointment. If the appointment is cancelled within fourteen days or less in advance of an appointment but can be filled by another patient, a \$100 cancellation fee will be charged for administrative costs.
- Exceptions may be made in case of an illness or emergency. It is best not to bring a sick child in for testing. In such cases, we will make every effort to reschedule your child for the next available appointment.

INSURANCE COVERAGE

Insurance coverage for the Learning Disabilities Comprehensive Evaluation is extremely limited and varies greatly among insurance providers and plans. Coverage is determined on a component by component basis. Please review this information carefully before contacting your insurance company.

When seeking information from your insurance company, please note that the components are billed separately as office visits for diagnostic purposes. To identify the source of services (i.e The Learning Disabilities Program), you may need to provide our tax ID number, 22-2678594. Please use the information provided in the table below when speaking with your insurance company to assist in the determination of coverage.

1. Most insurance companies cover the Neurological Consultation, as it is the only medical component of testing. Claims for other components are often denied because the testing is conducted within the context of an educational evaluation.
2. Coverage for other components may be available if your plan offers coverage for services by non-network providers. Often, in such cases, you are responsible for a deductible and/or additional member balance. If the LD Program does not have a contract with your plan, you will be responsible for the difference between the amount your company pays and the full cost.
3. **Families, with the support of their primary care physician, are responsible for obtaining referrals and authorizations.** If your plan requires the LD Program to submit an authorization request form on your child's behalf, it is your responsibility to inform our staff and provide the appropriate information well in advance of the appointment.
4. Separate referrals and authorizations are often required for each component/provider. The LD Program is a private practice group based at Children's Hospital and **referrals or authorizations made to Children's Hospital are not applicable to the LD Program.**
5. **A referral or authorization does not guarantee payment.** Many claims are denied due to the fact that the diagnosis is considered to be mental health rather than medical.

Component	Procedure Code	Possible Attending Provider	Coverage
Neurological Consultation	99244 (1 unit)	David Urion, MD, NPI 1497778195	Contracted provider for most insurance companies/plans
Neuropsychological Testing	96118 (5 units)	Deborah Waber, PhD, NPI 1770638405 Melissa Matson, PhD, NPI 1568411031	Contracted for select insurance companies/plans
Psychological Evaluation	96101 (3.5 units)	William M. Mitchell, EdD, NPI 1053348227	Contracted for select BCBS plans, not contracted for any other insurance companies
Speech and Language Evaluation	92506HA (4 units)	Kristine Strand, CCC-SLP, NPI 1811190747 Barbara Oppenheimer, CCC-SLP, NPI 1841486214 Karen Samiagio, CCC-SLP, NPI 1235346933	Not contracted for any insurance companies/plans, Claims cannot be submitted for any BCBS plans

The Reading and Written Language Evaluation, Mathematics Evaluation, and Coordination and Integration of Findings are educational components, conducted by educators, and cannot be submitted to insurance.

FINANCIAL ASSISTANCE FROM YOUR SCHOOL SYSTEM

According to Massachusetts Department of Education state regulation 603 CMR 28.00 (see documentation below), families who disagree with the results of a school evaluation may seek financial support from their school system for an independent educational evaluation that is **equivalent to the assessments administered in the school testing**.

To request funding for a Comprehensive Learning Disabilities Evaluation, **a parent must submit a letter to the school system informing them that he/she is seeking an independent evaluation along with the Information for Schools, provided in this packet**. Schools may request financial information from the family as well.

If the school agrees to pay for all or part of the evaluation, they should fax the **Authorization of Payment for Schools** to the program coordinator. If the school does not authorize the full evaluation, the school must indicate those components they are supporting as well as the total amount of fees that the school is covering. **The parent is responsible for the remaining components**. Families must submit the **Guarantor and Patient Information Form** along with any appropriate prepayment before scheduling an appointment.

While a school may notify the family that it will support the evaluation, an appointment cannot be scheduled without a signed Authorization of Payment for Schools.

Please carefully review the following guidelines for independent educational evaluations from the Massachusetts Department of Education. (From 603 CMR 28.00: Special Education, Section 28.04 Referral and Evaluation, see <http://www.doe.mass.edu/lawsregs/603cmr28.html?section=04> for the full text.)

(5) Independent education evaluations. Upon receipt of evaluation results, if a parent disagrees with an initial evaluation or reevaluation completed by the school district, then the parent may request an independent education evaluation.

(a) All independent education evaluations shall be conducted by qualified persons who are registered, certified, licensed or otherwise approved and who abide by the rates set by the state agency responsible for setting such rates. Unique circumstances of the student may justify an individual assessment rate that is higher than that normally allowed.

(b) The parent may obtain an independent education evaluation at private expense at any time.

(c) Public funding of independent education evaluations - When the parent requests public funding for an independent education evaluation, the district shall abide by the following provisions for a sliding fee scale:

1. If the student is eligible for free or reduced cost lunch or is in the custody of a state agency with an Educational Surrogate Parent appointed in accordance with federal law, then the school district shall provide, at full public expense, an independent education evaluation that is equivalent to the types of assessments done by the school district. No additional documentation of family financial status is required from the parent.
2. If the family financial status is not known, the district shall offer the parent information about the sliding fee scale and the opportunity to provide family income information to determine if the family may be eligible for public funding of all or part of the costs of an independent education evaluation. Provision of financial information by the family is completely voluntary on the part of the family. The lack of financial information provided by the family will disqualify the family from such additional public funding of all or part

of the costs of an independent education evaluation under 603 CMR 28.04(5)(c) but shall not limit the rights of parents to request public funding under 603 CMR 28.04(5)(d).

3. If the family agrees to provide financial information, such information shall include anticipated annual income of the family, including all sources of income and verifying documents. Financial information shall be reviewed by the district, shall be kept confidential during review by the district, shall not be copied or maintained in any form at the district except to note that information was provided and reviewed and met or did not meet sliding fee scale standards. Financial documents shall be promptly returned to the parent upon the district's determination of financial income status.
4. The district shall consider family size and family income information in relation to Federal Poverty Guidelines and shall contribute public funds to the costs of the independent education evaluation according to the following standards:

(i) If the family income is equal to or less than 400% of the federal poverty guidelines, the district shall pay 100% of the costs of an independent education evaluation.

(ii) If the family income is between 400% and 500% of the federal poverty guidelines, the district shall pay 75% of the costs of an independent education evaluation.

(iii) If the family income is between 500% and 600% of the federal poverty guidelines, the district shall pay 50% of the costs of an independent education evaluation

(iv) If the family income is over 600% of the federal poverty guidelines, the district shall have no obligation to cost-share with the parent.

5. When the parent seeks and receives public funding for an independent education evaluation under these provisions, the parent may request independent assessments in one, more than one, or all of the areas assessed by the school district.
6. The right to this publicly funded independent education evaluation under 603 CMR 28.04(5)(c) continues for 16 months from the date of the evaluation with which the parent disagrees.

(d) If the parent is requesting an independent education evaluation in an area not assessed by the school district, the student does not meet income eligibility standards, or the family chooses not to provide financial documentation to the district establishing family income level, the school district shall respond in accordance with the requirements of federal law. The district shall either agree to pay for the independent education evaluation or within five school days, proceed to the Bureau of Special Education Appeals to show that its evaluation was comprehensive and appropriate. If the Bureau of Special Education Appeals finds that the school district's evaluation was comprehensive and appropriate, then the school district shall not be obligated to pay for the independent education evaluation requested by the parent.

(e) Whenever possible, the independent education evaluation shall be completed and a written report sent no later than 30 days after the date the parent requests the independent education evaluation. If publicly funded, the report shall be sent to the parents and to the school district. The independent evaluator shall be requested to provide a report that summarizes, in writing, procedures, assessments, results, and diagnostic impressions as well as educationally relevant recommendations for meeting identified needs of the student. The independent evaluator may recommend appropriate types of placements but shall not recommend specific classrooms or schools.

(f) Within ten school days from the time the school district receives the report of the independent education evaluation, the Team shall reconvene and consider the independent education evaluation and whether a new or amended IEP is appropriate.

**LEARNING DISABILITIES PROGRAM
PAYMENT WORKSHEET FOR PARENT/GUARDIAN**

- **ALL COMPONENTS OF TESTING MUST BE COMPLETED.**
- Each component will be the responsibility of **either the family or the school.**
- The family is responsible for obtaining necessary referrals/authorizations from their insurance company as well as the *Authorization of Payment for Schools*.
- Any fees not paid for by the school and/or insurance revert to the family.

Component	Assigned to School	Assigned to Parent/Guardian	
			Bill to Insurance
Neurological Consultation CPT 99244 (1 unit)	<input type="checkbox"/>	<input type="checkbox"/> \$948.00	<input type="checkbox"/>
Neuropsychological Testing CPT 96118 (2.5 units) CPT 96119 (4 units)	<input type="checkbox"/>	<input type="checkbox"/> \$1520.00	<input type="checkbox"/>
Psychological Evaluation CPT 96101 (5.25 units)	<input type="checkbox"/>	<input type="checkbox"/> \$788.00	<input type="checkbox"/>
Speech & Language Evaluation CPT 92506HA (4 units)	<input type="checkbox"/>	<input type="checkbox"/> \$210.00	<input type="checkbox"/> (not applicable for BCBS)
Reading & Written Language Evaluation	<input type="checkbox"/>	<input type="checkbox"/> \$400.00	
Mathematics Evaluation	<input type="checkbox"/>	<input type="checkbox"/> \$400.00	
Coordination and Integration of Findings	<input type="checkbox"/>	<input type="checkbox"/> \$650.00	
Total Assigned to Parent/Guardian			

Prepayment:

Prepayment of **50% of the total assigned to parent/guardian** and authorization of payment for components assigned to school are required prior to scheduling appointment. Prepayment can be in the form of check payable to the *Learning Disabilities Program*, Mastercard, or Visa and must be submitted with this form. The balance of these fees will be due on the day of the evaluation.

Prompt Payment Plan:

Families who pay **without the assistance of their school system or insurance company** are eligible for a 25% discount provided that they make final payment by the evaluation day. The total cost for this plan is \$3688. A prepayment of \$1844 is required.

**LEARNING DISABILITIES PROGRAM
GUARANTOR AND PATIENT INFORMATION FORM**

PATIENT INFORMATION

Child Name _____ Date of Birth _____
Parent/Guardian Name _____ Home Phone _____
Home Address _____ Work Phone _____
_____ Cell Phone _____
Email Address _____
Child's Physician _____ Phone _____
Address _____

GUARANTOR INFORMATION

Guarantor Name _____ Home Phone _____
Home Address _____ Date of Birth _____
_____ Social Security # _____

I understand that all fees not covered by insurance or the school are the responsibility of the parent/guarantor and that I am ultimately responsible for all fees associated with the Learning Disabilities Evaluation.

_____ Guarantor Signature _____ Date _____

PAYMENT INFORMATION

Please complete *whether or not* you are seeking assistance from insurance:

Insurance Company & Plan Name _____ Phone _____
Subscriber _____ Policy Number _____

If requesting funding from the school system:

School Contact _____ Phone _____

I authorize the Learning Disabilities Program to speak with: my child's school system my insurance company

_____ Parent/Guardian Signature

Prepayment:

\$ _____ check or Mastercard or Visa # _____ expiration _____

Mail to Learning Disabilities Program, 300 Longwood Ave., Fegan 11, Boston, MA 02115 or fax to (866) 397-5657.