RHODE ISLAND MEDICAL ASSISTANCE CLAIM REIMBURSEMENT GUIDEBOOK for

EARLY INTERVENTION SERVICES

early intervention

supporting families and child development

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I. INTRODUCTION AND BACKGROUND

I.1 Purpose of This Claiming Guide

This *Rhode Island Medical* Assistance *Claiming Reimbursement Guidebook for Early Intervention Services*, developed by the Rhode Island Office Executive Office of Health and Human Services (OHHS), contains information to assist State-certified Early Intervention (EI) providers in Rhode Island with EI direct services claiming. This Guide is intended for all EI provider staff. OHHS may provide additional information for this Guide in the future.

If you have any questions or feedback regarding this Guide, please contact:

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I.2 Medicaid

Medicaid is a Federal/State assistance program established in 1965 as Title XIX of the Social Security Act. State Medicaid programs are overseen by the Centers for Medicare and Medicaid Services (CMS) within the U.S. Department of Health and Human Services. State Medicaid programs are jointly funded by federal and state governments and are administered by each individual state to assist in the provision of medical care to income eligible children and pregnant women, and to eligible individuals who are aged, blind, or disabled. Medicaid programs pay for services identified in a plan, called the Medicaid State Plan, some of which are mandated by the Federal government and others that are optional and determined to be covered by each State.

For more information on Medicaid, please refer to www.cms.hhs.gov

I.3 Medical Assistance in Rhode Island

The Medicaid program in Rhode Island is called the Rhode Island Medical Assistance Program and is administered by the Rhode Island Executive Office of Health and Human Services (OHHS). Families and children in RI may become eligible for Medicaid by applying for coverage through the following: RIteCare, RIteShare, Supplemental Security Income (SSI), Katie Beckett, or Adoption Subsidy. For more information, please refer to: http://www.eohhs.ri.gov/

I.4 Medicaid Payer of Last Resort

Under Medicaid law and regulations, Medicaid is generally the payer of last resort. A third party – any individual, entity or program – may be liable to pay all or part of the costs for medical assistance for Medicaid-covered services. The U.S. Congress intended that Medicaid pay for health care only after a beneficiary's other health care resources were accessed.[1] Even though services provided through IDEA are exempt from the free care principle, EI providers must comply with third-party liability (TPL) policies. What this means for EI providers in Rhode Island is they must submit a claim to a third-party insurer other than Medicaid if there is one available. If the provider receives an appropriate denial of payment from the third-party insurer for the claim, then the provider can submit a claim to Rhode Island Medical Assistance for payment. There are some exceptions to the provisions of Medicaid as the payer of last resort that allows Medicaid to be the primary payer to another federal or federally funded program and these include Medicaid-covered services listed on a Medicaid eligible child's IFSP.
Medicaid will pay primary to IDEA.[2]

Federal regulatory requirements for TPL are explicated in Subpart D of 42 CFR 433. It should be noted that Section 433.139 (c) provides: "If the probable existence of third party liability cannot be established or third party benefits are not available to pay the recipient's medical expenses at the time the claim if filed, the agency must pay the full amount allowed under the agency's payment schedule."

I.5 EI Provider Participation Requirements for Rhode Island Medical Assistance

In order to participate in Rhode Island Medical Assistance, EI providers must meet two basic requirements. First, EI providers must be certified by the State according to the *Early Intervention Certification Standards.* The most current version of these certification standards can be found at:
http://www.eohhs.ri.gov/

Second, providers must have a participation agreement with the Rhode Island Medical Assistance fiscal agent, and meet other requirements established by the fiscal agent. Addenda D and E describe these requirements.

As Addendum A shows, insurers in the State of Rhode Island must cover EI services; and such coverage cannot be subject to deductibles or coinsurance requirements. Addendum F lists the insurer contacts, with which EI providers may deal concerning participation and other matters. EI providers should contact the insurers directly for the most up-to-date policies, procedures, and materials.

[1] Health Care Financing Administration. *Medicaid and School Health*, 1997.
[2] *Ibid.*

I.6 The Role of Early Intervention

Section 631 of Part C of the Individuals with Disabilities Act (IDEA, or 20 USC 1431 *et. seq.*) provides formula grants to States and territories to assist in maintaining and implementing statewide systems of coordinated, comprehensive, multidisciplinary, interagency programs of Early Intervention (EI) services for infants and toddlers up to age three with disabilities and their families.

In Rhode Island, the EI system is designed to meet the needs of eligible infants and toddlers and their families, as early as possible. The purpose of the EI system is to support families' capacity to enhance the growth and development of their children birth to 36 months who have developmental challenges. Eligible children may have certain diagnosed conditions, delays in their development, or be experiencing circumstances which are highly likely to result in significant developmental problems, particularly without intervention.

EI services are designed to serve families of children younger than three years of age who are experiencing developmental delays in one or more of the following areas: cognitive, physical, communicative, social/emotional or adaptive development skills.

Early Intervention is designed to: 1) increase the developmental and functional capacity of infants and young children with special needs, and 2) increase the capacity of parents to meet the special needs of their children. The intent of Rhode Island's Early Intervention system is to establish and support a service delivery model that supports the development of infants and toddlers and utilizes evidence-based practice known to promote learning in young children. This service delivery model identifies the parent/adult caregiver as the primary consumer of Early Intervention services because he/she is the primary agent(s) of change for the child's well-being and development. Rhode Island's Early Intervention reimbursement policies and practices support the provision of adult-focused, team-based interventions to all eligible children and their families.

Certified EI providers must ensure that families have access to the services required by IDEA, when such services are identified within the context of the child's Individual Family Service Plan (IFSP). The services required by IDEA, as stated in Section 303.13, include: assistive technology device, assistive technology service, audiology, family training/counseling/home visits, health services, medical services (only for diagnostic or evaluation purposes), nursing services, nutrition services, occupational therapy, physical therapy, psychological services, service coordination services, social work services, special instruction, speech-language pathology services, transportation and related costs, and vision services.

I.7 Early Intervention Medicaid Reimbursable Categories

All IDEA services are imbedded within the categories listed below. EI providers may submit claims within the following services categories:

- Evaluation, Assessment and Plan Development
- Assistive Technology
- Audiology
- Family Training/Counseling
- Interpretation/Translation
- Nursing Services
- Nutrition Services
- Occupational Therapy
- Physical Therapy
- Psychological Services
- Service Coordination
- Social Work Services
- Speech-Language Pathology
- Transportation
- Vision Services

The definition of each billing category represents a continuum of activities within that individual category. Each definition reflects the variety of activities that occur during an EI visit and the unique skills each service provider brings. The assumption that EI services/activities are responsive and dynamic is a guiding principle of the *Rhode Island Medical Assistance Claim Reimbursement Guidebook for Early Intervention Services.* It is the state's intention to that the billing categories are aligned with the home visiting model so that one category encompasses a visit rather than the provider splitting the visit into different billing categories.

The subsequent chapters of this Guide describe each service in terms of:

- Definition[3]
- Billable Activities
- National Code Definition
- Billing Guidance

[3] Definitions of service categories were adopted from Infant & Toddler Connection of Virginia – Practice Manual (8/09)

II. GENERAL REQUIREMNTS for EARLY INTERVENTION REIMBURSEMENT

- It is the responsibility of the EI provider to collect and continuously verify insurance coverage and to request reimbursement accordingly.

- The Services Rendered Form (SRF) is used to document all reimbursable services for a child. The SRF must include a description of the service provided which supports the billing code, the elapsed time, and the personnel involved. The person signing the SRF must be the person who actually provided the service and she/he must meet RI Early Intervention Certification Standards regarding staff qualifications.

- All Services Rendered Forms (SRFs) must be retained in the child's record. Complete records for Medicaid claiming purposes must be retained for ten (10) years according to State law.

- In order to submit a claim for reimbursement the service must be identified on the child's IFSP. Four categories of services are not required on the IFSP services summary page in order to submit a claim. They are: 1.) Evaluation/Assessment & Plan Development Service, 2.) Interpretation/Translation, 3.) Service Coordination and 4.) Transportation. Services may not begin before the parent has signed the IFSP or has signed an update to the IFSP. Prior to the Eligibility/IFSP meeting no other codes may be utilized except Interpretation (T1013) Translation (T1013TL) and Supervision (H0046) when exceptional circumstances (documented on an SRF) require supervisory support.

- The IFSP indicates which services (by category) the child and family will receive. Each service recorded on the IFSP must match what is recorded and billed for on the SRF**.** The category listed on the IFSP, SRF note and SRF billing code with the modifier used by discipline specific staff must be in alignment. The modifier used for individual or team treatment must match the category listed on the IFSP and the SRF must describe activities that meet the definition of that category on the IFSP. The IFSP category for each procedure code (unless specified as N/A) is included in sections II through XVII.

- Infants and toddlers learn best through everyday experiences and interactions with familiar people in familiar contexts. The mission of Early Intervention is to build upon what families and caregivers are already doing to support their child's development and provide them with support and resources to continue to enhance their children's learning through everyday learning opportunities. All early intervention services listed on the IFSP must be provided in natural environments, which includes the home and community settings in which children without disabilities participate. Reimbursement is not provided for placements in community programs. RI does not reimburse for tuition for "classes", day care; YMCA memberships etc. Reimbursement is allowed to provide support for children to participate successfully in community activities when they are a part of the child and family's natural routines. Only when the team cannot effectively provide services within the child's routines, is discussion to occur regarding the provision of

services in another setting. Sufficient justification must be provided for any service delivered outside the natural environment.

- The purpose of EI is to coach parents and caregivers in order to successfully implement the strategies developed by the IFSP team. The parent and/or caregiver must be present and a participant in order to be reimbursed for any individual service listed on the IFSP. For group services, the parent and/or caregiver must be present and participate for more than 50% of the time for each group service.
- Maximum units of service are per day, unless otherwise noted.

- Units billed must reflect actual time spent providing the service but no more than the maximum allowed.

- Only one claim per child per code (up to the maximum allowed) can be submitted for reimbursement per day. If a service is provided twice in one day for a child (e.g., service coordination) the sum up to the allowable maximum allowed is what should appear on the request for reimbursement.

- An overall guideline for billing is the concept of one code, per service, per child with the exception of team treatment.

- The use of modifiers recognizes case complexity and enables some services (e.g. team coordination and team treatment) to occur at the same time. Modifiers also allow for increased reimbursement for intensive parent child group settings which require additional staff.

- RI Early Intervention Programs utilize contracted qualified providers through 2 methods:

    - Certified EI programs may utilize other certified EI programs. These providers bill insurance directly for the provision of services utilizing the shared billing arrangement in the Rhode Island Early Intervention Care Coordination System (Welligent).

      OR

      Certified EI programs may have a contract with a qualified professional or agency. The EI program in which the child is enrolled is responsible for data entry and the claims process.

    - Providers utilizing either method must coordinate services if both providers utilize the same code on the same day. Maximum units are the benefit limit for the family per day and risk being exceeded without coordination of services. For example, if each provider visits separately on the same day and each bill the same code T1027HN they could exceed the maximum units allowed.

      Providers utilizing shared billing must coordinate visits to avoid the claim appearing as a duplicate if they provide the same service on the same day

for the same child. The following codes are allowed on the same day but they cannot exceed the maximum units allowed: Family Training Education and Support T1027 (no modifier), Family Training Education and Support T1027HN, Team Treatment T1024 (no modifier), Supervision H0046, and Team Coordination T1016TF, T1016TG. A unique code must be used for team coordination between EI providers utilizing shared billing T1016TFU1 and T1016TFU2. The provider of a shared service must use T1016TFU2 when providing service coordination to avoid the claim appearing as a duplicate. The use of modifiers enables team treatment by two EI agencies to provide services together for the same child at the same time.

For providers utilizing contractual arrangements: If the same service is provided twice in one day for a child, the sum up to the allowable maximum allowed is what should appear on the request for reimbursement.

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- All services are covered up to but not including the child's 3rd birthday
- Once eligibility has been determined if further evaluation is necessary this is reimbursable utilizing discipline specific evaluation codes (see specific discipline sections). Assessments and on-going assessment are reimbursable utilizing code T1027 with the appropriate staff modifier.
- Denials and/or co-payments from insurance companies can be submitted to HP for reimbursement as the payer of last resort (See Addendum E). An allowable alternative to a denial from an insurance company can be other evidence that the service is not covered, such as a phone call with an attached reference number which indicates the service is not a covered benefit or a copy of the policy indicating the service is not a covered benefit. Providers should keep this documentation on file and code the electronic claim appropriately or send a paper claim with the TPL form attached.
- Providers must utilize the code 990 with appropriate modifier on an SRF to record time spent on activities which are not billable or to document the presence of staff for codes that require more than one staff member.

990 I (Intake)
990 ME (Multidisciplinary Evaluation/Assessment)
990 IFSP
990 E (Discipline Specific Evaluation)
990 G (Group)
990 TC (Team Coordination)
990 S (Supervision)
990 PC (Parent Consultant)
990 (Other)

Although 990 codes are entered into the data system they are not applicable for billing.

III. EVALUATION/ASSESSMENT & PLAN DEVELOPMENT

Procedure Codes listed below are for Evaluation/Assessment & Plan Development Codes

Procedure Codes	Description	Unit of Service	Max Units	Rate	Minimum Criteria	IFSP Category
T1023	Intake/Family Assessment	1	1	$157.32	Practitioner Level I	N/A
H2000	Comprehensive Multidisciplinary Evaluation/Assessment	1	1	$734.04	Practitioner Level II (2 individuals)	N/A
T1023TL	Individual Family Service Plan (IFSP) Meeting	1	1	$34.96	Practitioner Level I	N/A

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National Code Definition

T1023	Screening To Determine The Appropriateness Of Consideration Of An Individual For Participant In A Specified Program, Project Or Treatment Protocol, Per Encounter.
H2000	Comprehensive Multidisciplinary Evaluation

Modifier Description(s)

TL	Early Intervention/Individualized Family Service Plan (IFSP)

Billing Guidance

T1023 Intake

The collection of initial information to open a record and plan for evaluation; also to share information about EI and procedural safeguards with the family	**Initial Contact** • Respond to initial phone call by referral source • Complete Referral and Demographics Form **Collect information to open a record** • Demographics form entered into Welligent/Discharged from Welligent **Share information about Early Intervention including *Guide to EI* which includes procedural safeguards** **Gather information related to parent concerns, developmental history etc.** • Complete IFSP Cover page, and Pages 1, 2, 3, and 4 of the IFSP **Complete paperwork** • Child Income Form, Consent to Evaluate, medical releases, Health Insurance Consent to Release Information, KIDSNET Consent to Release Information, Intake SRF, and prior written notice of evaluation and IFSP/Eligibility meeting **Gather enough information from multiple sources as appropriate (biological/foster parent; custodial/non-custodial parent; child care provider) to plan for the evaluation**

- Providers will be reimbursed one rate for a complete Intake which meets the above requirements. The date of service on the SRF for Intake is the date that the face to face visit occurred with the parent. The actual minutes of the face to face meeting should be

recorded on the SRF using code T1023. If more than one staff person participates in the intake this is recorded as 990I (Intake). The time for any additional activity related to Intake should be recorded as 990I. The SRF for Intake is submitted for reimbursement when all requirements are met.

- The rate for a complete Intake is the maximum allowed for this activity. Reimbursement for additional codes such as service coordination or other disciplines is not allowed. If needed Interpreter/Translation Code T1013 and T1013TL may be billed in addition to T1023.

- Providers will be reimbursed one Intake per child. In the case of a second episode a second Intake may not be billed. Up to 10 units of Service Coordination may be billed to update child and family information.

- In the case of a transfer from another EI agency, bill service coordination to update child and family information.

H2000 Comprehensive Multidisciplinary Evaluation

An evaluation to determine eligibility if necessary and/or an assessment to gather information regarding child functioning. Required once initially and whenever there is a question regarding eligibility.	**Preparation for the evaluation** • Decide who the evaluation team will be; what tools/methods will be used and when it will occur. Select evaluators based on areas of developmental concerns and family questions. Prepare resources to address family concerns. • Communication between members of the team **Evaluation/Assessment of child** • By two individuals, from two different disciplines utilizing at least two different methods • Must assess functioning in all five developmental domains: Physical (motor, hearing, vision), Cognitive, Adaptive, Social/Emotional and Communication • Must include the service coordinator if not already part of the evaluation team • Gathering information regarding the child's functioning in the three integrated global outcomes. • Complete RI Early Intervention Evaluation Results page of the IFSP (page 5) **Documentation of present levels of development** • Written documentation regarding the child's functioning in all developmental domains using the three global Child Outcomes as a framework • Complete pages 6-8 of IFSP **Family Assessment** • Conduct a family directed assessment of family resources, priorities and concerns of the family using a tool and family interview (page 2A of the IFSP) **Prepare family for Eligibility/IFSP Meeting**

- Providers will be reimbursed one rate for a complete H2000 Comprehensive Multidisciplinary Evaluation/Assessment which meets the above requirements. The date of service on the SRF for Multidisciplinary Evaluation/Assessment is the date that the evaluation occurred. The actual minutes of the Multidisciplinary Evaluation/Assessment should be recorded on the SRF using code H2000. Other staff participating in the Multidisciplinary Evaluation/Assessment should be recorded as 990ME (Multidisciplinary Evaluation/Assessment). The time for any additional activity related to the Multidisciplinary Evaluation/Assessment should be recorded as 990ME. The SRF for Multidisciplinary Evaluation/Assessment is submitted for reimbursement when all requirements are met.

- A Comprehensive Multidisciplinary Evaluation/Assessment includes 2 evaluators. Evaluators must be chosen based on areas of developmental and family concerns. The flat rate is the maximum allowed for this activity. Providers should choose the best team based on the families questions/concerns. The purpose of the Multidisciplinary evaluation is to determine eligibility so services can begin. At a later date, if the team decides an additional evaluation is necessary it would be reimbursable.

- For every child eligibility must be determined and current levels of functioning must be identified in all five developmental domains. In order to determine eligibility the use of at least one standardized tool is required. If eligibility is known, assessment of functioning is still required of all five domains and the requirements are the same.

- The rate for multidisciplinary evaluation is the maximum reimbursement allowed for this activity with the exception of an interpreter. In this case Interpreter/Translation Code T1013 and T1013TL may be billed in addition to H2000.

T1023TL Eligibility/ Individualized Family Service Plan Meeting (Initial IFSP)

<table>
<tr><td rowspan="3">T1023TL
Eligibility/ IFSP Meeting

Initial meeting to discuss the child’s present levels of development and determine the child’s eligibility for early intervention.
If eligible to discuss concerns priorities and resources of the family.</td><td colspan="2">Eligibility/IFSP Meeting
• Eligibility/IFSP Meeting must occur within 45 days of referral
• Prior written notice must be provided
• Discuss present levels of development with the parent using the framework of the three child outcomes and how the child’s functioning compares to peers.
• Status of eligibility for early intervention services is communicated</td></tr>
<tr><td>If the child is not eligible the parent must be:

• Notified in writing that the child is not eligible by providing Rhode Island Evaluation Summary (page 5) and pages 6-8 of the IFSP

• Provided with resources as appropriate

• Provided with Procedural Safeguards

Complete Discharge form</td><td>If the child is eligible:

A beginning discussion of concerns, priorities, and resources of the family is documented

• See T1016 for IFSP development

• Send and obtain signed Physician’s Authorization</td></tr>
<tr><td colspan="2">• Prepare written response to referral source regarding eligibility within 45 days of referral</td></tr>
<tr><td>T1016 Service Coordination
IFSP development following an Eligibility/IFSP meeting for an initial IFSP
The development of outcomes, strategies and services of the initial IFSP</td><td colspan="2">IFSP development following an Eligibility/ IFSP meeting for an initial IFSP
• Provide prior written notice
• Conduct Routines Based Interview as part of IFSP Development
• Based on multiple sources of information (including the RBI) the team selects an overall statement of functioning (Page 9)
• Summarize concerns, priorities of the family and develop outcomes, strategies, and services
• Complete Child/Family Outcomes (page 10), Early Intervention Services (page 11) and Acknowledgment of the IFSP (page13) of the IFSP
• Obtain signature of parent or guardian (page 13)</td></tr>
</table>

T1023TL Eligibility/ Individualized Family Service Plan Meeting (to annually review the IFSP)

<table>
<tr><td rowspan="3">T1023TL
Eligibility/ IFSP meeting to annually review the IFSP

Annual meeting to review the IFSP.</td><td colspan="2">Eligibility/IFSP meeting in order to annually review the IFSP
• Eligibility/IFSP meeting must occur annually
• Prior written notice must be provided
• Discuss present levels of development with the parent (based on a review of current evaluations and ongoing assessment)
• Status of continued eligibility for early intervention services is communicated
• Begin a discussion of concerns, priorities and resources of the family documented on an SRF</td></tr>
<tr><td>If there is a question of eligibility:

• Schedule and complete all required components of a Multidisciplinary Evaluation/Assessment

• Schedule and complete all required components of an Eligibility/IFSP meeting
  ○ If not eligible follow required components
  ○ If eligible see T1016 for IFSP development for an initial IFSP</td><td>If there is no question of eligibility:

• See T1016 for IFSP development to annually review the IFSP</td></tr>
<tr><td colspan="2">• Send and obtain signed Physician’s Authorization</td></tr>
<tr><td>T1016 Service Coordination
IFSP development following an Eligibility/IFSP meeting to annually review the IFSP

The review of current IFSP outcomes, strategies, services and support to annually review the IFSP</td><td colspan="2">IFSP development following an Eligibility/IFSP to annually review the IFSP
• Provide prior written notice
• Summarize any new concerns, priorities and resources of the family on an SRF
• Review Child/Family Outcomes (page 10) and Early Intervention Services (page11) of the initial IFSP
• Develop new outcomes, strategies and services as needed
• Complete a new Early Intervention Service page with all current services
• Obtain signature of parent or guardian on page 11 consenting for any new or changed services.</td></tr>
</table>

- Providers will be reimbursed one rate for an IFSP/ Eligibility meeting for each child who receives a Multidisciplinary Evaluation/Assessment (regardless of eligibility status) that meets the above requirements.

- An Eligibility/IFSP meeting is completed for an initial IFSP and annually to review the IFSP. The required components are listed separately for each.

- The date of service on the SRF for the Eligibility/IFSP meeting (for an initial IFSP or to annually review and evaluate the IFSP) is the date that the meeting occurred. The actual minutes of the Eligibility/IFSP meeting should be recorded on the SRF using code T1023TL. Other staff participating in the Eligibility/ IFSP meeting should be recorded as 990IFSP (IFSP meeting). The time for any additional activity related to an Eligibility/IFSP should be recorded as 990IFSP. The SRF for the Eligibility/IFSP/meeting is submitted for reimbursement when the requirements are completed.

- The rate for an Eligibility/IFSP meeting is the maximum allowed for this activity. Reimbursement for additional codes (other than translation or interpretation) for this activity is not allowed.

- Upon completion of the Eligibility/ IFSP meeting providers can bill up to 10 units of T016 Service Coordination or Team Coordination for IFSP development.

- When continued eligibility for early intervention is questionable, teams may decide that a Multidisciplinary Evaluation/Assessment is needed prior to the Eligibility/IFSP meeting to annually review of the IFSP. In other cases the decision that a Multidisciplinary Evaluation/Assessment is needed may occur at the Eligibility/IFSP meeting to annually evaluate the IFSP. Billing may occur in either order. A Multidisciplinary Evaluation/Assessment is required whenever there is a question of eligibility. Certain Single Established Conditions require eligibility to be re-determined in one year. Whenever a Multidisciplinary Evaluation/Assessment occurs a new IFSP (including a family directed assessment) is completed. The process includes an IFSP/Eligibility meeting and IFSP development if eligible.

- An Interim IFSP may be utilized for children presumed eligible when an immediate need for services is required. An interim IFSP must include at least the cover page and pages 10, 11 and 13 of the IFSP. Page 10 (outcomes) must document presumed eligibility and the reason for immediate need for services. Bill Service Coordination T1016 for the development of the Interim IFSP and the Eligibility/IFSP meeting T1023TL when it occurs as part of the initial IFSP.

Periodic Progress Reviews (See Service Coordination T1016)

Review degree to which progress is being made towards outcomes and whether modifications or revisions of outcomes or services are necessary. Required every 6 months or as requested by family or team.	**Review all outcomes and progress made to decide whether modifications of outcomes or services is necessary** • Complete review of Child/Family Outcomes page 10 and Early Intervention Services page 11 of IFSP. Prior written notice is required.

- Providers must bill service coordination for a Periodic Progress Review which meets the above requirements.

- IFSP review and updates can occur at any time with consent of the parent, but are considered Periodic Progress Reviews when all of the outcomes and services are reviewed. Periodic Review of the IFSP is required at least every 6 months.

IV. ASSISTIVE TECHNOLOGY (DEVICE AND SERVICES)

Assistive Technology Device

- Any item, piece of equipment or product system, whether acquired commercially, off the shelf, modified, or customized and used to increase, maintain, or improve functional capabilities of an infant or toddler with a disability. The term does not include a medical device that is surgically implanted, including cochlear implants, or optimization (e.g., mapping), maintenance or replacement of that device

Assistive Technology Service
Any service that directly assists an infant or toddler with a disability in the selection, acquisition, or use of an assistive technology device. Assistive technology services include:

- The assessment of the needs of an infant or toddler with a disability, including a functional assessment of the child in the child's customary environment;
- Purchasing, leasing or otherwise providing for the acquisition of assistive technology devices by infants or toddlers with disabilities;
- Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing or replacing assistive technology devices;
- Coordinating and using other therapies, interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs;
- Training or technical assistance for an infant or toddler with a disability, or if appropriate that child's family, other caregivers or service providers on the use of assistive technology determined to be appropriate; and
- Collaboration with the family and other early intervention service providers identified on an infant or toddler's IFSP.

Procedure Codes listed below are for Assistive Technology (Device)

Procedure Codes	Description	Unit of Service	Max Units	Rate	Minimum Criteria	IFSP Category
T5999	Assistive Technology Device	N/A	1	As billed	As appropriate	Assistive Technology

National Code Definition

T5999 Supply, Not Otherwise Specified

Billing Guidance

Assistive Technology Devices:

- Assistive technology devices help the child learn and interact with their environment in ways that might otherwise not be possible. Allowable purchased assistive technology devices include devices that are adapted or designed to increase, maintain or improve functional capabilities of children. Allowable purchased assistive technology devices are not commonly used by all children. Examples include: adapted feeding utensils, devices for seating and positioning, augmentative communication aids, communication boards, visual aids, adapted toys, switches, and hearing amplification systems.

- Toys that are not adapted or designed to increase, maintain or improve functional capabilities of children with disabilities may be utilized by the program but are not allowable assistive technology purchases. These include dolls, balls, shape sorters, puzzles, mouthing toys, riding toys, building blocks, stuffed animals, and mobiles. In addition generic items typically needed and used by all children are not allowed. These include music/tapes and CD's, highchairs, play tables, bookshelves, and CD players. Specialized foods and nutritional supplements are not allowable under assistive technology but if medically necessary may be provided through the child's medical insurance.

- Reimbursement is not allowed for items that are primarily and customarily used to serve a medical purpose and are necessary due to a medical condition. These items fall into the category of Durable Medical Equipment and may be covered through the child's medical insurance. Examples of these include wheelchairs, and lifts. Items which are medical/surgical such as cochlear implants and mapping are also not reimbursable.

- A Level II Practitioner must submit an SRF using code T5999 Assistive Technology Device for reimbursement for an allowable assistive technology device. The SRF should include what the device is; which outcome the device will address; why it is necessary to meet the specific child/family outcome; and the cost. This SRF should be entered into the data system as 1 unit (15 minutes); location is not applicable; and the payer of service is the child's insurance. Providers should submit this SRF, a copy of an SRF reflecting the assessment for assistive technology (see below) and the invoice for the device to the child's insurance or the Medicaid fiscal agent.

Assistive Technology Services:

- Assistive technology services include assessing the child's need for an assistive technology device; reviewing/discussing options with the parent; selecting a device; and providing training and technical assistance in the use of the device for the child, parent or professionals. These activities are billable as part of the discipline providing the service.

- The process for assistive technology must include a written assessment of the child's need for assistive technology in order to meet specific child/family outcomes. An SRF must document the assessment.

- Each assistive technology device and services related to its use must clearly be linked to an IFSP outcome. Assistive technology device is listed on the IFSP Services page; the frequency is 1 time; intensity is 0, and the location is NA. Assistive Technology device is excluded from timely service requirements.

- The time developing educational materials which are made (picture boards; behavioral charts; visual supports) for low tech assistive tech devices is reimbursable. The time spent making materials to use as strategies to achieve outcomes can be billed as part of the service that is being provided during the visit when they are developed with the parent.

  Materials made by a member of the IFSP team at the EI office to use as strategies to achieve outcomes are reimbursable using code T1016 Service Coordination. The number of units for this activity is limited to 2. (See XIII. Service Coordination)

- Activities occurring at the EI office such as reviewing/ researching products; coordination around purchasing; vendor consultations are considered service coordination and are reimbursable using code T1016 Service Coordination. (See XIII. Service Coordination)

V. AUDIOLOGY

Audiology Services

- Identification of children with auditory impairment, using at risk criteria and appropriate audiological screening techniques;
- Determination of the range, nature, and degree of hearing loss and communication functions by use of audiological evaluation procedures;
- Referral for medical and other services necessary for habilitation or rehabilitation of children with auditory impairments;
- Provision of auditory training, aural rehabilitation, speech reading and listening device orientation and training, and other services;
- Provision of services for prevention of hearing loss; and
- Determination of the child's need for individual amplification, including selecting, fitting, and dispensing appropriate listening and vibrotactile devices, and evaluating effectiveness of those devices.

Procedure Codes listed below are for Audiology Services

Procedure Codes	Description	Unit of Service	Max Units	Rate	Minimum Criteria
V5008	Hearing Screening	15 Min	8	$ 29.96	Qualified Professional/Level II
92557	Comprehensive audiometry threshold evaluation	15 min	8	$29.96	Licensed Audiologist
V5010	Assessment for hearing aid	15 min	8	$29.96	Licensed Audiologist

National Code Definition

V5008	Hearing Screening
92557	Comprehensive audiometry threshold evaluation and speech recognition (92553 and 92556 combined)
V5010	Assessment for Hearing Aid

<u>Billing Guidance</u>

- Providers billing Hearing Screening must use an Otoacoustic Emission device

VI. FAMILY TRAINING/COUNSELING

Family Training Education and Support

- Screening, assessment and planned intervention services to address the functional and developmental needs of an infant or toddler with a disability with an emphasis developmental areas including, but not limited to, cognitive processes, communication, motor, behavior and social interaction;
- Provision of services including auditory training, aural rehabilitation, sign language and cued language services, speech reading and listening device orientation and training, and other training to increase the functional communication skills of an infant or toddler with a hearing loss;
- Collaboration with the family, service coordinator and other early intervention service providers identified on an infant's or toddler's IFSP;
- Consultation to design or adapt learning environments, activities and materials to enhance learning opportunities for an infant or toddler with a disability; and
- Family training, education and support provided to assist the family of an infant or toddler with a disability in understanding his or her functional developmental needs and to enhance his or her development.

Procedure Codes listed below are for Family Education Training and Support Services

Procedure Codes	Description	Unit of Service	Max Units	Rate	Minimum Criteria	IFSP Category
Individual Family Training Education and Support						
T1027	Family Training, Education and Support	15 Min	8	$ 29.96	Practitioner Level II	FTC
T1027HN	Family Training, Education and Support	15 Min	8	$ 20.48	Practitioner Level I	FTC
T1027TGHO	Family Training, Education and Support	15 Min	8	$ 29.96	Certified Teacher of the Deaf	FTC
T1024	Team Treatment	15 Min	8	$29.96	Practitioner Level II	FTC
T1024HN	Team Treatment	15 Min	8	$ 20.48	Practitioner Level I	FTC
T1024TGHO	Team Treatment	15 Min	8	$ 29.96	Certified Teacher of the Deaf	FTC

Procedure Codes	Description	Unit of Service	Max Units	Rate	Minimum Criteria	IFSP Category
Family Training Education and Support Parent/Child Group						
S9446TF	Family Training, Education and Support Group (up to 2 staff)	15 Min	8	$ 14.98	Practitioner Level I	FTC
S9446TG	Family Training, Education and Support Group-Intensive (3 or more staff)	15 Min	8	$19.19	Practitioner Level II	FTC
Family Education Training and Support Parent Education Group						
S9446	Family Training, Education and Support-Parent Education Group	15 Min	10	$14.98	Practitioner Level II	FTC

National Code Definition

T1027	Family training and counseling for child development, per 15 minute unit
T1024	Evaluation and treatment by an integrated specialty team to provide coordinated care to multiple or severely handicapped children, per encounter (one encounter is defined as one 15 minute unit)
S9446	Patient Education, Not Otherwise Classified, Non-Physician Provider, Group, Per Session (one session is defined as one 15 minute unit)

Modifier Description

HN	Practitioner Level I
TF	Moderate
TG	Complex
HO	Master’s Degree

Billing Guidance

Family Training, Education and Support:

- Family Training, Education and Support has a broad definition and will be the code used to describe most early intervention services.

- Family Training, Education and Support can be used to provide support and education for caregivers in the community (child care; community groups) to incorporate IFSP outcomes into the child's daily routines but a caregiver cannot be reimbursed to provide early intervention services.

- Family Training Education and Support can be used for sign language and cued language training.

- Team Treatment is a code for use when two professionals are providing services during the same session at the same time for an individual child/family. Family Training Education and Support may be provided with another discipline by utilizing code T1024 or T1024HN depending on qualifications. Other members of the IFSP team use a modifier representing their discipline and each member may bill for the entire session. In rare instances two providers of Family Training Education and Support with different areas of expertise may use T1024 and T1024HN for team treatment if no other discipline specific modifier is identified for their use. There must be a clear purpose for team treatment and role for each provider. Documentation for team treatment must support treatment by 2 individuals treating at the same time for the entire time billed and must include the parent's participation in the visit.

- Team treatment may be provided by two staff from different EI agencies utilizing shared billing. Each staff person utilizes code T1024 with their specific discipline modifier on separate agency SRF's. When each provider is a Level II Educator (with no modifier) this is allowed. Billing for two educators utilizing T1024 is for shared cases only and the total units combined cannot be over the daily maximum (8) units. Two educators may utilize T1024 to enable the EI agency providing a specialized service to assess a child while the primary educator from the main EI agency and parent implement a strategy; to demonstrate/coach/model strategies to the parent and primary educator to achieve outcomes based in daily routines in the home and community; or to implement strategies provided in a group setting in the home with the parent and primary educator

- Team treatment is not listed as a separate service on the service page of the IFSP but each category of service being provided must be.

Group Family Training Education and Support:

- Use code S9446TF Family Training, Education and Support (Group) for multidisciplinary parent/child groups. Discipline specific group codes may be used if the group is targeted to a particular domain and the provider is appropriately credentialed (See X. Occupational Therapy, XI. Physical Therapy, XV. Speech Therapy)

- The provision of a group in a setting outside the child's natural environment requires a completed "Plan for Providing Service in a Natural Environment" which provides sufficient justification and rationale to support the team's decision that the child's outcomes could not be met in the child's natural environment at that time.

- A parent or caregiver should be present and participating in all groups. The billing for a separate parent group at the same time as a child group is not allowed. The parent must participate in the parent/child group for more than 50% of the time that the group is in session. Code S9446TF or code S9446TG may be utilized (see staffing requirements for code S9446TG).

- Providers may bill S9446TF; or S9446TG depending on the complex needs of the child. S9446TG reflects an intensive group setting with required numbers of staff and the opportunity for a high staff/child ratio. S9446TG may be used for a parent/child group in which there is a separate parent session as long as the staffing requirement is met for the entire session. S9446TF and S9446TG may not be combined for the same child. When billing S9446TG 3 staff must be present for the whole time the group is in session.

- Opportunities for parent to parent support; and to develop relationships with other parents may occur when the parent is not participating in the parent/child group however these activities are not billable. Parent consultants may be utilized to facilitate opportunities for parents to be together or to provide general education around topics of parent interest.

Group Billing Examples

S9446TF	Family Training Education and Support- Group (up to 2 staff)	Parent and child attend 60 minute group together. One or 2 staff facilitate the group. Bill S9446TF for 60 minutes.
S9446TF	Family Training Education and Support- Group (up to 2 staff)	Parent and child attend a 60 minute group. For 40 minutes they are together with 2 staff facilitating. For the other 20 minutes one staff person facilitates a parent only session focusing on specific family outcomes; while the second

		staff person facilitates a child only session focusing on child outcomes. Bill S9446TF for 60 minutes.
S9446TF	Family Training Education and Support- Group (up to 2 staff)	Parent and child attend a 60 minute group. For 40 minutes they are together with 2 staff facilitating. For the other 20 minutes the parents participate in a parent only social group facilitated by a parent consultant. Two staff facilitate a child only session focusing on child outcomes. Bill S9446TF for 60 minutes.
S9446TG	Family Training Education and Support Group Intensive (3 staff)	Parent and child attend a 60 minute group together. The group consists of 4 children and their parents. Three staff facilitate the group. Bill S9446TG for 60 minutes.
S9446TG	Family Training Education and Support Group Intensive (3 staff)	Parent and child attend a 90 minute group. The group consists of 5 children and their parents. The parents and children participate together for 60 minutes with 3 staff facilitating. For the other 30 minutes the parents leave the group to attend a parent only session focusing on specific family outcomes facilitated by one staff member; the children participate in a child only session focusing on child outcomes facilitated by 2 staff . Bill S9446TG for 90 minutes.
S9446TG	Family Training Education and Support Group Intensive (3 staff)	Parent and child attend a 90 minute group. The group consists of 5 children and their parents. The parents and children participate together for more than half of the time (with 2 staff facilitating) and parents in the group take turns participating in a guided observation through a one way window of the group led by a third staff. Three staff are present the entire time.

Group Billing Examples

		Bill S9446TG for 90 minutes.
S9446TG	Family Training Education and Support Group Intensive (3 staff)	Parent and child attend a 90 minute group. The group consists of 5 children and their parents. The parents and children participate together for 60 minutes with 3 staff facilitating. For the other 30 minutes the parents leave the group to attend a parent support group facilitated by the parent consultant; the children participate in a child only session facilitated by 3 staff focusing on child outcomes.
		Bill S9446TG for 90 minutes.
S9446	Family Training Education and Support- Parent Education Group	A parent attends a 60 minute parent only group focusing on specific family outcomes. The group is facilitated by one staff person; the child is not in attendance.
	(up to 2 staff)	Bill S9446 for 60 minutes.

- Groups are to be billed per child/family, not per staff member. Only one billing code may be utilized per child. A Family Training Education and Support group and a therapy specific group may not be billed for a child at the same time.
- The SRF for all groups should be signed by the staff member primarily responsible for the group. Other team members present must sign the SRF utilizing code 990G (Group). The total time may not be split and billed between staff members.
- The SRF (including preprinted SRF's) for a group service should be individualized and related to individual IFSP outcomes.
- If it has been determined that a center based group is the only way to meet an outcome, the provision of individual services within the group is not billable.
- If a group service is listed on the IFSP, the group code must be billed. If absenteeism results in an opportunity for one to one instruction to occur (for example three staff and three children) a provider may decide to continue to operate the group with 3 staff or use less staff. The appropriate group code should be billed (S9446TF if 1-2 staff, S9446TG if 3 staff). In the case where all children but one is absent, individual FTES may be billed.
- Providers have flexibility in the use of codes S9446TF or S9446TG depending on the design of the group (for example, a group may be designed to use 3 staff initially with

a plan to reduce staff as the group progresses). For each session use the code that represents the staffing for that session.

- Use Team Coordination code T1016TF or T1016TG (depending on the number of staff) to provide individualized intervention planning for a child in a group. Team Coordination does not include room set up; cleaning; or precutting art materials or theme based planning. It does not include general debriefing after a group session. Team Coordination is individual planning for a specific child within the infant/toddler curriculum by the IFSP team/group team and includes the specialized support the child needs. The accompanying SRF must be individualized for that specific child and summarize the discussion and plan for that child. The SRF must also clearly reference the individualized IFSP outcomes being worked on. Example:

Team Coordination Example:		
T1016TG	Team Coordination (3 staff)	Team meets for 15 minutes to discuss the child's new ability to make a simple choice between 2 activities. However, transition from motor activity to quiet play has become much more difficult. Team discusses how to move communication to the next benchmark and also how to use an object board to help with this transition. SLP will coach family to use board during play time with Dad. Bill T1016TG for 15 minutes for this individual child only.

- Team Coordination for a child participating in a group occurs separately for each specific child as it occurs. This means more than one child may not be billed for Team Coordination at the same time. For example, if Team Coordination meetings occur for each child in a group which had six children, each child would be discussed for 15 minutes and a separate SRF describing each discussion would be submitted. (i.e. the team would have met totally for 90 minutes.)

- A group is defined as at least two (2) children; and siblings may not be the only children in the group.

- Reimbursement is only allowed for the children in attendance on that day.

- Bill S9446 for Parent Education Groups (parent only). The setting for group parent education is N/A and a "Plan for Providing Services in a Natural Environment" is not needed. However, the parent group must specifically be intended to achieve the individual IFSP outcomes. The SRF (including preprinted SRF's) should be individualized and related to individual IFSP outcomes.

- Family Training Education and Support- Parent Education Group is utilized for the *Hanen Program* for Parents; *It Takes Two to Talk* and *More than Words*. Parent group sessions utilize S9446 for the weekly session the parent attends and is written in the IFSP as FTC; (Method) Group. For individual videotaping and consultation sessions in

the home the individual speech service code T1027GN is utilized and is listed on the IFSP as Speech; (Method) Individual. The setting for group parent education is N/A and the setting for the individual speech sessions is the natural environment. A “Plan for Providing Services in a Natural Environment” for the group sessions is not needed.

VII. INTERPRETATION/TRANSLATION

Procedure Codes listed below are for Interpretation/Translation Services

Procedure Codes	Description	Unit of Service	Max Units	Rate	Minimum Criteria	IFSP Category
T1013	Interpretation	15 min	16	$17.65	N/A	N/A
T1013TL	Translation	15 min	16	$17.65	N/A	N/A

National Code Definition

T1013	Sign Language or Oral Interpretive Services, Per 15 Minutes
TL	EI/IFSP

<u>Billing Guidance</u>

- Interpretation is available to all families as needed in order to fully participate in Early Intervention. Unless clearly not feasible to do so, evaluations and assessments of the child must be conducted in the child's native language if determined developmentally appropriate by qualified personnel conducting the evaluation or assessment. Unless clearly not feasible to do so, family assessments must be conducted in the family member's native language.

- Interpretation may be reimbursed through Early Intervention, only when no other method of interpretation is available. Interpretation is a covered benefit for RIteCare members. Information regarding this benefit is available in the member's handbook or online at www.nhpri.org or www.uhccommunityplan.com.

- The length of time billed for interpretation services may be no more than the same length of time as the visit. Must be indicated on an SRF with accompanying service.

- When interpretation occurs for more than one child/family at the same time (group), the total time billed should be divided between each child/family needing interpretation services.

- Translation of Early Intervention documentation including an SRF or any part of the IFSP may be reimbursed if requested by the parent in order to fully participate in Early Intervention. SRF for this service must indicate specifically what was translated. The maximum units allowed for translation is the total allowed per document (16 units total). Maximum units allowed per day are 16 units.

- Providers are encouraged to take advantage of on-line translation or translation software to reduce translation time to make maximum use of the translation units available.

VIII. NURSING SERVICES

Nursing

- Collaboration with family members or other service providers who are identified on an infant's or toddler's IFSP concerning the special health care needs of the infant or toddler that will impact or need to be addressed during the provision of other early intervention services;
- Assessment of health status for the purpose of providing nursing care, including identification of patterns of human response to actual or potential health problems;
- Provision of nursing care to prevent health problems, restore or improve functioning and promote optimal health and development;
- Administration of medications, treatments, and regimens prescribed by a licensed physician;
- Family training, education and support provided to assist the family of an infant or toddler with a disability in understanding his or her special health care needs; and
- Provision of such services as clean intermittent catheterization, tracheotomy care, tube feeding, the changing of dressings or colostomy collection bags, and other health services when necessary in order for the infant or toddler to participate in other early intervention services

Procedure Codes listed below are for Nursing Services

Procedure Codes	Description	Unit of Service	Max Units	Rate	Minimum Criteria	IFSP Category
T1027TD	Family Training Education and Support-Services by a Nurse	15 min	8	$29.96	Licensed RN	Nursing
T1024TD	Team Treatment-Services by a Nurse	15 min	8	$29.96	Licensed RN	Nursing

National Code Definition

T1027	Family training and counseling for child development, per 15 minute unit
T1024	Evaluation and treatment by an integrated specialty team to provide coordinated care to multiple or severely handicapped children, per encounter (one encounter is defined as one 15 minute unit)

Modifier Description

TD	Licensed RN

Billing Guidance

- Team Treatment is when two professionals are actively participating in the delivery of services during the same session for an individual child/family. A Nurse may use code T1024TD when providing team treatment. Each member of the team uses the modifier representing their discipline and each may bill for the entire session. There must be a clear purpose for team treatment and role for each provider. Documentation for team treatment must support treatment by 2 individuals treating at the same time for the entire time billed and must include the parent's participation in the visit. Team treatment is not listed as a separate service on the service page of the IFSP but each discipline providing team treatment must be. Two Nurses may not bill team treatment at the same time

- Team treatment may be used when two members of a team provide an assessment at the same time (for example an RN and a SLP conduct a feeding team evaluation for a child with significant feeding issues; or a co-visit by a PT and OT to do a comprehensive assessment/consult to specifically look at motor functions for a child..

IX. NUTRITION SERVICES

Nutrition Services:

- Assessment of the nutritional and feeding status of an infant or toddler with a disability related to his or her development including nutritional history and dietary intake; anthropometric, biochemical, and clinical variables; feeding skills and feeding problems; and food habits and food preferences;
- Collaboration with the family, service coordinator and other early intervention service providers identified on an infant's or toddler's IFSP;
- Development, implementation and monitoring or appropriate plans to address the nutritional needs of children eligible for early intervention supports and services, based on the findings of individual assessments;
- Referral to community resources to carry out nutritional goals and referrals for community services, health or other professional services, as appropriate; and
- Family training, education and support provided to assist the family of an infant or toddler with a disability in understanding his or her needs related to nutrition and feeding and to enhance his or her development.

Procedure Codes listed below are for Nutrition Services

Procedure Codes	Description	Unit of Service	Max Units	Rate	Minimum Criteria	IFSP Category
T1027AE	Family Training Education and Support-Services by a Nutritionist	15 min	8	$ 29.96	Licensed Dietitian/ Nutritionist	Nutrition
T1024AE	Team Treatment-Services by a Nutritionist	15 min	8	$29.96	Licensed Dietitian/ Nutritionist	Nutrition

National Code Definition

T1027	Family training and counseling for child development, per 15 minute unit
T1024	Evaluation and treatment by an integrated specialty team to provide coordinated care to multiple or severely handicapped children, per encounter (one encounter is defined as one 15 minute unit)

Modifier Description

AE	Licensed Dietitian/Nutritionist

Billing Guidance

- Team Treatment is when two professionals are actively participating in the delivery of services during the same session for an individual child/family. A Nutritionist may use code T1024AE when providing team treatment. Each member of the team uses the modifier representing their discipline and each may bill for the entire session. There must be a clear purpose for team treatment and role for each provider. Documentation for team treatment must support treatment by 2 individuals treating at the same time for the entire time billed and must include the parent's participation in the visit**.** Team treatment is not listed as a separate service on the service page of the IFSP but each discipline providing team treatment must be. Two Nutritionists may not provide team treatment at the same time.

- Team treatment may be used when two members of a team provide an assessment at the same time (for example a Nutritionist and a SLP conduct a feeding team evaluation for a child with significant feeding issues; or a co-visit by a PT and OT to do a comprehensive assessment/consult to specifically look at motor functions for a child.

X. OCCUPATIONAL THERAPY

Occupational Therapy Services:
Services to address the functional needs of an infant or toddler with a disability related to adaptive development, adaptive behavior and play, and sensory, motor, and postural development. These services are designed to improve the child's functional ability to perform tasks in home, school, and community settings and include:

- Screening, evaluation, assessment and intervention services to address the functional developmental needs of an infant or toddler with a disability with an emphasis on self-help skills, fine and gross motor development, mobility, sensory integration, behavior, play and oral-motor functioning;
- Adaptation of the environment, and selection, design, and fabrication of assistive and orthotic devices to facilitate development and promote the acquisition of functional skills;
- Prevention or minimization of the impact of initial or future impairment, delay in development, or loss of functional ability;
- Collaboration with the family, service coordinator and other early intervention service providers identified on an infant's or toddler's IFSP;
- Family training, education and support provided to assist the family of an infant or toddler with a disability in understanding his or her functional developmental needs and to enhance his or her development.

Procedure Codes listed below are for Occupational Therapy

Procedure Codes	Description	Unit of Service	Max Units	Rate	Minimum Criteria	IFSP Category
97003	Occupational Therapy Evaluation	1	1	$149.80 flat rate	Licensed OT	Occupational Therapy
T1027GO	Family Training Education and Support-Services provided by an OT/COTA	15 min	8	$29.96	Licensed OT/COTA	Occupational Therapy
S9446GO	Family Training Education and Support-OT Group-Services provided by an OT/COTA	15 min	8	$14.98	Licensed OT/COTA	Occupational Therapy
T1024GO	Team Treatment-Services provided by an OT/COTA	15 min	8	$29.96	Licensed OT/COTA	Occupational Therapy

COTA= Certified Occupational Therapy Assistant

	National Code Definition
97003	Occupational therapy evaluation, provided by an OT
T1027	Family training and counseling for child development, per 15 minute unit
S9446	Patient education, not otherwise classified, non-physician provider, group, per session (one session is defined as one 15 minute unit)
T1024	Evaluation and treatment by an integrated specialty team to provide coordinated care to multiple or severely handicapped children, per encounter (one encounter is defined as one 15 minute unit)

Modifier Description(s)

GO	Licensed OT/COTA

Billing Guidance

- An Occupational Therapy Evaluation includes a summary of child's functioning and recommendations for strategies, services and supports. An OT Evaluation may not be billed at the same time as any other code. Other staff participating in the Occupational Therapy Evaluation utilize code 990E (Evaluation).

- Billing practices regarding Occupational Therapy Group are the same as Family Training Education and Support (Group) (See VI Family Training Education and Support)

- Team Treatment is when two professionals are actively participating in the delivery of services, during the same session for an individual child/family. An OT or COTA may use code T1024GO when providing team treatment. Each member of the team uses the modifier representing their discipline and each may bill for the entire session. There must be a clear purpose for team treatment and role for each provider. Documentation for team treatment must support treatment by 2 individuals treating at the same time for the entire time billed and must include the parent's participation in the visit. The SRF must document each provider's role. Team treatment is not listed as a separate service on the service page of the IFSP but each discipline providing team treatment must be. Two OTs or an OT and COTA may not bill team treatment at the same time.

- Team treatment may be used when two members of a team provide an assessment at the same time (for example an OT and a SLP conduct a feeding team evaluation for a child with significant feeding issues; or a co-visit by a PT and OT to do a comprehensive assessment/consult to specifically look at motor functions for a child).

XI. PHYSICAL THERAPY

Physical Therapy Services: Services to address the promotion of sensorimotor function through enhancement of musculoskeletal status, neurobehavioral organization, perceptual and motor development, cardiopulmonary status, and effective environmental adaptation. These services include:

- Screening, evaluation, assessment and intervention services to address the functional developmental needs of an infant or toddler with a disability with an emphasis on mobility, positioning, fine and gross motor development, and both strength and endurance, including the identification of specific motor disorders;
- Adaptation of the environment, and selection, design, and fabrication of assistive and orthotic devices to facilitate development and promote the acquisition of functional skills;
- Obtaining, interpreting, and integrating information appropriate to program planning to prevent, alleviate, or compensate for movement dysfunction and related functional problems;
- Providing individual and group services or treatment to prevent, alleviate, or compensate for movement dysfunction and related functional problems;
- Collaboration with the family, service coordinator and other early intervention service providers identified on an infant's or toddler's IFSP; and
- Family training, education and support provided to assist the family of an infant or toddler with a disability in understanding his or her functional developmental needs and to enhance his or her development.

Procedure Codes listed below are for Physical Therapy

Procedure Codes	Description	Unit of Service	Max Units	Rate	Minimum Criteria	IFSP Category
97001	Physical Therapy Evaluation	1	1	$149.80 flat rate	Licensed PT/PTA	Physical Therapy
T1027GP	Family Training Education and Support-Services provided by an PT/PTA	15 min	8	$29.96	Licensed PT/PTA	Physical Therapy
S9446GP	Family Training Education and Support- PT Group-Services provided by an PT/PTA	15 min	8	$ 14.98	Licensed PT/PTA	Physical Therapy
T1024GP	Team Treatment- Services provided by an PT/PTA	15 min	8	$29.96	Licensed PT/PTA	Physical Therapy

PTA= Physical Therapy Assistant

National Code Definition

97001	Physical Therapy Evaluation
T1027	Family training and counseling for child development, per 15 minute unit
S9446	Patient education, not otherwise classified, non-physician provider, group, per session (one session is defined as one 15 minute unit)
T1024	Evaluation and treatment by an integrated specialty team to provide coordinated care to multiple or severely handicapped children, per encounter (one encounter is defined as one 15 minute unit)

Modifier Description(s)

GP	Licensed PT/PT

Billing Guidance

- A Physical Therapy Evaluation includes a summary of child's functioning and recommendations for strategies, services and supports. A PT Evaluation may not be billed at the same time as any other code. Other staff participating in the Physical Therapy Evaluation utilize code 990E (Evaluation).

- Billing practices regarding Physical Therapy Group are the same as Family Training Education and Support (Group) (See VI Family Training Education and Support)

- Team Treatment is when two professionals are actively participating in the delivery of services during the same session for an individual child/family. A PT or PTA may use code T1024PGP when providing team treatment. Each member of the team uses the modifier representing their discipline and each may bill for the entire session. There must be a clear purpose for team treatment and role for each provider. Documentation for team treatment must support treatment by 2 individuals treating at the same time for the entire time billed and must include the parent's participation in the visit**.** Team treatment is not listed as a separate service on the service page of the IFSP but each discipline providing team treatment must be. Two PTs or a PTA and PT may not bill team treatment at the same time. A PT Evaluation may not occur as part of Team Treatment.

- Team treatment may be used when two members of a team provide an assessment at the same time (for example an RN and a SLP conduct a feeding team evaluation for a child with significant feeding issues; or a co-visit by a PT and OT to do a comprehensive assessment/consult to specifically look at motor functions for a child).

XII. PSYCHOLOGICAL SERVICES

Psychological Services:

- Administration of psychological and developmental tests, and other assessment procedures;
- Interpretation of assessment results;
- Obtaining, integrating, and interpreting information about child behavior, and child and family conditions related to learning, mental health, and development;
- Planning and management of a program of psychological services, including psychological counseling for children and parent(s), family counseling, consultation on child development, parent training, and education programs;
- Collaboration with the family, service coordinator and other early intervention service providers identified on an infant's or toddler's IFSP; and
- Family training, education and support provided to assist the family of an infant or toddler with a disability in understanding his or her needs related to development, cognition, behavior or social-emotional functioning and to enhance his or her development.

Procedure Codes listed below are for Psychological Services

Procedure Codes	Description	Unit of Service	Max Units	Rate	Minimum Criteria	IFSP Category
96111	Developmental Testing	1	1	$149.80 flat rate	Psychologist	Psychology
T1027HP	Family Training Education and Support- Services by a Psychologist	15 min	8	$ 29.96	** See Below	Psychology
T1027TG	Family Training Education and Support-Services by a Mental Health/Behavioral Health Professional	15 min	8	$ 29.96	* See Below	Psychology
T1024 HP	Team Treatment-Services by a Psychologist	15 Min	8	$29.96	Psychologist	Psychology
T1024 TG	Team Treatment-Services by a Mental Health/Behavioral Health Professional	15 Min	8	$29.96	* See Below	Psychology

* Marriage & Family Therapist (MFT), Licensed Mental Health Counselor (LMHC), Masters in Counseling, Masters in Psychology, BCBA and BCaBA **Psychologist

National Code Definition

T1027	Family training and counseling for child development, per 15 minute unit
96111	Developmental testing**:** extended (includes assessment of motor, language, social, adaptive and/or cognitive functioning by standardized developmental instruments) with interpretation and report
T1024	Evaluation and treatment by an integrated specialty team to provide coordinated care to multiple or severely handicapped children, per encounter (one encounter is defined as one 15 minute unit)

Modifier Description(s)

TG	Complex Level
HP	Doctoral Level

Billing Guidance

- Developmental testing by a Psychologist includes a summary of child's functioning and recommendations for strategies services and supports. Developmental Testing may not be billed at the same time as any other code. Other staff participating in the Developmental Testing utilize code 990E (Evaluation).

- Team Treatment is when two professionals are actively participating in the delivery of services during the same session for an individual child/family. A Psychologist should use code T1024HP, a Marriage & Family Therapist (MFT), Licensed Mental Health Counselor (LMHC) and staff who have a Masters in Counseling, Masters in Psychology, BCBA or BCaBA should use code T1024TG when providing team treatment. Each member of the team uses the modifier representing their discipline and each may bill for the entire session. There must be a clear purpose for team treatment and role for each provider. Documentation for team treatment must support treatment by 2 individuals treating at the same time for the entire time billed and must include the parent's participation in the visit**.** Team treatment is not listed as a separate service on the service page of the IFSP but each discipline providing team treatment must be. A BCBA and a BCaBA may not bill Team Treatment at the same time. Team treatment cannot be billed by two staff from this category at the same time. Developmental Testing may not occur as part of Team Treatment.

XIII. SERVICE COORDINATION

Service Coordination may include the following activities:

- Coordinating the provision of EI services and other services (such as educational, social and medical services);
- Assisting parents of eligible children in gaining access to the EI services and other services identified in the IFSP;
- Facilitating, coordinating and monitoring the timely delivery of services on an ongoing basis;
- Coordinating evaluations and ongoing assessments;
- Facilitating and participating in the development, review, and evaluation of IFSPs;
- Assisting families in identifying available service providers and making referrals as needed;
- Informing parents of their procedural safeguards and the availability of advocacy services;
- Facilitating the development and implementation of a transition plan; and
- Conducting IFSP activities as appropriate.

Procedure Codes listed below are for Service Coordination

Procedure Codes	Description	Unit of Service	Max Units	Rate	Minimum Criteria	IFSP Category
T1016	Case Management	15 min	10	$17.48	Practitioner Level I	N/A
T016TF	Team Coordination (2 staff)	15 min	10	$34.96	Practitioner Level I	N/A
T1016TF U1 T1016TF U2	Service Coordination/ Team Coordination (Shared billing only)	15 min	10	$17.48	Practitioner Level I	N/A
T1016TG	Team Coordination (3 or more staff)	15 min	10	$52.44	Practitioner Level II	N/A
H0046	Supervision	15 min	2	$47.44	Practitioner Level I	N/A

*The maximum units for Team Coordination with the parent present is 10 units; maximum units for Team Coordination parent not present is 2 units

National Code Definition

T1016	Case Management, each 15 minutes
H0046	Mental Health Services, Not Otherwise Specified

Modifier Description(s)

TF	Intermediate Tech Level of Care 2 staff
TG	Complex/High Tech Level of Care 3 or more staff

Billing Guidance

Service Coordination

- Each infant or toddler with a disability and the child's family must be provided with one service coordinator as soon as possible who is responsible for coordinating all services, coordinating with other agencies and persons, and serving as the single point of contact for carrying out service coordination activities. Service coordination is an active, ongoing process.

- Service coordination should be provided to families as needed and is not required on the IFSP service page.

- In RI a service coordinator, depending on the individual's qualifications, may also provide direct services such as Family Training Education and Support. In addition, service coordination may be provided by members of the team other than the service coordinator, depending on need. When seeking reimbursement providers must distinguish between service coordination activities and direct services and bill accordingly.

- When a service coordinator and another member of the IFSP team conduct a visit together, and both are providing service coordination (such as a discussion with the parents regarding their concerns, or as part of initial or annual IFSP development or any of the activities listed on page 40) Team Coordination should be billed. If another member of the IFSP team and a service coordinator are providing a direct service together (the SC is providing FTES and the therapist is providing a discipline specific service or the SC is observing a strategy that he/she will be responsible to implement as part of FTES then Team Treatment should be billed using appropriate modifiers.

- When two members of the IFSP team conduct a visit together, service coordination activities may not be provided by one member of the team at the same time that a direct service is being provided by the other member.

- IFSP development activities such as the Routines Based Interview (RBI), development of outcomes, strategies and services (pages 9 and 10 of the Initial IFSP) and the annual or periodic review of outcomes; strategies and services is reimbursable up to 10 units of service coordination (6 units for RBI). Team coordination may be utilized if the family is present and more than one member of the team participates. (See T1016 Service Coordination-IFSP development following an Eligibility/IFSP meeting for an initial

IFSP and Service Coordination IFSP development following an Eligibility/IFSP meeting to annually review the IFSP pages 9 -10)

- Transition planning is part of service coordination and must be provided to all families. It is not required on the IFSP service page. Providers may bill team coordination for gathering/organizing assessment information for the Transition Summary Form as part of the transition process. (See Team Coordination)

- In order to be reimbursed for service coordination, an activity must be documented on an SRF and meet the minimum time requirement of 15 minutes. Separate activities within the course of a day which are less than 15 minutes but are related to the same event or purpose for a child/family may be combined. The activity must result in an impact on services in the IFSP. Providers may combine units of service coordination provided by the same or different staff up to the maximum units allowed (10). Service coordination may not be billed by two separate staff for the same child at the same time. (See Team Coordination)

- Service coordination is not record reviews or quality improvement activities; data entry or clerical activity; written reports at the EI office, or single phone calls or a series of unrelated events occurring throughout the day less than 15 minutes.

- Activities occurring at the EI office related to assistive technology such as reviewing/ researching products; coordination around purchasing; and vendor consultations are considered service coordination activities and are reimbursable using code T1016 Service Coordination.

- Materials developed by a member of the IFSP team at the EI office to use as strategies to achieve outcomes are reimbursable using code T1016 Service Coordination. The number of units for this activity is limited to 2.

- Consultations to parents or professionals by phone are considered service coordination.

- Use code T1016 Service Coordination for updates to the IFSP.

- When two providers utilize shared billing, the secondary provider must use T1016TFU2 for service coordination activities related to the shared case.

Team Coordination

Team Coordination may include the following activities:

- Team planning for individualized interventions;
- Reviewing progress based on data;
- Working together as a team;
- Sharing information, strategies and interventions; and
- Participating in planned clinical conversations between members of the team which impact IFSP outcomes or strategies

Billing Guidance

- Team Coordination may be provided by the IFSP team. This includes membership on the evaluation team, and/or providing direct services or consultations listed on the IFSP and consultations to the IFSP team by other members the EI staff with discipline specific professional expertise.

- A Team Coordination meeting must be at least 15 minutes and must have an impact on the child's IFSP (i.e. outcome or strategies). These are planned clinical conversations**.**

- The SRF for team coordination should describe the discussion and indicate the results of the discussion (impact on the child's IFSP).

- Team Coordination without the parent present is limited to 2 units per day.

- Teams may utilize Team Coordination T1016TF or T1016TG depending on the numbers of staff participating. Team Coordination is billed by child and by case complexity. One person utilizes code T0161TF and signs the SRF and other team members) must sign the SRF utilizing code 990 TC (Team Coordination).
  For T1016TG at least one Level II practitioner utilizes code T1016TG and signs the SRF representing the meeting.

- Team Coordination may be utilized for IFSP development activities such as conducting an RBI, the development of outcomes, strategies and services and annual or periodic review of the IFSP if the family is present and more than one member of the team is required. Up to 10 units of team coordination may be billed for IFSP development activities however the RBI is limited to 6 units.

- Team Coordination may occur at a visit prior/after a discipline specific evaluation.

- When an Early Intervention provider is providing services for a child from another EI program utilizing shared billing, Team Coordination between one EI provider and the other is reimbursed utilizing codes T1016TFU1 and T1016TFU2. Each provider

submits a separate SRF documenting the meeting and the main EI provider uses code T1016TFU1 and the other EI Provider uses code T1016TFU2.

- Team Coordination between EI providers from different agencies may occur for up to three staff. If two staff are from one EI agency they would utilize T1016TF and the other EI provider would utilize T1016TFU1. In the rare instance where three EI agencies share a child, Team Coordination may be provided by utilizing code T1016 by the main provider and T1016TFU1 and T1016TFU2 by the other providers.

- Service Coordination may not be billed in combination with to Team Coordination.

- Team Coordination does not mean supervision.

- Use Team Coordination code T1016TF or T1016TG (depending on the number of staff) to provide individualized intervention planning for a child in a group. Team Coordination does not include room set up; cleaning; or precutting art materials or theme based planning. It does not include general debriefing after a group session. Team Coordination is individual planning for a specific child within the infant/toddler curriculum by the IFSP team/group team and includes the specialized support the child needs. The accompanying SRF must be individualized for that specific child and summarize the discussion and plan for that child. The SRF must also clearly reference the individualized IFSP outcomes being worked on. Example:

Team Coordination Example:		
T1016TG	Team Coordination (3 staff)	Team meets for 15 minutes to discuss the child's new ability to make a simple choice between 2 activities. However, transition from motor activity to quiet play has become much more difficult. Team discusses how to move communication to the next benchmark and also how to use an object board to help with this transition. SLP will coach family to use board during play time with Dad. Bill T1016TG for 15 minutes for this individual child only.

- Team Coordination for a child participating in a group occurs separately for each specific child as it occurs. This means more than one child may not be billed for Team Coordination at the same time. For example, if Team Coordination meetings occur for each child in a group which had six children, each child would be discussed for 15 minutes and a separate SRF describing each discussion would be submitted. (i.e. the team would have met totally for 90 minutes.)

- Team Coordination must represent at least 2 staff members in order to bill. One practitioner signs the SRF listing the actual minutes of the Team Coordination meeting; other staff participating sign the SRF utilizing code 990TC.

- Team Coordination is not reimbursable between a PTA and PT, OT and a COTA, and an SLPA and an SLP.

- Team Coordination is not a service listed in the IFSP.

Supervision

Supervision includes:

For the purpose of Early Intervention, supervision is "reflective supervision"* is a relationship-based supervisory approach that supports various models of relationship-based service delivery. It fosters effective connections with parents, children, and colleagues and these enhanced connections lead to higher quality programs. In RI, the model for this supervision is an integrated approach combining mentoring and monitoring.

Billing Guidance

- In order to utilize code H0046 supervision must be related to an individual child/family. Supervision is billed per child. The EI supervisor must provide reflective supervision. Components of reflective supervision include regular scheduled meetings, a collaborative relational approach and an emphasis on reflection.
- Documentation on an SRF should be maintained in the child's file and must consist of date of supervision, a brief summary of the discussion (including child's name), the length of time and the signatures of the supervisor and the person receiving supervision. The person supervised utilizes code 990S (Supervision). The maximum allowed is 90 minutes per child per month.
- In exceptional circumstances supervision may occur prior to the IFSP. Adequate documentation on an SRF must be provided.
- Reflective supervision does *not* include the following:
    - group discussions, including staff meetings;
    - agency operation or billing practices;
    - personnel/disciplinary actions;
    - observation by a supervisor in a home visit;
    - short (less than 15 minutes) unscheduled conversations between clinical supervisors and staff;
    - observation by a supervisor in a home visit
    - supervision needed to obtain or maintain certificate, license, or registration (for example, but not limited to PT supervision for PTA's, OT supervision for COTA, BCBA supervision of BCaBA and supervision to obtain a RI Early Intervention Certificate)

* "Reflective supervision builds staff members' skills in reflective practice. Reflective practice refers to a way of working that spans disciplines and encourages staff members to (a) consider the possible implications of their interventions while in the midst of their work; (b) slow down, filter their thoughts, and more wisely choose actions and words; (c) deepen their understanding of the contextual forces that affect their work; and (d) take time afterward to consider their work and the related experiences in a way that influences their next steps." *Reflective Supervision and Leadership in Infant and Early Childhood Programs* by Mary Claire Heffron and Trudi Murch**.**

XIV. SOCIAL WORK SERVICES

Social Work Services:

- Home visits to evaluate a child's living conditions and patterns of parent-child interaction;
- Social or emotional developmental screening and assessment of an infant or toddler within the family context;
- Individual and family-group counseling with parent(s) and other family members, and appropriate social skill-building activities with the infant or toddler and parent(s);
- Intervention to address those problems in a child's and family's living situation (home, community, and any other location where early intervention supports and services are provided) that affect the child's maximum utilization of early intervention supports and services;
- Identification, mobilization, and coordination of community resources and services to enable the child and family to receive maximum benefit from early intervention supports and services;
- Collaboration with the family, service coordinator and other early intervention service providers identified on an infant's or toddler's IFSP; and
- Family training, education and support provided to assist the family of an infant or toddler with a disability in understanding his or her functional developmental needs and to enhance his or her development.

Procedure Codes listed below are for Social Work Services

Procedure Codes	Description	Unit of Service	Max Units	Rate	Minimum Criteria	IFSP Category
T1027AJ	Family Training Education and Support- Services by a Clinical Social Worker	15 min	8	$29.96	LCSW* LICSW**	Social Work
T1024AJ	Team Treatment- Services by a Clinical Social Worker	15 min	8	$ 29.96	LCSW* LICSW**	N/A

*Licensed Clinical Social Worker, ***Licensed Independent Clinical Social Worker

National Code Definition

T1027 Family training and counseling for child development, per 15 minute unit

T1024	Evaluation and treatment by an integrated specialty team to provide coordinated care to multiple or severely handicapped children, per encounter

Modifier Description

AJ	Licensed Professional

Billing Guidance

- Team Treatment is when two professionals are actively participating in the delivery of services during the same session for an individual child/family. An LICSW and LCSW may use code T1024AJ when providing team treatment. Each member of the team uses the modifier representing their discipline and each may bill for the entire session. There must be a clear purpose for team treatment and role for each provider. Documentation for team treatment must support treatment by 2 individuals treating at the same time for the entire time billed and must include the parent's participation in the visit. Team treatment is not listed as a separate service on the service page of the IFSP but each discipline providing team treatment must be. Two social workers may not bill team treatment at the same time.

XV. SPEECH-LANGUAGE PATHOLOGY

Speech and Language Pathology Services:

- Screening, identification, assessment and intervention services to address the functional, developmental needs of an infant or toddler with a disability with an emphasis on communication skills, language and speech development, sign language and cued language training and oral motor functioning, including the identification of specific communication disorders;
- Referral for medical or other professional services necessary for the habilitation or rehabilitation of children with communicative or pharyngeal disorders and delays in development of communication skills'
- Provision of services for the habilitation, rehabilitation or prevention of communicative or language disorders and delays in development of communication skills'
- Collaboration with the family, service coordinator and other early intervention service providers identified on an infant's or toddler's IFSP; and
- Family training, education and support provided to assist the family of an infant or toddler with a disability in understanding his or her functional development needs and to enhance his or her development.

Procedure Codes listed below are for Speech-Language Pathology Services

Procedure Codes	Description	Unit of Service	Max Units	Rate	Minimum Criteria	IFSP Category
92506 **Eliminated 01/01/2014**	Speech Evaluation	1	1	$149.80 flat rate	*Licensed SLP	Speech Pathology
92523	Evaluation of speech sound production and expressive/receptive language	1	1	$299.60 flat rate	*Licensed SLP	Speech Pathology
**92523 with modifier 52 (See below)	Evaluation of speech sound production and expressive/receptive language (abbreviated procedure)	1	1	$149.80 flat rate	*Licensed SLP	Speech Pathology
92522	Evaluation of speech sound	1	1	$149.80 flat rate	*Licensed SLP	Speech Pathology
T1027GN	Family Training Education and Support-Services provided by an SLP/SLPA	15 min	8	$ 29.96	*Licensed SLP /SLPA	Speech Pathology

S9446GN	Family Training Education and Support-Speech Group- Services provided by an SLP/SLPA	15min	8	$ 14.98	*Licensed SLP/SLPA	Speech Pathology
T1024GN	Team Treatment-Services provided by an SLP/SLPA	15 min	8	$29.96	***Licensed SLP/SLPA	Speech Pathology

* Licensed Speech, Hearing and Language Pathologist/ Licensed Speech, Hearing and Language Pathologist Assistant

National Code Definition

92523	Evaluation of speech sound production (e.g. articulation, phonological process, apraxia, dysarthria), with evaluation of language comprehension and expression (e.g. receptive and expressive language)
**92523	Code 92523 represents two distinct evaluations. If only an evaluation for language comprehension and expression is provided, modifier 52 must be utilized to represent an abbreviated procedure and the rate is $149.80
92522	Evaluation of speech sound production (e.g. articulation, phonological process, apraxia, dysarthria)
T1027	Family training and counseling for child development, per 15 minute unit
S9446	Patient education, not otherwise classified, non-physician provider, group, per session (one session is defined as one 15 minute unit)
T1024	Evaluation and treatment by an integrated specialty team to provide coordinated care to multiple or severely handicapped children, per encounter (one encounter is defined as one 15 minute unit)

Modifier Description(s)

GN	Licensed SLP/SLPA
52	Abbreviated procedure

Billing Guidance

- A speech and language evaluation provides functional information regarding the child's communication and results in recommendations for strategies, services and supports. A Speech and Language Evaluation may not be billed at the same time as any other code. Other staff participating in the Speech and Language Evaluation utilize code 990E (Evaluation).

- When utilizing code 92523 the SRF must document that two distinct evaluations were provided; an evaluation of sound production as well as an evaluation of receptive and expressive language. Screenings or brief assessments are not considered an evaluation. If more than one session is required bill this code when both evaluations are complete.

- If two evaluations are not administered and only an evaluation of expressive and receptive language is conducted use code 92523 with modifier 52 to indicate an abbreviated procedure. It is expected that due to the time factor in administering two evaluations, and considering the age of the children in early intervention code 92523 with modifier 52 would be typically used rather than code 92523.

- Code 92522 is utilized for an evaluation of sound production only (e.g. Goldman-Fristoe Test of Articulation) and cannot be combined with code 92523.

- Billing practices regarding Speech and Language Therapy Group are the same as Family Training Education and Support (Group) (See VI. Family Training Education and Support)

- Team Treatment is when two professionals are actively participating in the delivery of services during the same session for an individual child/family. An SLP or SLPA may use code T1024TF when providing team treatment. Each member of the team uses the modifier representing their discipline and each may bill for the entire session. There must be a clear purpose for team treatment and role for each provider. Documentation for team treatment must support treatment by 2 individuals treating at the same time for the entire time billed and must include the parent's participation in the visit. Team Treatment is not listed as a separate service on the service page of the IFSP but each discipline providing team treatment must be. Two SLPs or an SLP and a SLPA may not bill Team Treatment at the same time. A Speech and Language Evaluation is not a part of Team Treatment.

- Team treatment may be used when two members of a team provide an assessment at the same time (for example an RN and a SLP conduct a feeding team evaluation for a child with significant feeding issues; or a co-visit by a PT and OT to do a comprehensive assessment/consult to specifically look at motor functions for a child.)

XVI. TRANSPORTATION

Transportation Services
Transportation and related costs includes the cost of travel (e.g., mileage, or travel by taxi, common carrier or other means) and other costs (e.g., tolls and parking expenses) necessary to enable an eligible child and the child's family to receive EI services.

Procedure Codes listed below are for Transportation and related costs

Procedure Codes	Description	Unit of Service	Max Units	Rate	Minimum Criteria	IFSP Category
T2004	Transportation	One way	2	$ 9.99	N/A	N/A

National Code Definition

T2004 Non-Emergency Transport. Commercial Carrier, Multi-Pass

Billing Guidance

- T2004 may be utilized to cover the cost of travel (taxi or other commercial method) for parent and child to participate in Early Intervention when no other method of transportation is available (including a bus pass) and there is documentation of a justified reason for the service not to be provided in the natural environment. Transportation must be arranged through the child's primary insurance if available. Providers may not bill for transportation if it is provided through the child's insurance. Transportation is a covered benefit for RIteCare members. Information regarding this benefit is available in the members handbook or online at www.nhpri.org or www.uhccommunityplan.com

- Transportation must be indicated on an SRF, with accompanying service. It is not needed on the IFSP services page.

- This code does not cover staff travel expenses.

XVII. VISION SERVICES

Vision services

- Evaluation and assessment of visual functioning, including diagnosis and appraisal of specific visual disorders, delays, and abilities that effect early childhood development;
- Referral for medical or other professional services necessary for habilitation or rehabilitation of visual functioning disorders, or both;
- Communication skills training, orientation and mobility training for all environments, visual training, and additional training necessary to activate visual motor abilities;
- Collaboration with the family, service coordinator and other early intervention service providers identified on an infant's or toddler's IFSP; and
- Family training, education and support provided to assist the family of an infant or toddler with a disability in understanding his or her functional development needs and to enhance his or her development.

Procedure Codes listed below are for Vision Services

Procedure Codes	Description	Unit of Service	Max Units	Rate	Minimum Criteria	IFSP Category
V2799	Vision service (e.g. orientation and mobility)	15 min	8	$29.96	*See Below	Vision
T1024TLHO	Team Treatment	15 min	8	$29.96	*See Below	Vision

* Optometrist/Ophthalmologist Certified Orientation Mobility Specialist or Certified Special Educator-Visually Impaired.

National Code Definition

V2799	Vision Services, Miscellaneous
T1024	Evaluation and treatment by an integrated specialty team to provide coordinated care to multiple or severely handicapped children, per encounter

Modifier Description

TL	EI/IFSP
HO	Master's Level

Billing Guidance

- Team Treatment is when more than one professional is providing services during the same session for an individual child. A Certified Orientation Mobility Specialist or Certified Special Educator for the Visually Impaired may use T1024TLHO when providing team treatment. Each member of the team uses the modifier representing their discipline and each may bill for the entire session. There must be a clear purpose for team treatment and role for each provider. Documentation for team treatment must support treatment by 2 individuals treating at the same time for the entire time billed and must include the parent's participation in the visit. Team treatment is not listed as a separate service on the service page of the IFSP but each discipline providing team treatment should be.

- When Team Treatment is provided by two vision professionals one utilizes Team Treatment T1024 with the appropriate modifier and the other utilizes code V2799.

ADDENDUM

ADDENDUM A: EARLY INTERVENTION INSURANCE MANDATE

art.007/5/007/4/007/3/007/2/009/1

ARTICLE 7 RELATING TO HEALTH AND HUMAN SERVICES

SECTION 1. Section 27-18-64 of the General Laws in Chapter 27-18 entitled "Accident and Sickness Insurance Policies" is hereby amended to read as follows:

27-18-64. Coverage for early intervention services. -- (a) Every individual or group hospital or medical expense insurance policy or contract providing coverage for dependent children, delivered or renewed in this state on or after July 1, 2004, shall include coverage of early intervention services which coverage shall take effect no later than January 1, 2005. Such coverage shall not be subject to deductibles and coinsurance factors. Any amount paid by an insurer under this section for a dependent child shall not be applied to any annual or lifetime maximum benefit contained in the policy or contract. For the purpose of this section, "early intervention services" means, but is not limited to, speech and language therapy, occupational therapy, physical therapy, evaluation, case management, nutrition, service plan development and review, nursing services, and assistive technology services and devices for dependents from birth to age three (3) who are certified by the executive office of health and human services as eligible for services under part C of the Individuals with Disabilities Education Act (20 U.S.C. § 1471 et seq.).

(b) Insurers shall reimburse certified early intervention providers, who are designated as such by the executive office of health and human services, for early intervention services as defined in this section <u>at rates of reimbursement equal to or greater than the prevailing integrated state Medicaid rate for early intervention services as established by the executive office of health and human services</u>.

(c) This section shall not apply to insurance coverage providing benefits for: (1) hospital confinement indemnity; (2) disability income; (3) accident only; (4) long-term care; (5) Medicare supplement; (6) limited benefit health; (7) specified disease indemnity; (8) sickness or bodily injury or death by accident or both; and (9) other limited benefit policies.

ADDENDUM B: EARLY INTERVENTION SERVICES CODES, UNITS, RATES

Code	Rate	Unit	Max Units	Minimum Criteria	When is This Used	IFSP Category
T1023	Flat Rate $157.32	1	1	Practitioner Level I	Intake	N/A
H2000	Flat Rate $734.04	1	1	Practitioner Level II	Comprehensive Multidisciplinary Evaluation/Assessment	N/A
T1023TL	Flat Rate $34.96	1	1	Practitioner Level I	Individual Family Service Plan Meeting (Initial/Annual)	N/A
T5999	As billed	1		Practitioner Level II	Assistive Technology	Assistive Technology
V5008	$29.96	15 Min	8	Practitioner Level II	Hearing Screening	Audiology
92557	$29.96	15 Min	8	Licensed Audiologist	Comprehensive Audiometry Threshold Evaluation	Audiology
V5010	$29.96	15 Min	8	Licensed Audiologist	Assessment for Hearing Aid(s)	Audiology
T1027 T1027TD T1027AE T1027HP T1027TG T1027AJ T1027TGHO	$29.96	15 Min	8	Practitioner Level II*	Family Training Education and Support (Individual)	FTC Nursing Nutrition Psychology Psychology Social Work FTC
T1027HN	$20.48	15 Min	8	Practitioner Level I		FTC
S9446TF	$14.98	15 Min	8	Practitioner Level I	Family Training Education and Support (Group)	FTC
S9446TG	$19.19	15 Min	8	Practitioner Level II	Family Training Education and Support (Group) Intensive (3 Staff)	FTC
S9446	$14.98	15Min	10	Practitioner Level II	Family Training Education and Support-Parent Education (Group)	FTC
T1027GO	$29.96	15 Min	8	Licensed OT/COTA	Individual OT	OT
S9446GO	$14.98	15 Min	8		Group OT	OT
97003	$149.80 Flat Rate	1	1	Licensed OT	OT Evaluation	OT
T1027GP	$29.96	15 Min	8	Licensed PT/PTA	Individual PT	PT
S9446GP	$14.98	15 Min	8		Group PT	PT
97001	$149.80 Flat Rate	1	1	Licensed PT	PT Evaluation	PT
T1027GN	$29.96	15 Min	8	Licensed SLP/SLPA	Individual SLP	Speech
S9446GN	$14.98	15 Min	8		Group SLP	Speech
92523	$299.60 Flat Rate	1	1	Licensed SLP	Evaluation of speech sound production *with* an eval of language comprehension and expressive language	Speech
92523-52	$149.80 Flat Rate	1	1	Licensed SLP	Evaluation of language comprehension and expressive language only	Speech
92522	$149.80 Flat Rate	1	1	Licensed SLP	Evaluation of speech sound production	Speech
T1013	$17.65	15	16	N/A	Interpretation	N/A
T1013TL	$17.65	15	16	N/A	Translation	N/A

Code	Rate	Unit	Max Units	Minimum Criteria	When is This Used	IFSP Category
T2004	$9.99	1 Way	2	N/A	Transportation	N/A
T1016	$17.48	15 Min	10	Practitioner Level I	Service Coordination	N/A
T1016TF	$34.96	15 Min	10*	Practitioner Level I	Team Coordination Moderate Level (2 Staff) * 10 units-parent present 2 units parent not present	N/A
T1016TG	$52.44	15 Min	10*	Practitioner Level I	Team Coordination Complex Level (3 Staff) (two or more professionals) * 10 units-parent present 2 units parent not present	N/A
T1016TFU1 T1016TFU2	$17.48 $17.48	15 Min 15 Min	10* 10*	Practitioner Level I	Team Coordination/Service Coordination Moderate Level (Providers utilizing shared billing)) * 10 units-parent present 2 units parent not present	N/A
H0046	$47.44	15 Min	2	Practitioner Level I	Supervision	N/A
T1024 T1024TD T1024AE T1024HP T1024TG T1024AJ T1024TGHO T1024GO T1024GP T1024GN T1024TLHO	$29.96	15 Min	8	Practitioner Level II	Team Treatment (two professionals providing services during the same session, at the same time for the same child/family-parent caregiver present)	Team Treatment does not need to be separately listed on the IFSP but individual services must be
T1024HN	$20.48	15 Min	8	Practitioner Level I		N/A
V2799	$29.96	15 Min	8	Certified Mobility Specialist/Special educator for the blind-partially sighted	Vision Service	Vision
96111	$149.80 Flat Rate	1	1	Psychologist	Developmental Testing	Psychology

Family Education Training and Support T1027 (use modifiers as listed)*

No modifier: Certified Educator, Master's in Education or related field
Nurse (TD), Nutritionist/Dietitian (AE), Psychologist (HP), Marriage & Family Therapist, Licensed Mental Health Counselor Master's in Psychology, Master's in Counseling, BCBA, BCaBA (TG)
LICSW, LCSW (AJ), Teacher of the Deaf (TGHO), Bachelor's Level (HN), PT/PTA(GP), OT/COTA(GO), SLP/SLPA(GN)

Team Treatment T1024 (use modifiers as listed)*

No modifier: Certified Educator, Master's in Education or related field
Nurse (TD), Nutritionist/Dietitian (AE), Psychologist (HP), Marriage & Family Therapist, Licensed Mental Health Counselor , Master's in Psychology, Master's in Counseling, BCBA , BCaBA (TG) LICSW, LCSW (AJ), Teacher of the Deaf (TGHO), Bachelor's Level (HN), PT/PTA (GP), OT/COTA (GO), SLP/SLPA (GN), Certified Mobility Specialist or Special educator for the blind-partially sighted (TLHO) , Bachelor's Level (HN)

ADDENDUM C: SERVICES RENDERED FORM

Rhode Island Early Intervention Program Services Rendered Form ID: _____

Last Name _____ **First Name** _____ **MI** _____ **DOB:** _____/_____/_____

Service Date: _____/_____/____ **Service Coordinator:** _____ **Insurance Coverage Change** ❑ Yes ❑ No

Cancellation: ❑ No Show ❑ Cancel/Family Issue ❑ Provider Cancel	**Visit Participants:**	**Service Location:** ❑ H (Home) ❑ C (Community)	❑ CB (Center Based) ❑ EIGC.(EI Group in the Community ❑ N/A (Not Applicable)

Outcomes Addressed:

Describe new skills or progress the child has made or any updates by the family:

Visit Description: Describe interaction between provider and parent/caregiver and child. Include observations, modeling, coaching and discussion highlights.

_____

_____

_____

_____

_____

_____

_____

Things to work on before the next visit:

Plan for next session:

Provider/Signature:	**Date:**	**Service Code:**	**Minutes:**	**NEXT VISIT:**
1._____	_____	_____		_____
2._____	_____	_____		**TIME:**
3._____	_____	_____		_____

PRIOR WRITTEN NOTICE-

An IFSP meeting occurs when there are decisions to be made about starting, stopping, changing or refusing services for your child or family. Early Intervention is required to provide you with prior written notice within a reasonable time before an IFSP Meeting. This is your notice that the following IFSP Meeting has been scheduled:

❑ IFSP meeting. (Initial, Annual, Review, Update or Transition meeting) **Date of IFSP Meeting** _____/_____/_____ **Time:**_____

❑ I have received a copy of my procedural safeguards. These rights have been explained to me and I understand them.

Parent/Guardian Signature:_____ **Date**____/_____/____

Services Rendered Form (#1003) Rev. 11/01/2013

Hewlett Packard Enterprise

ADDENDUM D: MEDICAID PROVIDER INFORMATION

Hewlett Packard Enterprise (HPE) is the fiscal agent for the Executive Office of Health and Human Services (EOHHS) and its Medicaid Program, and as the fiscal agent for EOHHS, is responsible for provider enrollment, claims processing and reconciliation.

HPE can be reached by calling:

**784-8100 for local and long distance calls
**1-800-964-6211 for in-state toll calls or border community calls

Early Intervention Agencies can find the information they need to conduct business with RI Medicaid using the links below. For general information visit: www.eohhs.ri.gov.

Provider Enrollment

- Provider enrollment is completed electronically through the RI Healthcare Portal at https://riproviderportal.org
- Step by step instructions are found on the homepage of the RI Healthcare Portal.
- For detailed information on the enrollment process, visit the Provider Enrollment webpage at: http://www.eohhs.ri.gov/ProvidersPartners/ProviderEnrollment.aspx
- To view the Provider Agreement, and to access the Electronic Funds Transfer form (EFT) or the W-9 form, visit the Provider Enrollment page at: http://www.eohhs.ri.gov/ProvidersPartners/ProviderEnrollment.aspx
- Enrollment utilizes the National Provider Identifier (NPI) number assigned by the NPI Enumerator.
- The National Plan and Provider Enumeration System (NPPES) is the contractor hired by CMS to assign and process the NPIs, to ensure the uniqueness of the health care provider, and generate the NPIs. Providers can apply at the following website: https://nppes.cms.hhs.gov/NPPES/Welcome.do

Enrolling as Trading Partner

- Each billing provider, clearinghouse, or billing service that directly exchanges electronic data with HPE **must** enroll as a Trading Partner.
- Trading Partner enrollment is completed through the RI Healthcare Portal at https://riproviderportal.org
- Step by step instructions are included on the homepage of the RI Healthcare Portal.
- Providers may review the Trading Partner agreement form on the homepage of the RI Healthcare Portal.

- Once enrollment is completed, the provider will be assigned a Trading Partner identification number (TPID).
- This TPID must be registered in the RI Healthcare Portal. Registration instructions are located on the Healthcare Portal resource page at: http://www.eohhs.ri.gov/ProvidersPartners/HealthcarePortal.aspx

Eligibility Verification

There are two processes for Medicaid Providers to verify recipient Medicaid eligibility. These include:

- Verification of eligibility through the Healthcare Portal
    - Registered Trading Partners can access eligibility information for RI Medicaid beneficiaries 24 hours per day/7 days per week.
    - By selecting the eligibility tab, benefit details are displayed by searching with the individuals Medicaid Identification Number (MID) and dates of service.
    - The web portal generates an enrollment verification number for that inquiry.
    - Early Intervention Agencies should maintain this verification number.
    - Recipients who are eligible for Early Intervention services will have an eligibility description as Categorically Needy, Medically Needy or Early Intervention Benefits only.

- Contact the Customer Service Help Desk managed by HPE
    - To verify eligibility through the CSHD, an Early Intervention Agency will need the provider number, the dates of service being verified, (up to 365 days from date of service), and the recipient's Medicaid Identification Number (MID).
    - To contact the CSHD:
        - CSHD allows providers 5 transactions per phone call
        - Call 1-401-784-8100 for local or long-distance calls
        - Call 1-800-964-6211 for in-state toll or border state community calls

Other Healthcare Portal Services

Providers may also access the following information through the Healthcare Portal:

- Claim Status (the information contained on the Remittance Advice, which is processed two times a month)
- Prior Authorization Status
- Remittance Advice Amount and Remittance Advices

ADDENDUM E: SUBMITTING CLAIMS TO RI MEDICAID

Electronic Submission of Claims

Electronic billing of claims is the preferred method.

- No paper claim forms needed
- No original signature required
- Faster more efficient processing

To expedite submission of electronic claims, HPE provides free, HIPAA compliant software: Provider Electronic Solutions (PES)

- The software is available for download on the PES webpage found at: http://www.eohhs.ri.gov/ProvidersPartners/BillingampClaims/ProviderElectronicSolutionsPESSoftware.aspx
- Installation instructions are also found on this page.

Paper Claims

In the event that a paper claim must be submitted, providers must use the CMS 1500 claim form. Instructions for completing the form are found at:
http://www.eohhs.ri.gov/Portals/0/Uploads/Documents/cms1500_directions.pdf

Note: If client is insured by a self-funded insurance plan and denial is received, the Early Intervention Agency may send to HPE for payment. Submit claim on paper with the EOB from the primary insurance or electronically indicating that it is a self-funded plan.

Frequently Asked Questions:

How to determine if patient has met the maximum benefit allowed?

- Typically the EOB from the primary insurance will deny claims with an EOB that states recipient has reached their maximum benefit allowed.

What to do when you think a claim has been processed in error?

- If you can correct the error, then the claim can be resubmitted
- If you need assistance understanding a denial reason then contact our Customer Service Help Desk at 784-8100 for local or long-distance calls or call 1-800-964-6211 for in-state toll or border state community calls

When can claims be sent to HPE for payment?

- After the primary insurance has denied a claim, has made a partial payment, or the maximum benefit has been reached.

What does HPE require from the EI providers to "prove" that the commercial carrier does not cover these benefits? (either as not included in benefit package or as patient has already met their maximum)

- If submitting claims on paper to HPE then the EOB from the primary carrier must be included or include the Third Party Insurer Coordination Of Benefits Form indicating the maximum benefit has been reached or that the primary insurance does not cover EI benefits.
- If submitting electronically then the provider must code the claim to indicate what the primary insurance has done: denied the claim, made a payment, maximum benefit, non-covered, self-funded, etc.

HPE DENIALS PAYMENT PROCESS

In order to reduce the turnaround time for claims you send to HPE, please bill the following scenarios electronically:

- Self-Insured (No EI benefit)
- Benefits Exhausted

When creating the claim in the HPE Provider Electronic Solutions software, check Yes on Header 3 to indicate the client has other insurance. Complete the Policy Holder Information on the Other Insurance (OI) Tab. On the Other Insurance Adjustment (OI ADJ) Tab, see the table below for the appropriate codes to use for the Adjustment Group and Reason codes. If using software other than PES, please forward this information to your software vendor.

	Adjustment Group Code	**Adjustment Reason Code**
Self-Insured	PR – Patient Responsibility	96 – Non Covered Charges
Benefits Exhausted	PR – Patient Responsibility	119 – Benefits Maximum for this time period or occurrence has been reached

If you have any questions please feel free to call me at (401) 784-8004 or email karen.murphy3@hpe.com

THIRD PARTY INSURANCE COORDINATION OF BENEFITS

EARLY INTERVENTION Date: _____

Provider ID _____Provider Name _____

Patient Name:	Patient MID	Dates of Service	Procedure Code(s)
_____	_____	_____	_____
			_____

Name of Primary Commercial Health Insurer:_____Policy Holder name:_____ Policy Number:___

Name of Secondary Health Insurer (if any):_____Policy Holder name:_____ Policy Number:___

_____ EI Benefits Exhausted for this calendar year. Total amount of benefits Paid $_____ for year ended _____

_____Primary Commercial Insurer Does Not Cover EI Benefits:
Employer (through whom insurance is provided): _____ Explain: _____

_____Secondary Commercial Insurer Does Not cover EI Benefits:
Employer (through whom insurance is provided): _____ Explain: _____

_____Other (Please Explain) _____

Provider/Agency Confirmation Of Denied Services

I certify that to the best of my knowledge, I have determined that the EI services are not covered under the benefits of this commercial insurance policy as documented above.

Name:_____ **Signature**: _____**Date:**_____

EITPL 1.00 (January 2005)

ADDENDUM F: HEALTH PLAN CONTACTS FOR EI PROVIDERS

Some insurance companies have provided a specific provider representative for Early Intervention providers:

Medicaid-Fee for Service: HP Enterprise Services

Karen Murphy	(401)784-8004	karen.murphy3@hpe.com

Medicaid-RIteCare and Commercial: Neighborhood Health Plan of Rhode Island

Provider Claims Service Department Monday through Friday, 8:00 a.m. to 4:00 p.m. Direct Line (401) 459-6080

This department offers real time claims adjustments, and detailed status on claims (when more information is needed other than what is on Navinet). Any additional information regarding claims submission, billing requirements, etc. can be handled through this unit.

Primary Contact	Kevin Kruth	(401) 459-6024	kkruth@nhpri.org

*Communications from EOHHS should be directed to Beth Marootian bmarootian@nhpri.org

Medicaid-RIteCare and Commercial: UnitedHealthcare of New England

For any claim or eligibility issue Providers should first call the Provider Service line. If an issue is not resolved by the Provider Service line the Provider Escalation Line can be used. When both these means cannot resolve an issue, the Primary Contact should be called.

Provider Services(Claims Related Issues)		(877) 842-3210	
Provider Escalation Line		(860) 702-6133	
Primary Contact	Maria Bravo	(401) 732-7336	maria_b_bravo @uhc.com

Commercial: Tufts Health Plan

For any claim or eligibility issue Providers should first call Tufts Health Plan Provider Services, 888-884-2404 if the issue is not resolved the primary contact should be called

Primary Contact	Padrick Shaughnessey	(617) 972-9411 x52993	padrick_shaughnessey@tufts-health.com
Secondary Contact	Patrick Ross	(617) 923-5946	patrick_ross@tufts-health.com

Commercial: Blue Cross Blue Shield of Rhode Island

Provider Service Center (Claims Related Issues)		(401) 274-4848 or 1-800-230-9050	
Provider Relations by Territory			
Kerri Collins	West Bay	(401) 459-1349	kerri.collins@bcbsri.org
Megan Nolan	East Bay and Providence Zip Codes 02903, 02905, 02907, 02908, 02909	(401) 459-2063	megan.nolan@bcbsri.org
Sarah Enright	Cranston, Wakefield	(401) 699-4950	sarah.enright@bcbsri.org

*****Communications from EOHHS regarding coding and should be directed to Wendy Lambert wendy.lambert@bcbsri.org Nancy Silva, Senior Medical Policy Analyst regarding policy updates, state mandates and general notifications about Early Intervention. nancy.silva@bcbsri.org (401) 459-5988