

Early Intervention Services



Your Extended Family.

Overview

As part of new contract effective 12/1/18, select services previously carved out and paid for by the fee-for-service Medicaid program are now covered under the SMMC program. Molina Healthcare of Florida will now be covering Early Intervention Services.

Early Intervention Services (EIS) provide for the early identification and treatment of recipients under the age of three years (36 months) with developmental delays, related conditions or the suspicion of a developmental delay.



Early Steps

Early Steps is Florida's early intervention system that offers services to eligible infants and toddlers (birth to thirty-six months) with significant delays or a condition likely to result in a developmental delay. Early Intervention is provided to support families and caregivers in developing the competence and confidence to help their child learn and develop.

Who's Eligible?

Florida Medicaid recipients under the age of three years (36 months) requiring medically necessary early intervention services who have been referred to, or participate in, DOH's Early Steps program

Contact Numbers

Providers may contact Molina Healthcare of Florida in various ways to discuss EIS. Providers may use our online self-service Web Portal, Integrated Voice Response system (IVR), or speak with a Customer Service Representative.

Web Portal :

<https://eportal.molinahealthcare.com/Provider/login>

Molina Provider Services: (855) 322-4076 (M-F: 8a-6p)
Provider Services IVR Automated System: (855) 322-4076 (24/7)

What's Covered

- Up to three (3) screenings per year, per member, to identify the presence of a developmental disability
- One (1) initial evaluation (maximum of eight (8) units) per lifetime, per member when conducted by a multidisciplinary team
- Up to three (3) follow-up evaluations (maximum of 24 units) per year, per member
- Up to two (2) individual or EIS sessions per week (maximum of four (4) units per day) per member that includes the following:
 - Supporting family or caregiver in learning new strategies to enhance the member's development and participation in the natural activities and routines of everyday life
 - Training parents to implement intervention strategies to minimize potential adverse effects and maximize healthy development
 - Group sessions must include two or more patients
- EIS services are coordinated via the Early Steps program.
- Referral from the PCP is **NOT** required. Parents can self-refer their child to early steps based on suspicion of developmental delay for a covered screening.

Prior Authorization Requirements

Molina Healthcare does **not** require a Prior Authorization for EIS.

All other services associated with Early Intervention (i.e.: Therapy Services) may require Prior Authorization.

For more information, please review the Prior Authorization Guide and Codification Document found at: www.molinahealthcare.com

Eligible Providers

The following service providers are allowed to provide EIS:

- Infant, Toddler, Developmental Specialists certified by DOH or its designee.
- Practitioners licensed within the scope of their practice in Florida, including:
 - Advanced Registered Nurse Practitioners
 - Audiologists
 - Clinical Psychologists
 - Clinical Social Workers
 - Marriage and Family Counselors
 - Mental Health Counselors
 - Nutrition Counselors
 - Physical Therapists
 - Physicians
 - Physician Assistants
 - Occupation Therapists
 - Registered Dietitians
 - Registered Nurse
 - School Psychologists
 - Speech and Language Pathologist

Case Management

Targeted Case Management is covered for members who are either receiving EIS or Medical Foster Care services.

- The Case Manager is **not** an employee of Molina
- The Case Manager is part of the Children's Multidisciplinary Assessment Team (CMAT) which is completing the screening/evaluation of the member for the EIS or Medical Foster Care services
- Authorization is **not** required for Targeted Case Management.

EIS Documentation Requirements

Providers must maintain all of the following in the recipient's file:

- Individualized Family Support Plan written in accordance with 34 CFR 303.340
- Plan of care (POC) developed by the IFSP (Individualized Family Service Plan) team that is updated every six months, or upon a change in the recipient's condition requiring an alteration in services, whichever comes first. The POC must include the following:
 - Description of the recipient's medical diagnosis consistent with the screening
 - Developmental domain(s) for which services are being provided
 - Measurable objectives with targeted completion dates that are identified for each goal
 - Summary of specific activities that will occur during the session in order to achieve the stated goal(s) or outcome(s)
 - The amount, frequency, and duration of each service(s) to be provided
- Progress notes from EIS session(s) including the following:
 - Whether an individual or group session was provided
 - Detail of activities provided during the session
 - Follow-up activities suggested for the family to work on between sessions
 - Progress achieved during the session
- Evaluation

Providers may use the IFSP as a substitute for the POC if the IFSP contains all of the requirements of the POC as specified in this policy.

EIS Reimbursement

EIS are reimbursed according to the Florida Early Intervention Services Fee Schedule found on the AHCA's website at:

http://ahca.myflorida.com/medicaid/review/Reimbursement/2018-01-01_Fee_Schedules/EIS_Fee_Schedule_2018.pdf

EIS Billable Codes

Code	Modifier1	Modifier2	Description
T1023			Screening (Max. 3/Yr)
T1024	GP	UK	Initial Interdisciplinary Psychosocial and Developmental Evaluation rendered by a Physical Therapist (Max. 1/Lifetime – 30m./Unit – Max. 4 Units)
T1024	GN	UK	Initial Interdisciplinary Psychosocial and Developmental Evaluation rendered by a Speech Therapist (Max. 1/Lifetime – 30m./Unit – Max. 4 Units)
T1024	GO	UK	Initial Interdisciplinary Psychosocial and Developmental Evaluation rendered by an Occupational Therapist (Max. 1/Lifetime – 30m./Unit – Max. 4 Units)
T1024	TL		Initial Interdisciplinary Psychosocial and Developmental Evaluation rendered by a Licensed Early Intervention Professional (Max. 1/Lifetime – 30m./Unit – Max. 4 Units)
T1024	HN	UK	Initial Interdisciplinary Psychosocial and Developmental Evaluation rendered by an IDTS (Max. 1/Lifetime – 30m./Unit – Max. 4 Units)

EIS Billable Codes

Code	Modifier1	Modifier2	Description
T1024	GP	TS	Follow-up Psychosocial and Developmental Evaluation rendered by a Physical Therapist (Max. 1/Lifetime – 30m./Unit – Max. 4 Units)
T1024	GN	TS	Follow-up Psychosocial and Developmental Evaluation rendered by a Speech Therapist (Max. 3/calendar year – 30m./Unit – Max. 4 Units)
T1024	GO	TS	Follow-up Psychosocial and Developmental Evaluation rendered by a Occupational Therapist (Maximum 3 per calendar year – 30m./Unit – Max. 4 Units)
T1024	TL	TS	Follow-up Psychosocial and Developmental Evaluation rendered by an Early Intervention Professional (Maximum 3 per calendar year – 30m./Unit – Max. 4 Units)
T1024	TS		Follow-up Psychosocial and Developmental Evaluation rendered by an ITDS (Maximum 3 per calendar year – 30m./Unit – Max. 4 Units)
T1027	SC		Early Intervention Individual Session Provided by an EIS Professional (Maximum 1 hour per day – 15m./Unit – Max. 4 Units)
T1027	TT	SC	Early Intervention Individual Session Provided by an EIS professional (Maximum 1 hour per day – 15m./Unit – Max. 4 Units)

EIS Billing

Providers may bill for Early Intervention Services in the following ways:

- Electronically, via a clearinghouse, Payer ID #51062
- Electronically, via the Molina Web Portal at:
<https://provider.molinahealthcare.com/Provider/Login>
- On paper, using a current version of the CMS-1500 form, to:

Molina Healthcare
PO Box 22812
Long Beach, CA 90801

Claims

Timely Filing

F.S. 641.3155 requires that Participating providers submit all claims within six (6) months of the date of service. Network providers must make every effort to submit claims for payment in a timely manner, and within the statutory requirement.

Non-participating providers must submit all claims within one year (365 days) of the date of service.

Corrected Claims must be submitted at any time during the timely filing period of the provider contract.

EIS Claims Disputes

Any disagreement regarding the processing, payment or non-payment of a claim is considered a Provider Dispute. To file a Provider Dispute, providers may contact Customer Service at (855) 322-4076, or send the request for review in writing, along with any supporting documentation* to the address below:

**Molina Healthcare of Florida
Appeal and Grievance Unit
P.O Box 36030
Louisville, KY 40233-6030
Fax: 877-553-6504**



Provider Disputes must be received within one (1) year of the date of payment or denial of the claim. All provider disputes will be reviewed confidentially, and the outcome will be communicated in writing within sixty (60) days or receipt of the Provider Dispute.

**To avoid delays in processing, all Claims Disputes must have supporting documentation (i.e.: Proof of Timely Filing, Explanation of Benefits from Primary Carrier {COB Claims}, Invoices, Medical Notes, Consent Forms, etc.*

Questions?



For a copy of this presentation please email:
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