



# Florida Medicaid

## EARLY INTERVENTION SERVICES COVERAGE AND LIMITATIONS HANDBOOK

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Agency for Health Care Administration



## **Handbook UPDATE LOG**

### **Early Intervention Services Coverage and Limitations Handbook**

#### ***How to Use the Update Log***

#### **Introduction**

The current Medicaid provider handbooks are posted on the Medicaid fiscal agent's Web Portal site at <http://mymedicaid-florida.com>. To access the handbooks, select Public Information for Providers, then Provider Support, and then on Provider Handbooks. Changes to a handbook are issued as handbook updates. An update can be a change, addition, or correction to policy. An update may be issued as a revised handbook or a completely new handbook.

It is the provider's responsibility to follow correct policy to obtain Medicaid reimbursement.

#### **Explanation of the Update Log**

Providers can use the update log to determine if they have received all the updates to the handbook.

- Update describes the change that was made.
- Effective Date is the date that the update is effective.

#### **Instructions**

When a handbook is updated, the provider will be notified by a postcard or notice. The notification instructs the provider to obtain the updated handbook from the Medicaid fiscal agent's Web site at [www.mymedicaid-florida.com](http://www.mymedicaid-florida.com). To access the handbooks, select Public Information for Providers, then Provider Support, and then Provider Handbooks.

Providers who are unable to obtain an updated handbook from the Web site may request a paper copy from the Medicaid fiscal agent's Provider Support Contact Center at 1-800-289-7799.

| <b>UPDATE NO.</b>                     | <b>EFFECTIVE DATE</b> |
|---------------------------------------|-----------------------|
| New Handbook                          | February 1999         |
| <del>Jul2000</del> —Replacement Pages | July 2000             |
| <del>Oct2003</del> —Revised Handbook  | October 2003          |
| <del>Jul2005</del> —Replacement Pages | July 2005             |
| <del>Aug2007</del> —Revised Handbook  | August 2007           |
| <b>Revised Handbook</b>               | <b>Oct 2011</b>       |

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# EARLY INTERVENTION SERVICES COVERAGE AND LIMITATIONS HANDBOOK

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## INTRODUCTION TO THE HANDBOOK

### Overview

#### Introduction

This chapter introduces the format used for the Florida Medicaid handbooks and tells the reader how to use the handbooks.

#### Background

There are three types of Florida Medicaid handbooks:

- Provider General Handbook describes the Florida Medicaid Program.
- Coverage and Limitations Handbooks explain covered services, their limits, who is eligible to receive them, [and the fee schedules](#).
- Reimbursement Handbooks describe how to complete and file claims for reimbursement from Medicaid.

Exceptions: For Prescribed Drugs [and Transportation Services](#), the coverage and limitations handbook and the reimbursement handbook are combined into one.

#### Legal Authority

The following federal and state laws govern Florida Medicaid:

- Title XIX of the Social Security Act,
- Title 42 of the Code of Federal Regulations,
- Chapter 409, Florida Statutes, and
- Chapter 59G, Florida Administrative Code.

The specific Federal Regulations, Florida Statutes, and the Florida Administrative Code, for each Medicaid service are cited for reference in each specific coverage and limitations handbook.

#### In This Chapter

| TOPIC                           | PAGE                |
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***Handbook Use and Format***

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|  |  |
|--|--|
| <b>Purpose</b>                           | <p>The purpose of the Medicaid handbooks is to furnish the Medicaid provider with the policies and procedures needed to receive reimbursement for covered services provided to eligible Florida Medicaid recipients.</p> <p>The handbooks provide descriptions and instructions on how and when to complete forms, letters or other documentation.</p> |
| <b>Provider</b>                          | <p>The term “provider” is used to describe any entity, facility, person or group who is enrolled in the Medicaid program and renders services to Medicaid recipients and bills Medicaid for services.</p>  |
| <b>Recipient</b>                         | <p>The term “recipient” is used to describe an individual who is eligible for Medicaid.</p>  |
| <b>General Handbook</b>                  | <p>General information for providers regarding the Florida Medicaid Program, recipient eligibility, provider enrollment, fraud and abuse policy, and important resources are included in the Florida Medicaid Provider General Handbook.</p>   |
| <b>Coverage and Limitations Handbook</b> | <p>Each coverage and limitations handbook is named for the service it describes. A provider who furnishes more than one type of service will have more than one coverage and limitations handbook.</p>   |
| <b>Reimbursement Handbook</b>            | <p>Each reimbursement handbook is named for the claim form that it describes.</p>  |
| <b>Chapter Numbers</b>                   | <p>The chapter number appears as the first digit before the page number at the bottom of each page.</p>  |
| <b>Page Numbers</b>                      | <p>Pages are numbered consecutively throughout the handbook. Page numbers follow the chapter number at the bottom of each page.</p>  |
| <b>White Space</b>                       | <p>The "white space" found throughout a handbook enhances readability and allows space for writing notes.</p>  |

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***Characteristics of the Handbook***

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**Format**

The format styles used in the handbooks represent a concise and consistent way of displaying difficult, technical material.

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**Information Block**

Information blocks replace the traditional paragraph and may consist of one or more paragraphs about a portion of the subject. Each block is identified or named with a label.

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**Label**

Labels or names are located in the left margin of each information block. They identify the content of the block in order to facilitate scanning and locating information quickly.

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**Note**

Note is used most frequently to refer the user to pertinent material located elsewhere in the handbook.

Note also refers the user to other documents or policies contained in other handbooks.

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**Topic Roster**

Each chapter contains a list of topics on the first page, which serves as a table of contents for the chapter, listing the subjects and the page number where the subject can be found.

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## **Handbook Updates**

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### **Update Log**

The first page of each handbook will contain the update log.

Every update will contain a new updated log page with the most recent update information added to the log.

Each update will be designated by an “Update” and the “Effective Date.”

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### **How Changes Are Updated**

The Medicaid handbooks will be updated as needed. Changes may consist of one of the following:

1. Replacement handbook – Major changes will result in the entire handbook being replaced with a new effective date throughout and it will be a clean copy.
  2. Revised handbook – Changes will be highlighter in yellow and will be incorporated within the appropriate chapter. These revisions will have an effective date that corresponds to the effective date of the revised handbook.
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### **Effective Date of New Material**

The month and year that the new material is effective will appear in the center of each page. The provider can check this date to ensure that the material being used is the most current and up to date.

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### **Identifying New Information**

**New material will be indicated by yellow highlighting.** The following information blocks give examples of how new labels, new information blocks, and new or changed material within an information block will be indicated.

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### **New Label and New Information Block**

**A new label and a new information block will be identified with yellow highlight to the entire section.**

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### **New Material in an Existing Information Block or Paragraph**

**New or changed material within an existing information block or paragraph will be identified by yellow highlighting to the sentence or paragraph affected by the change.**

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# CHAPTER 1

## EARLY INTERVENTION SERVICES

### PROVIDER QUALIFICATIONS AND REQUIREMENTS

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#### Overview

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#### Introduction

This chapter describes the Medicaid Early Intervention Services (EIS) Program, the legal authority for the program, and the provider participation requirements.

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#### Legal Authority

Medicaid early intervention services are governed by Title 42, Code of Federal Regulations (CFR) part 440 and through the authority of Chapter 409.919, Florida Statutes (F.S.). Medicaid policy for early intervention services is implemented through Chapter 59G-4.085, Florida Administrative Code (F.A.C.).

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#### Exceptions To Service Limits For Children

According to 42 USC 1396d(r)(5) Medicaid is required to cover for children "such other necessary healthcare, diagnostic services, treatment, and other measures described in section 1396d(a) to correct or ameliorate defects and physical and mental illnesses and conditions discovered by the screening services, whether or not such services are covered under the state plan." There are no limitations of amount, duration, and scope on medically necessary services for Medicaid-eligible children. The process to request an exception to policy limitations can be found in Chapter 2.

See the Provider General Handbook to request all other exceptions, not listed in this handbook.

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**In This Chapter**

This chapter contains:

| TOPIC                                  | PAGE |
|--|------|
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| Provider Qualifications and Enrollment | 1-3  |
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**Program Purpose and Description**

**Purpose of the Program**

The purpose of the Medicaid EIS Early Intervention Services (EIS) program is to provide reimbursement for early intervention services for children for whom developmental delay is known or suspected to make available an array of services to Medicaid eligible children:

- Who have a developmental delay(s), or
- Who have an established condition(s) that could result in a developmental delay(s), and
- For whom the services are medically necessary.

**Early Intervention Services Coverage**

Medicaid may reimburse for early intervention screenings; initial or follow-up evaluations, and individual or group sessions.

A Medicaid early intervention service is the provision of a medically necessary service to a child, his family member(s), guardian, or caregiver(s) as identified and detailed in this handbook.

Early intervention services are designed to identify, as early as possible, the presence of a developmental delay(s) or condition(s) that could result in a developmental delay, and to optimize the child's functioning capacity and capabilities.

**Description**

A Medicaid early intervention screening and initial or follow-up evaluation is conducted at the earliest possible age in order to identify developmental delay(s) or condition(s) that could cause a developmental delay.

A Medicaid early intervention session is a service designed to optimize the child's functioning ability and potential.

Medicaid early intervention services are designed to complement and enhance, not duplicate or replace, other Medicaid services. EIS services cannot supplant, duplicate or be used or designed to replace other Medicaid services.

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**Medicaid Provider Handbooks**

This handbook is ~~intended~~ for use by Medicaid-enrolled early intervention services providers. It is to be used in conjunction with the Florida Medicaid Provider Reimbursement Handbook, CMS-1500, which contains information on specific procedures for submitting claims for payment, and the Florida Medicaid Provider General Handbook, which describes the Florida Medicaid Program.

Note: The Florida Medicaid provider handbooks are available on the Medicaid fiscal agent's ~~w~~Web site at <http://www.mymedicaid-florida.com>. ~~Select Click on~~ Provider Support, and then click on Handbooks. The Florida Medicaid Provider General Handbook is incorporated by reference in 59G-5.020, F.A.C.; and the Florida Medicaid Provider Reimbursement Handbook, CMS-1500, is incorporated by reference in 59G-4.001, F.A.C.

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**Provider Qualifications and Enrollment**

**General Medicaid Enrollment Requirements**

~~Early intervention services providers must meet the general Medicaid provider enrollment requirements that are contained in Chapter 2 of the Florida Medicaid Provider General Handbook. In addition, early intervention services providers must meet the specific enrollment requirements listed in this chapter.~~

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**Provider Qualifications**

Medicaid may only reimburse early intervention services that are provided by a:

- ~~• Medicaid-enrolled early intervention services agency or group employing staff who are Florida licensed professionals or paraprofessionals or are certified Department of Health, Children's Medical Services (CMS) Early Steps (previously referred to as the Early Intervention Program) Infant toddler Developmental Specialists (ITDS).~~
  - ~~• Medicaid-enrolled early intervention services individual who is a Florida licensed professional or paraprofessional or a certified Department of Health, CMS Early Steps Infant and Toddler Developmental Specialist (ITDS).~~
  - Medicaid-enrolled early intervention services agency or group employing staff who are:
    - Florida licensed professionals or paraprofessionals, or
    - a Certified Department of Health, Children's Medical Services (CMS) Early Steps Infant and Toddler Developmental Specialists (ITDS); OR
  - Medicaid-enrolled early intervention services individual who is:
    - A Florida licensed professional or paraprofessional; or
    - A certified Department of Health, CMS Early Steps Infant and Toddler Developmental Specialist (ITDS).
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**Provider Qualifications and Enrollment**, continued

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**Professional Early Intervention Services Enrollment Criteria**

A professional early intervention services provider must either hold a current certificate from the Department of Health, CMS Early Steps as an Infant and Toddler Developmental Specialist (ITDS) OR hold a current Florida license in one of the following professions:

- ~~Physician~~ Advanced registered nurse practitioner
- ~~Physician's assistant~~ Audiologist
- ~~Advanced registered nurse practitioner (ARNP)~~ Clinical psychologist
- ~~Registered nurse~~ Clinical social worker
- ~~Physical therapist~~ Marriage and family counselor
- ~~Occupational therapist~~ Mental health counselor
- ~~Speech-language pathologist~~ Nutrition counselor
- ~~Audiologist~~ Occupational therapist
- ~~Respiratory therapist~~ Physical therapist
- ~~Clinical psychologist~~ Physician
- ~~School psychologist~~ Physician's assistant
- ~~Clinical social worker~~ Registered dietitian
- ~~Marriage and family counselor~~ Registered nurse
- ~~Mental health counselor~~ Respiratory therapist
- ~~Registered dietitian~~ School psychologist
- ~~Nutrition counselor~~ Speech-language pathologist

Individual providers may enroll as an early intervention provider ~~in-as~~ only one of the above licensed professions, even if they hold licenses in more than one of the above professions. For example, a provider who is licensed as a clinical social worker and a marriage and family counselor can enroll as an early intervention services provider as either a clinical social worker or a marriage and family counselor, but not both.

A Florida licensed professional cannot enroll as an ITDS.

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**Paraprofessional Early Intervention Services Enrollment Criteria**

A paraprofessional early intervention services provider must hold a current Florida license as a practical nurse.

A Florida licensed paraprofessional cannot enroll as an ITDS.

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**Provider Qualifications and Enrollment**, continued

**ITDS Enrollment  
Criteria**

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The Infant and Toddler Developmental Specialist (ITDS) is a non-licensed, non-healing arts professional specific to the Medicaid Early Intervention Services program.

The joint Medicaid/Early Steps credentialing committee reviews all information submitted to the Early Steps program and determines if initial enrollment criteria are met, and authorizes the ITDS certificate.

To enroll as a Medicaid ITDS provider, ~~an ITDS~~ an applicant must hold a bachelor level or higher degree from an accredited college or university in one of the following:

- ~~Early childhood education,~~ An equivalent degree (based on transcript review by the AHCA, DOH and Early Steps joint agency review committee).
- ~~Early childhood and special education,~~ Child and family development
- ~~Child and family development,~~ Communication sciences
- ~~Family life specialist,~~ Early childhood and special education
- ~~Communication sciences,~~ Early Childhood education
- ~~Psychology,~~ Family life specialist
- ~~Social work, or~~ Psychology, or
- ~~An equivalent degree (based on transcript review),~~ Social work.

A minimum of one year documented post-degree professional experience in early intervention is required for those with college degrees in the fields listed above.

An ITDS applicant who holds a degree in one of the fields listed above but does not have the required one-year experience must complete the Early Steps mentorship requirements prior to enrolling in Medicaid. The hours or time spent mentoring counts toward the one-year experience requirement.

If the college degree is ~~out of field~~ not in one of the fields listed above or is determined to be an equivalent degree by the Medicaid/Early Steps credentialing committee, a minimum of five years documented post-degree professional experience in early intervention is required.

In addition to the education and work experience requirements, all ITDS providers must complete the ITDS coursework and competencies as required by the Department of Health, CMS- Early Steps state office program.

An ITDS applicant must obtain an ITDS certificate from the Early Steps state office prior to applying for Medicaid enrollment.

~~The ITDS provides early intervention services under the support and direction of the Individualized Family support Plan (IFSP) team, including a licensed physician or other health care professional acting within his scope of practice.~~

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**Provider Qualifications and Enrollment**, continued

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**Enrollment Process**

To become a Medicaid early intervention services provider, an agency or individual must submit a completed Medicaid enrollment application package to the ~~Department of Health, CMS Early Steps state office~~ [Medicaid fiscal agent](#). ~~The CMS Early Steps provider enrollment specialist will review the application package and, when complete, will forward it to the Medicaid fiscal agent for processing.~~

Potential providers can choose to enroll in the Medicaid EIS program online using the Enrollment Wizard, located at <http://www.mymedicaid-florida.com> or mail a paper application to the following address:

[Florida Medicaid Provider Enrollment](#)  
P.O. Box 7070  
Tallahassee, FL 32314-7070

Upon completion, the Medicaid fiscal agent assigns a:

- [Medicaid early intervention group provider number to an enrolling agency and Medicaid early intervention individual provider number to each of the treating providers; or](#)
- [Medicaid early intervention individual provider number to the individual treating provider.](#)

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**A Complete Medicaid Enrollment Application Package**

To be complete, a Medicaid enrollment application package must contain the enrollment documents specified in [Chapter 2](#) of the Florida Medicaid Provider General Handbook and the following ~~early intervention~~ documentation:

- Copy of all appropriate Florida professional or paraprofessional licenses or
- ~~a An copy of the Department of Health, CMS~~ [Early Steps Infant and Toddler Developmental Specialist certificate](#);
- ~~Letter from the local Early Steps Program Director acknowledging that he is negotiating a contract with the applicant to provide services as a Medicaid Early Intervention provider; and~~
- ~~Completed Children's Medical Services, Early Steps, Certification for Provider of Early Intervention Services, AHCA-Med Serv Form 020, August 2007, from the CMS Early Steps State Office recommending enrollment as a provider for Early Steps.~~

Note: ~~See page 1-3 for the list of professional licenses and page 1-4 for the type of paraprofessional license that qualify an individual to enroll as an early intervention provider.~~

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**Application Forms**

The Medicaid application forms and instructions can be obtained from the Medicaid fiscal agent or its [Web site](#) at: <http://floridamedicaid.acs-inc.com> <http://mymedicaid-florida.com>. The Medicaid application forms are incorporated by reference in rule 59G-5.010, F.A.C. [To access the handbooks](#), [Click on select](#) Provider Support, ~~and~~ then [on select](#) Enrollment.

All CMS-related forms can be obtained from the [Department of Health's CMS](#)

Early Steps state office. ~~provider website at: <http://www.cms-kids.com/ESproviders.htm>. The Children's Medical Services, Early Steps, Certification for Provider of Early Intervention Services, AHCA-Med-Serv Form-020, August 2007, is incorporated by reference in rule 59-4.085.~~

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**Medicaid Enrollment Process**

~~The completed Medicaid application package is submitted to the Department of Health, CMS Early Steps state office, who forwards it to the Medicaid fiscal agent, Provider Enrollment Unit. The Medicaid fiscal agent assigns a:~~

- ~~• Medicaid early intervention group provider number to an enrolling agency and Medicaid early intervention individual provider numbers to each of the treating providers; or~~
  - ~~• Medicaid early intervention individual provider number to the individual treating provider.~~
- 

**Provider Responsibilities**

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**General Requirements**

In addition to the general provider requirements and responsibilities that are contained in ~~Chapter 2 of~~ the Florida Medicaid Provider General Handbook, early intervention services providers are also responsible for complying with the provisions contained in this section.

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**Minimum Responsibilities**

A Medicaid-enrolled early intervention services **professional or paraprofessional** provider must, at a minimum:

- Participate in the development of the Individualized Family Support Plan (IFSP) based on the concerns of the family and needs of the child. The IFSP team shall discuss the activities to be included in the Plan of Care (POC) for early intervention services so that it will be completed with the input of all IFSP team members;
- Provide early intervention services as authorized in the child's IFSP and in the Early Intervention **Services** POC;
- Review the **current** IFSP and ~~current~~ Early Intervention **Services** POC **as needed, but** at least every six months;
- **Report any change in the child's service needs to the local Early Steps service coordinator within five calendar days of the needed change;**
- Maintain **service specific** records that document the services provided, and accurately reflect **progress** and their effectiveness **or the lack of progress or effectiveness, and actions taken to notify the Early Steps service coordinator and parent, guardian or caretaker of progress or lack of progress;** ~~and~~
- Bill and receive Medicaid reimbursement as payment in full; **and**
- **Provide early intervention services as an ITDS under the support and direction of the IFSP team, which includes a licensed physician or other health care professional acting within his scope of practice.**

**Note:** See the Glossary in **Appendix D** of the Florida Medicaid Provider General Handbook for the definition of the IFSP.

**Note:** The Florida Medicaid provider handbooks are available on the Medicaid fiscal agent's Website at <http://www.mymedicaid-florida.com>. Click on **Provider Support**, then on **Handbooks**.

**Provider HIPAA  
Responsibility**

Florida Medicaid ~~has~~ implemented the requirements contained in the federal Health Insurance Portability and Accountability Act (HIPAA). As trading partners with Florida Medicaid, all Medicaid providers, including their staff, contracted staff and volunteers, must comply with HIPAA privacy requirements. Providers who meet the definition of a covered entity according to HIPAA must comply with HIPAA Electronic Data Interchange (EDI) requirements. The Coverage and Limitations Handbooks contain information regarding changes in procedure codes mandated by HIPAA. The Medicaid Provider Reimbursement Handbooks contain the claims processing requirements for Florida Medicaid, including the changes necessary to comply with HIPAA.

Note: For more information regarding HIPAA privacy in Florida Medicaid, see ~~Chapter 2 in~~ the Florida Medicaid Provider General Handbook. The Florida Medicaid Provider Handbooks are available on the Medicaid fiscal agent's Web site at <http://www.mymedicaid-florida.com>. Click on Provider Support, then on Handbooks.

Note: For more information regarding claims processing changes in Florida Medicaid because of HIPAA, see the Florida Medicaid Provider Reimbursement Handbook, CMS-1500.

Note: For information regarding changes in EDI requirements for Florida Medicaid because of HIPAA, contact the Medicaid fiscal agent EDI help desk at ~~800-829-0218~~ 800-289-7799, Option #4.

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**Medicaid  
Confidentiality  
Requirements**

Names, treatments, payments, and other information about Medicaid recipients are confidential. Confidential information cannot be released without written consent from the recipient except by an Early Intervention [Services](#) Program provider who is:

- Releasing information to authorized representatives of the Medicaid program;
  - Billing another insurance carrier;
  - Releasing information to ~~your~~ its billing agent; or
  - Providing information to the Department of Health, CMS Early Steps State Office or local program staff or contractors, ~~targeted case manager.~~
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**Confidentiality for  
AIDS**

State laws place restrictions on the release of any information about AIDS testing and treatment. A signed patient release must state what specific information the patient is giving permission to release. General medical releases are not allowed under state law.

Note: See s. 381.004, F.S., for the laws regarding AIDS testing and consent.

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**Provider Responsibilities**, continued

**Minimum Documentation of Records**

The intent of the documented record is to allow any authorized person to review the record and know and understand the need(s), condition(s), and service(s) provided to the recipient, and the desired and actual outcome(s).

A Medicaid early intervention provider must develop and maintain the following minimum documentation of services provided:

- ~~Medicaid-eligible~~ Child's name and Medicaid identification number;
- Names of persons to whom the service was provided;
- Place the service was provided;
- Procedure code(s);
- Length of time required (s) Start and stop time of each session provided, e.g., 3:00 p.m. to 3:45 p.m.);
- Date(s) of service;
- Detailed and legible Progress notes and reports;
- IFSPs reflecting the authorized service(s);
- Individual POC or documentation that meets POC requirements in the IFSP;
- Any medical documentation related to the diagnosis or medical condition of the recipient, including history and pertinent services received or being received;
- Goals and expected and actual outcomes;
- Third-party billing information; and
- Dated signature, and title, and credentials of the person who provided the service.

Note: See Chapter 2 in the Florida Medicaid Provider General Handbook for general provider responsibilities and record keeping requirements. The Florida Medicaid provider handbooks are available on the Medicaid fiscal agent's website at <http://www.mymedicaid-florida.com>. Click on Provider Support, and then click on Handbooks.

**Access to Records**

**Right to Review Records**

In accordance with s. 409.907 and 409.913, F.S., authorized state and federal agencies and their authorized representatives may audit or examine a provider or facility's Medicaid-related records. This examination includes all records that the agency finds necessary to determine whether Medicaid payment amounts were or are due and applies to the provider's records and records for which the provider is the custodian. The provider must give authorized state and federal agencies and their authorized representatives access to all Medicaid patient records and to other information that cannot be separated from Medicaid-related records. The provider must send, at his expense, legible copies of all Medicaid-related information to the authorized state and federal agencies and their authorized representatives upon request.

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**Incomplete or  
Missing records**

~~Incomplete records are records that lack documentation that all requirements or conditions for service provision have been met. Medicaid may recoup payment for services or goods when the provider has incomplete records or cannot locate the records.~~

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**Site Visits**

~~In accordance with s. 409.907, F.S., providers may be subject to random onsite inspections before enrollment.~~

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**Prepayment  
reviews**

~~Medicaid may conduct or contract for prepayment review of a provider's Medicaid claims to ensure cost-effective purchasing, billing and provision of care to Medicaid recipients. Prepayment reviews may be conducted as determined appropriate by Medicaid and without any suspicion of fraud, abuse, or neglect.~~

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## CHAPTER 2

### EARLY INTERVENTION SERVICES

#### COVERED SERVICES, LIMITATIONS, AND EXCLUSIONS

**Overview**

**Introduction**

This chapter describes who may receive Medicaid early intervention services; the specific available services; and service requirements, limitations, and exclusions.

**In This Chapter**

This chapter contains:

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| Basic Program Requirements   | 2-4  |
| Developing an <a href="#">Early Intervention Services</a> Plan of Care | 2-6  |
| Screenings <a href="#">Services</a>                                    | 2-7  |
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| Covered <a href="#">Early Intervention Services</a> Sessions           | 2-10 |
| Requesting an Exception to Medicaid Limitations                        | 2-13 |

**Children Who Are Eligible to Receive Services**

**Introduction**

~~Medicaid reimburses the provider for the early intervention services described in this handbook that are provided to eligible children under the age of 21.~~

**Program Intent Purpose**

Although the term “children” encompasses those up to 21 years of age for Medicaid purposes, ~~the intent of the Medicaid Early Intervention Services Program is to serve young children, specifically from birth to three years of age (36 months), who are receiving services through the Department of Health, Children’s Medical Services, Early Steps Program.~~

**Children Are Eligible to Receive Services**

Medicaid reimburses medically necessary early intervention services for children [from birth up to three years of age \(through 35 months\)](#), who have:

- [A documented](#) developmental delay(s), or
- [A documented, E](#)established condition(s) that could result in a developmental delay(s); [and](#)
- [Services authorized in a current Early Steps, Individualized Family Support Plan \(IFSP\).](#)

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**Children Who Are Eligible to Receive Services**, continued

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**Medically Necessary**

“Medically Necessary” or “medical necessity” means that the medical or allied care, goods, or services furnished or ordered must:

- Be necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain;
- Be individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the patient’s needs;
- Be consistent with generally accepted professional medical standards as determined by the Medicaid program, and not experimental or investigational;
- Be reflective of the level of service that can be safely furnished, and for which no equally effective and more conservative or less costly treatment is available statewide; and
- Be furnished in a manner not primarily intended for the convenience of the recipient, the recipient’s caretaker, or the provider.

“Medically necessary” or “medical necessity” for inpatient hospital services requires that those services furnished in a hospital on an inpatient basis could not, consistent with the provisions of appropriate medical care, be effectively furnished more economically on an outpatient basis or in an inpatient facility of a different type.

The fact that a provider has prescribed, recommended, or approved medical or allied care, goods or services does not, in itself, make such care, goods or services medically necessary or a medical necessity or a covered service.

Note: See 59G-1.010 (166), F.A.C., for the Medicaid definition of medical necessary.

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**Developmental Delay**

Children with a developmental delay are children whose development is delayed in one or more of the following domains:

- Cognition – refers to the acquisition, organization and ability to process and use information;
- Physical, or ~~m~~Motor and Sensory – refers to vision and hearing as well as the abilities with tasks requiring large and small muscle coordination, strength, stamina, flexibility and motor development appropriate for the developmental age;
- ~~Sensory (including vision and hearing);~~
- Communication – includes expressive and receptive communication skills, both verbal and non-verbal;
- Social and Emotional – refers to interpersonal relationship abilities. This includes interaction and relationships with parent(s) and caregivers, other family members, adults and peers, as well as behavioral characteristics, e.g., passive, active, curious, calm, anxious and irritable;
- Emotional; ~~or~~
- Self-Help and Adaptive ~~d~~Development. – refers to the ability to function

independently within the environment and the child's competency with daily living activities such as sucking, eating, dressing, playing, etc., as appropriate to the child's gestational or chronological age.

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**Developmental Delay**  
**Defined Testing for Developmental Delay**

A developmental delay must be defined according to the corrected gestational age, for the first 24 months of age. Beyond 24 months of age, the developmental delay will be defined according to the child's chronological age. All recipients, except those with a verified established condition, must receive an initial evaluation using a professionally accepted standard instrument administered by a trained and qualified provider(s).

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**Verification and Documentation of Developmental Delay**

A developmental delay must be verified by trained and qualified personnel by the use of two or more of the following:

- Appropriate A professionally accepted standardized instrument(s) administered by the provider(s);
- Observational assessments;
- Parent report(s) which could include a parent administered evaluation(s);
- Developmental inventories;
- Behavioral checklists;
- Adaptive behavior scales; or
- Professional judgment or informed clinical opinion.

Informed clinical opinion is the use of both quantitative and qualitative information about the child to assist in making a determination of the developmental status. A determination is always based on the consensus of the multidisciplinary team and not the judgment of only one member.

Professional judgment or informed clinical opinion cannot be used to override the results of a standardized instrument.

The following must be documented, at a minimum:

- Name and credentials of the provider(s) verifying the delay(s);
- Means of verification;
- Specific domain(s) in which a delay is manifested; and
- Level of delay(s).

It is highly recommended that a standardized test be used to verify a developmental delay.

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**Criteria for Eligibility by Testing Criteria**

Standardized instruments used for evaluations must be professionally accepted instruments administered by the trained and qualified providers.

To establish developmental delay(s), the following criteria are used to establish a developmental delay when an appropriate standardized test is used:

- A score that equals or exceeds 1.5 standard deviations below the mean in at least one of the identified domains; or
- A 25 percent delay or greater on measures yielding scores in months in at least one of the identified domains.
- A score that equals or exceeds 1.5 standard deviations below the mean in two or more developmental domains, or

- 2.0 standard deviations below the mean in one or more developmental domains.
- 

**Observational Assessment**

An observational assessment must be documented by qualified professionals from two or more disciplines and must include observation of atypical functioning in one or more of the following areas five domains.

- Sensory-motor responses;
  - Activity level;
  - Emotional or behavioral interactions; or
  - Behavior patterns.
- 

**Established Conditions**

An established condition is a condition that is must be verified and documented by a licensed healing arts professional's written statement of the confirmed diagnosis or suspected diagnosis of a the condition that has a high probability of resulting in a developmental delay (s) in one or more of the five domains.

A Diagnose is or suspected diagnosis must be made in accordance with each the provider's scope of practice.

Examples of established conditions are:

- Genetic and metabolic disorders;
  - Neurological abnormalities and insults;
  - Severe attachment disorder; or
  - Significant sensory impairments; or
  - Infants who weigh or weighed less than 1,200 grams at birth.
- 

**Basic Program Requirements**

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**Electronic Documentation and Signatures**

Electronic documentation and electronic signatures are allowed but hard copies of all records must be readily available upon request in the event of an audit. If electronic documentation and electronic signatures are used, written security procedures must be in place to prevent unauthorized access, use, or changes. Written security procedures must be made available upon request.

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**Family Support Plan Team**

The purpose of the family support plan team is to develop, review and update the child's Individual Family Support Plan (IFSP).

Note: See the Glossary in the Florida Medicaid Provider General Handbook for the definition of the IFSP.

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**Authorizing Documents**

The IFSP and plan of care (POC) authorize Medicaid early intervention services. The signature and credentials of the licensed and non-licensed professional IFSP team member(s) are required on the IFSP and the POC.

If the IFSP is used as part of a POC or as the approved POC for any Medicaid service, the IFSP must contain all the Medicaid required information and documentation for that service or as a signed and identified attachment in the record.

A copy of the IFSP and POC must be maintained in the child's file at the local CMS- Early Steps office.

A Screenings and/or initial evaluations does not require an IFSP or POC authorization. Additional evaluations must be authorized in the IFSP.  
~~Note: See Plan of Care in this chapter for the POC requirements.~~

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**Other Service Authorizations**

~~The Medicaid early intervention services described in this handbook do not require MediPass, Provider Service Network (PSN), or HMO prior authorization.~~

~~A~~The provider may need to obtain MediPass, PSN, or HMO, or prior authorization or utilization management approval, service authorization when required, for other Medicaid service(s) listed in the IFSP.

~~Note: See the appropriate Medicaid Coverage and Limitations Handbook for other Medicaid specific program policies and requirements regarding Plan of Care and other related authorizations.~~

~~The Florida Medicaid provider handbooks are available on the Medicaid fiscal agent's Website at <http://www.mymedicaid-florida.com>. To access the handbooks, select Provider Support, then select Handbooks.~~

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**Service Parameters**

Medicaid reimburses for early intervention services that are, at a minimum:

- Face-to-face encounters;
- A minimum of 30 minutes in duration, not exceeding 60 minutes (sessions only); and
- Medically necessary as defined by Medicaid.

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**Freedom of Choice of Providers and Conflict of Interest Statement**

Florida Medicaid policy requires the ~~Department of Health, CMS~~ Early Steps ~~local office program~~ to obtain a signed and dated ~~Early Steps, Children's Medical Services,~~ Medicaid Freedom of Choice/Conflict of Interest Statement, AHCA-Med-Serv Form 021, August 2007, ~~prior to~~ at the time of the development of the IFSP and at each annual review. The completed form must be maintained ~~in the~~ in the child's file at the local ~~CMS~~ Early Steps office. See Appendix C for a copy of the form. ~~the form can be obtained from the CMS Early Steps website at <http://www.cms-kids.com/ESproviders.htm>. It is incorporated by reference in rule 59G-4.085, F.A.C.~~

~~Florida Medicaid allows dual enrollment of targeted case managers and early intervention service providers for the same child. Medicaid allows billing for both services if not duplicative.~~

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**No Recipient Contact**

Medicaid does not reimburse for services that are unsuccessful attempts to contact the recipient. ~~An e~~Examples is include a home visit when the recipient is not at home, or leaving a message by phone, fax or email.

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**Non-Duplication of Services**

Medicaid Early Intervention Services are designed to complement and enhance other services. EIS services cannot supplant, duplicate or be used or designed to replace other Medicaid services such as physical, occupational or speech therapies.

Medicaid does not reimburse for early intervention services if the service overlaps or duplicates other Medicaid services available to the recipient.

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***Developing an Early Intervention Services Plan of Care***

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**Plan of Care (POC)**

An early intervention plan of care (POC) is an individualized written program developed by a physician or other health care professional(s) for a child. ~~An ITDS may assist with the development of the POC; however, a licensed professional must sign the POC. The POC is designed to meet the medical and developmental needs of the child, to maximize reduction of identified disabilities or deficits, and to identify the appropriate early intervention session (individual or group) to be provided.~~ The POC is designed:

- To meet the medical and developmental needs of the child;
- To identify the desired authorized goals and outcomes for the service period;
- To detail the services designed to maximize reduction of identified and verified delays; and
- To identify the appropriate early intervention session (individual or group) to be provided.

A licensed healing arts professional must sign the POC. If an ITDS is assigned the responsibility of providing the services, the signature will act as initial documentation that support and direction is being provided to the ITDS. The licensed healing arts professional who provides the support and direction to the ITDS must sign the updated or new POC thereafter.

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**Plan of Care Requirement**

The early intervention services provider must write a POC for the child based on the most current early intervention interdisciplinary psychosocial and developmental evaluation or more current assessment information. The POC can also include other appropriate medical documentation.

A POC must address each type of early intervention session (individual or group) to be provided.

The POC must reflect the service period authorized on the IFSP, and the authorizing period cannot be more than six months. Changes or revisions may require the development of a new POC earlier than six months.

A copy of each individual child's POC must be kept on file by the provider and in the child's local ~~GMS~~-Early Steps record.

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**Developing an Early Intervention Services Plan of Care**, continued

**Plan of Care Components**

The POC must include the following information:

- Name, Medicaid ID number, date of birth and sex of the child;
- Description of the child’s medical diagnosis;
- ~~Current~~Most recent interdisciplinary evaluation date;
- Date services are to begin and end (no more than 6 months);
- ~~Appropriate e~~Early intervention services procedure code(s) and title(s);
- Name of the agency ~~or~~ and individual to provide the service(s);
- Domain(s) for which ~~each~~ services ~~are~~ is being provided;
- Outcome(s) or goal(s) to be achieved during the authorized period;
- Specific actions, activities or service modalities that will occur in order to achieve the stated goal(s) or outcome(s) during the authorized period;
- Frequency, intensity, duration, length, and location and funding source of the service(s) to be provided; and
- Printed name, title, ~~signature and~~ signature date, and signature of the professional who prepares and reviews the document.

The ~~Individualized Family Support Plan~~ IFSP ~~may can~~ be used ~~as a substitute for as~~ the POC ~~for Medicaid early intervention services~~ if the IFSP contains all the above components and requirements of ~~the a~~ POC. The Early Intervention Services Session(s) – Plan of Care Form, Appendix D, is provided as an optional format.

**Screenings Services**

**Introduction**

Medicaid may reimburse for screenings to identify the presence of a high probability of delayed ~~or abnormal~~ development which may require further evaluation and assessment.

**Required Recommendation and Documentation**

A screening must be recommended by a physician or other licensed professional acting within his scope of practice under state law, documented in the child’s record, and ~~be~~ authorized by the local ~~CMS~~ Early Steps office program.

A recommendation may be in the form of a referral on letterhead from a physician or other licensed professional. The recommendation must occur prior to the screening date.

**Description of Screening**

A screening is a brief assessment of a child, performed by one or more early intervention professionals, ~~that and~~ is intended to identify the presence of a high probability of delayed ~~or abnormal~~ development in one or more of the five domains. The screening ~~process determines~~ may identify the child’s ~~potential eligibility for early intervention services and the child’s~~ need for further evaluation and assessment. Screening reports must include the date and the signature and title of the person(s) who performed the screening.

A screening is not required to be performed prior to an initial evaluation and

cannot be provided after an initial or follow-up evaluation.

Note: See Chapter 1 in this handbook for the types of professional licenses that qualify an individual to enroll as a professional early intervention services provider.

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### **Screening Tools**

Tests or tools administered in part or in whole by anyone other than a provider is not a reimbursable screening service. A screening tool must be administered by a trained and qualified provider.

Tests used should be appropriate, thorough, efficient, objectively scored, reliable, valid, culturally fair, and have a broad developmental focus.

Written screening reports must include the results of the screening, the recommendation as a result of the screening and the date, signature, title and appropriate credentials of the person(s) who performed the screening. A copy must be maintained in the provider's record and with the local Early Steps program.

---

### **Reimbursement Limitations**

Reimbursement for screenings is limited to three per calendar year (January through December), per child. Reimbursement for additional screenings may be authorized based on medical necessity and must be approved through the exception to limitations process described in this chapter. Screenings cannot be reimbursed under this program and the Children's Medical Services Targeted Case Management Program for the same child on the same date of service.

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### **Evaluations Services**

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#### **Introduction**

Initial and follow-up psychosocial and developmental evaluations are face-to-face comprehensive, interdisciplinary evaluations provided to a child who presents with a possible delay in one or more domains. The evaluation determines the child's current psychosocial and developmental level of functioning in each of the five domains.

Medicaid may reimburse for an initial or follow-up comprehensive, interdisciplinary psychosocial and developmental evaluation to determine a child's level of functioning.

---

#### **Provider Requirements**

Initial and follow-up evaluations must be:

- Performed by two or more Medicaid enrolled early intervention professionals. At least one of these the two or more professionals must be licensed in Florida and acting within the scope of his practice under state law;
- Performed by professionals appropriate to the presenting needs of the child;
- Performed at the same location and the same time by all participating providers;
- Authorized by the local-CMS Early Steps office program; and

- ~~Necessary b~~Based on presenting concerns of the child.

Note: See Chapter 1 in this handbook for provider enrollment criteria, ~~the types of professional licenses that qualify an individual to enroll as a professional early intervention services provider.~~

**Required  
Recommendation  
and  
Documentation  
Requirements**

~~An initial or follow-up evaluation must be recommended by a licensed professional or paraprofessional acting within his scope of practice under state law.~~

An initial psychosocial and developmental evaluation must be performed as a result of:

- Findings from an early intervention services screening, or
- A referral by a licensed professional acting within his scope of practice under state law.

A recommendation may be in the form of a referral on letterhead from a physician or other licensed professional. The recommendation must occur prior to the screening/evaluation date.

A written narrative report of the evaluation and results are required, including the date, signatures, ~~and~~ titles and credentials of each interdisciplinary evaluation team member. This narrative report may be separate or ~~be~~ included as part of ~~in~~ the IFSP ~~and~~ POC. A copy must be maintained in the child's record at the local Early Steps program. Evaluation results ~~must be~~ are used to assist in the development of the IFSP and the POC.

A follow-up evaluation must be authorized in the IFSP by the local Early Steps program.

**Description of an  
Initial or Follow-up  
Interdisciplinary  
Psychosocial and  
Developmental  
Evaluation**

The purpose of an initial or follow-up interdisciplinary psychosocial and developmental evaluation is to determine a child's level of functioning in each of the ~~following five~~ developmental ~~areas~~ domains described in this chapter:

- ~~Gross motor;~~
- ~~Fine motor;~~
- ~~Communication;~~
- ~~Self-help and self-care;~~
- ~~Social and emotional development; and~~
- ~~Cognitive skills.~~

An evaluation is also based on informed clinical opinion of the providers participating in the evaluation gained through:

- A review of pertinent records related to the child's current health status and medical history;
- An assessment of the unique strengths and needs of the child in terms of each of the developmental areas domains ~~above~~; and
- Identification of services appropriate to meet the needs of the child.

When a ~~therapists are~~ is a part of the interdisciplinary evaluation team conducting a psychosocial and developmental evaluation, the methodology for a therapy evaluation outlined in the Florida Medicaid Therapy Services

Coverage and Limitations Handbook ~~should~~ **must** be utilized. If **a therapist participates in Medicaid reimburses for** a psychosocial and developmental evaluation ~~under early intervention services, an~~ appropriate therapy **POC treatments** may be based on this evaluation, ~~and, if necessary, Therapy services provided as stated in the therapy POC must be~~ billed under the Medicaid Therapy Services Program. ~~These eEvaluations, like all Medicaid services,~~ are subject to **review and** audit.

---

**Evaluation Tests to be Used**

Tests used for an **initial or follow-up** evaluation should be thorough, efficient, objectively scored, reliable, valid, culturally fair, and have a broad developmental focus.

Tests must be administered, scored and interpreted by providers with appropriate qualifications and training. Tests administered by someone other than a provider, in whole or in part, are not reimbursable by Medicaid.

---

**Reimbursement Limitations**

Medicaid reimbursement for an initial evaluation is limited to one per lifetime, per child.

Reimbursement for follow-up evaluations is limited to three per calendar year, per recipient **and must be authorized in the IFSP**. Follow-up evaluations can be conducted ~~on for~~ children **for whom delays were not identified who were found not to be eligible for services** during an initial evaluation or **at transition time, if medically necessary and documented,** ~~for eligible children for whom additional concerns arise.~~

Reimbursement for initial and follow-up evaluations is limited to **the actual time spent by the individual team member conducting his part of the evaluation a maximum of up to** two hours, per team member, per event. **Actual time spent by each provider conducting their part of the evaluation must be documented in the evaluation report.**

Additional follow-up evaluations in excess of the three per year limit may be authorized based on medical necessity and must be approved through the exceptions to limitations process described in this chapter.

Medicaid ~~will not reimburse for~~ **does not cover** duplicative evaluations. If duplicative services are billed to Medicaid and paid, ~~then~~ recoupment will be sought.

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**Covered Early Intervention Services Sessions**

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**Description of a Covered Session**

An early intervention session is a face-to-face encounter of at least 30 minutes (two 15-minute units) with the child or the child's parent(s), family member(s) or caregiver(s) or both the child and the child's parent(s), family member(s) or caregiver(s). **The session developed and provided must be related to the child's documented developmental delay(s).** These sessions are to take place ~~in the home or other locations identified as~~ the natural environment for the child

~~The purpose of a session is to provide medically necessary services to~~

~~alleviate or minimize the child's developmental disability or the condition that could lead to a developmental disability or delay.~~ **Early Intervention Services sessions are medically necessary services designed to:**

- **Alleviate or minimize the child's developmental disability or delay, and**
- **Optimize the child's functioning ability through integrating individualized activities in the child's daily life.**

**Medicaid Early Intervention Services are designed to complement and enhance other services. EIS services cannot supplant, duplicate or be used or designed to replace other Medicaid services such as physical, occupational or speech therapies.**

---

**Medical Necessity  
Basic Requirement**

A basic requirement of the program is that the services provided in the form of a session are documented as medically necessary.

**Documenting medical necessity requires more detail than just a diagnosis of developmental delay and may require details regarding the medical conditions surrounding the need for the identified services.**

~~Note: See the description and requirements of the Early Intervention Sessions POC and Medically Necessary in this chapter.~~

---

**Provider  
Requirements**

Early intervention sessions must be provided by a Medicaid-enrolled professional or paraprofessional early intervention provider in order to be reimbursed.

**The name and profession or credentials of the Medicaid-enrolled early intervention provider, and employing agency if appropriate, that will provide the service must be authorized in the child's IFSP and identified in the Early Intervention Services sessions POC, if a separate POC is used.**

~~Note: See Chapter 1 in this handbook for the definition of a Medicaid professional and paraprofessional early intervention provider.~~

---

**Provider Level**

~~The profession of the Medicaid-enrolled early intervention provider that will provide the service, i.e., physical therapist, speech pathologist, ITDS, etc., must be authorized in the child's IFSP and identified in the Early Intervention Sessions POC.~~

---

**ITDS **Support and  
Direction  
Requirement****

As part of the IFSP process, the POC for early intervention services will be developed and signed by the appropriate **Florida** licensed professional member(s) of the IFSP team. All activities of the ITDS delineated in the IFSP **or separate POC** must be directed and supported by a licensed professional acting within his scope of practice; ~~ideally~~ the licensed professional member(s) of the IFSP team who signed the POC for early intervention services **should provide the direction and support.**

If the licensed professional member of the IFSP team who signed the POC is not providing direction and support for the activities of the ITDS, the IFSP document must state who is providing these activities **and why it is not someone from the IFSP team.** ~~Support and direction of the ITDS must take place either through consultation at team meetings or by accompanying the ITDS on visits with the child and family, one of which must occur every six~~

~~months and be documented in the child's progress reports.~~

---

**Definition of Support and Direction**

Direction and support is not intended to be synonymous with supervision. The Medicaid early intervention services licensed healing arts professional who provides direction and support is responsible for conducting at least one face-to-face meeting with the ITDS every six months. This can happen either through participation at IFSP team meetings or through joint visits with the child and family.

Direction and support activities must be documented in the child's progress reports. Documented activities should provide enough information to clearly establish direction and support.

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**Types of Sessions**

There are two types of Medicaid early intervention sessions:

- Individual, and
  - Group.
- 

**Individual Session**

An individual session is held with one child or one of the child's parents, family members or caregivers, or both.

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**Group Session**

A group session is held with:

- More than one child;
- More than one of an individual child's parents, family members or caregivers; or
- More than one child and each child's parent(s), family member(s) or caregiver(s).

The minimum number of participants in a group is two. The recommended maximum number of participants in for a group is four.

---

**Service Documentation**

Service documentation must include the Minimum Documentation of Records requirement stated in Chapter 1 and must describe each session billed to Medicaid as follows:

- Whether individualized or group services were provided;
- Details of provided activities;
- Carryover activities suggested for caregivers to do between sessions; and
- Progress achieved toward the goal(s) and objective(s) for which the service is being provided during the authorized period.

Note: See the Florida Medicaid Provider Reimbursement Handbook, CMS-1500, for more information on record keeping and documentation requirements. The Florida Medicaid provider handbooks are available on the Medicaid fiscal agent's Web site [www.mymedicaid-florida.com](http://www.mymedicaid-florida.com). To access the handbooks, select Public Information for Providers then Provider Support, and select Handbooks.

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**Progress Notes and Report**

Progress reports summarize the services provided during an reporting authorized service period. ~~Service~~ Documentation describing each encounter and service provided to an ~~Early Steps~~ child or family member, caregiver or guardian must be kept in the provider's treatment record for the child. A ~~separate copy of the~~ progress report must be prepared by the provider and submitted to the family, and service coordinator and IFSP team members prior to each IFSP review to enable discussion. The progress report must include:

- Child's name;
- Date of the report;
- Period of time authorized and covered;
- ~~Number of sessions that took place~~ Frequency, intensity, location and funding source of the services provided during the authorized time period;
- Reason(s) for any missed sessions:
- Progress toward meeting the goals and objectives of the service during the authorized time period;
- Progress toward meeting IFSP goals and outcomes;
- Suggestions for family follow through;
- Assistive technology use recommendations; and
- Provider's name, signature, ~~and~~ title and credentials.

**Non-Reimbursable Services**

Sessions conducted for family support, educational, training, recreational, or custodial purposes, including respite or child care, ~~cannot be~~ are not reimbursable by Medicaid. Services designed to educate a parent or caregiver about the delay(s) of their child is not a reimbursable service.

Sessions will not be reimbursed by Medicaid if they:

- ~~duplicate or~~ replace other available Medicaid reimbursable services;
- ~~are not~~ authorized in the IFSP or in a POC;
- ~~do not meet the requirements of a session~~; or
- ~~are not~~ medically necessary.

Travel time and mileage cannot be reimbursed as part of any early intervention session.

**Reimbursement Limitations**

Medicaid will reimburse a provider for only one type of early intervention session (group or individual) per day, per child. A session cannot be split between providers, nor can more than one type of provider (e.g., ITDS and paraprofessional) conduct a session in a given day for the same child.

Medicaid will not reimburse the same licensed practitioner to provide services under both the Early Intervention and Therapy Services Programs to the same child on the same day.

The maximum amount of time that will be reimbursed by Medicaid for early intervention services will be 60 minutes per day, per child.

**Session Reimbursement Exceptions**

Exceptions to the frequency and length of Medicaid early intervention services individual or group service limitations (~~excluding travel~~) may be granted based on medical necessity and must be approved through the exception to the

limitations process

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## ***Requesting an Exception to Medicaid Limitations***

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### **Introduction**

An exception to the limitation of frequency or length of time reimbursed by Medicaid may be granted when it is **determined to be** medically necessary for the child.

---

### **Frequency and Time Limits**

Authorization to increase the limitation of frequency or time for an early intervention service must be authorized on the IFSP and approved by Medicaid prior to providing the service. ~~Such authorization-~~ **Approval by Medicaid** can be granted for up to three months based on the documentation of medical necessity for greater intensity.

---

### **Request to Exceed Medicaid Limitations Form**

Early intervention providers requesting authorization to exceed the Medicaid covered frequency and length of time limitations must submit the **Early Intervention Services** Request to Exceed Medicaid Limitations form, AHCA Med-Serv Form 019, August 2007.

**Note:** See Appendix B for a copy of the **Early Intervention Services** Request to Exceed Medicaid Limitations Form, AHCA Med-Serv Form 019. Providers may photocopy the form, ~~from Appendix B.~~

---

### **Processing Requests for Exceptions**

When the IFSP team recommends services that exceed the limitation of frequency or length of time of an early intervention service, the provider must send the following information to the Agency for Health Care Administration, Medicaid office:

- A cover letter requesting the exception signed and dated by the child's physician;
- **Completed Early Intervention Services Request to Exceed Medicaid Limitations Form, AHCA Med-Serv Form 019;**
- ~~A description regarding the type of service(s) to be provided, an explanation of the medical necessity for the intensity of the service, the additional Medicaid services to be provide and how the exception for services would not be duplicative;~~ **and A copy of the child's IFSP and POC must be submitted with the Request to Exceed Medicaid Limitations Form.**
- **A copy of the child's current IFSP and POC.**

In order for the exception consideration to be completed and communicated in a timely manner by Medicaid staff, ~~to the provider requesting the exception,~~ the request ~~must~~ **should** be submitted within five working days of the IFSP decision to the following address:

Medicaid Early Intervention Services  
Bureau of Medicaid Services  
2727 Mahan Drive, Mail Stop #20  
Tallahassee, FL 32308-5407

Medicaid staff will ~~advise~~ ~~notify~~ the requesting provider ~~in writing~~ whether the request ~~was~~ ~~is~~ approved and for what period of time, or if denied, the reason for denial within seven working days after receipt of the complete package of information.

---

**Billing for  
Sessions in Excess  
of Limits**

Once a request to exceed Medicaid service limits is approved and the service ~~has been~~ ~~is~~ provided, the provider can bill for the service by submitting a paper CSM-1500 claim with approval form to the area Medicaid office. The area Medicaid office will override the appropriate limits. The original of the approved ~~Request to Exceed Medicaid Limitations Form~~ notification should be kept in the ~~provider's office~~ child's records for audit purposes.

Note: See the Florida Medicaid Provider Reimbursement Handbook, CMS-1500, for more information on billing procedures. The Florida Medicaid provider handbooks are available on the Medicaid fiscal agent's Web site [www.mymedicaid-florida.com](http://www.mymedicaid-florida.com). To access the handbooks, select Public Information for Providers then Provider Support, then select Handbooks.

Note: The phone numbers and addresses for the area Medicaid offices are listed on AHCA's ~~website~~ Web site at <http://ahca.myflorida.com>. Click on Medicaid Select Contact Us. They are also listed in Appendix C of the Florida Medicaid Provider General Handbook. The Florida Medicaid provider handbooks are available on the Medicaid fiscal agent's Web site [www.mymedicaid-florida.com](http://www.mymedicaid-florida.com). To access the handbooks, select Public Information for Providers then Provider Support, then select Handbooks.

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## CHAPTER 3 EARLY INTERVENTION SERVICES PROCEDURE CODES

**Overview**

**Introduction**

This chapter identifies the early intervention services eligible for Medicaid reimbursement by name, service procedure code, and the maximum fee that can be reimbursed for each service.

**In This Chapter**

This chapter contains:

| TOPIC   | PAGE                |
|---|---------------------|
| Reimbursement Information   | 3-1                 |
| Procedure Code Modifiers  | 3-2                 |
| <a href="#">Appendix A – Procedure Codes, Limits, and Maximum Fees</a>  | <a href="#">A-1</a> |
| <a href="#">Appendix B – Early Intervention Services Request To Exceed Medicaid Limitations Form, AHCA Med-Serv Form 019, August 2007</a> | <a href="#">B-1</a> |
| <a href="#">Appendix C – Medicaid Freedom of Choice/Conflict of Interest Statement, AHCA Med-Serv Form 021, August 2007</a>               | <a href="#">C-1</a> |
| <a href="#">Appendix D – Early Intervention Session(s) – Plan of Care</a>   | <a href="#">D1</a>  |

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## Reimbursement Information

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### Third Party Liability

Medicaid is the payer of last resort. If a recipient has other insurance coverage through a third party source, such as Medicare, TRICARE, insurance plans, AARP plans, or automobile coverage, the provider must bill the primary insurer prior to billing Medicaid.

Note: See Florida Medicaid Provider General Handbook for more information regarding third party liability. The Florida Medicaid provider handbooks are available on the Medicaid fiscal agent's Web site [www.mymedicaid-florida.com](http://www.mymedicaid-florida.com). To access the handbooks, select Public Information for Providers then Provider Support, then select Handbooks.

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### Procedure Codes

The procedure codes listed in this handbook are Healthcare Common Procedure Coding System (HCPCS) codes. The codes are part of the standard code set described in the Physician's Current Procedure Terminology (CPT) book. Please refer to the CPT book for complete descriptions of the standard codes. CPT codes and descriptions are copyrighted 2007 by the American Medical Association. All rights reserved.

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### Diagnosis Code

A diagnosis code is required for the CMS-1500 claim form for all medical procedures. Use the most specific and appropriate code available for the service being provided. Fourth and fifth digits are required when available.

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### Fee Schedule

Each procedure code on the Early Intervention Services Fee Schedule, Appendix A, corresponds to an early intervention service. The descriptor gives a brief description of the service; the maximum fee shows the maximum amount that Medicaid will reimburse for the procedure code, per unit of service.

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### Government and Private Non-Profit Agencies

Government and private non-profit agencies must bill Medicaid the cost for providing the service or the maximum fee for the service as established by Medicaid, whichever is less.

An agency determines the cost of providing the service in accordance with the Office of Management and Budget circular A-87 (Revised 5/4/95, As Further Amended 8/29/978/31/05) for public agencies, and Circular A-122 (Revised May 10, 2004), for private non-profit agencies.

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### Units of Service

Early intervention services sessions are reimbursed in time increments. Each time increment is called a unit of service. For an individual and group session, 15 minutes constitutes one unit of service.

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**Reimbursement Information**, continued

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**Calculating the Units of Service**

If multiple units (more than one 15-minute unit) are provided on the same date of service, the actual time spent must be totaled and rounded to the nearest 15-minute increment. If the total minutes equal an amount that is 7 minutes or less from the last 15-minute increment, round down. If the minutes equal an amount that is 8 minutes or more from the last 15-minute increment, round up. For example, 22 minutes would be billed as one unit of service; 23 minutes would be billed as two units.

The provider may not round each service episode to the nearest 15-minute increment prior to summing the total.

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**Medicaid ID Number**

An early intervention session must be billed using the Medicaid-eligible child's Medicaid identification number, even if the session was with the child's parent(s), caregiver(s) or family member(s).

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**Procedure Code Modifiers**

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**Definition of Modifier**

For certain types of services, one or two two-digit modifiers must be entered on the CMS-1500 claim form. Modifiers more fully describe the procedure performed so that accurate payment may be determined.

The modifiers must be entered in the field next to the procedure code field under Modifier.

Early intervention services providers must use the modifiers with the procedure codes listed on Appendix A, [Procedure Codes, Limits, and Maximum Fees](#) ~~Early Intervention Services Fee Schedule~~, when billing for the specific services in the procedure code descriptions. The modifiers listed in Appendix A can only be used with the procedure codes listed. Use of modifiers with any other procedure codes will cause the claim to deny or pay incorrectly.

Note: See ~~Chapter 1 in~~ the Florida Medicaid Provider Reimbursement Handbook, CMS-1500, for additional information on entering modifiers ~~on the claim form~~. [The Florida Medicaid provider handbooks are available on the Medicaid fiscal agent's Web site www.mymedicaid-florida.com. To access the handbooks, select Public Information for Providers, then Provider Support, then select Handbooks.](#)

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**APPENDIX A**

**PROCEDURE CODES, LIMITS, AND MAXIMUM  
FEES**

## APPENDIX A

### PROCEDURE CODES, LIMITS, AND MAXIMUM FEES

| CODE  | MOD 1 | MOD 2 | DESCRIPTION OF SERVICE <u>AND LIMITS</u>  | MAXIMUM FEE   |
|-------|-------|-------|---|---|
| T1023 |       |       | Screening (Maximum 3 per calendar year per child)   | \$50.00   |
| T1024 | GP    | UK    | Initial Interdisciplinary Psychosocial and Developmental Evaluation rendered by a Physical Therapist<br>(Maximum 1 per lifetime per child)                        | \$37.50<br>30 minute unit—<br>maximum 4 units               |
| T1024 | GN    | UK    | Initial Interdisciplinary Psychosocial and Developmental Evaluation rendered by a Speech Therapist<br>(Maximum 1 per lifetime per child)                          | \$37.50<br>30 minute unit—<br>maximum 4 units               |
| T1024 | GO    | UK    | Initial Interdisciplinary Psychosocial and Developmental Evaluation rendered by an Occupational Therapist<br>(Maximum 1 per lifetime per child)                   | \$37.50<br>30 minute unit—<br>maximum 4 units               |
| T1024 | TL    |       | Initial Interdisciplinary Psychosocial and Developmental Evaluation rendered by a Licensed Early Intervention Professional<br>(Maximum 1 per lifetime per child ) | \$37.50<br>30 minute unit—<br>maximum 4 units               |
| T1024 | HN    | UK    | Initial Interdisciplinary Psychosocial and Developmental Evaluation rendered by an ITDS (Maximum 1 per lifetime per child)  | \$27.75<br>30 minute unit—<br>maximum 4 units               |
| T1024 | GP    | TS    | Follow-up Psychosocial and Developmental Evaluation rendered by a Physical Therapist<br>(Maximum 3 per calendar year per child)                                   | \$37.50<br>30 minute unit—<br>maximum 4 units               |
| T1024 | GN    | TS    | Follow-up Psychosocial and Developmental Evaluation rendered by a Speech Therapist<br>(Maximum 3 per calendar year per child)                                     | \$37.50<br>30 minute unit—<br>maximum 4 units               |
| T1024 | GO    | TS    | Follow-up Psychosocial and Developmental Evaluation rendered by a Occupational Therapist<br>(Maximum 3 per calendar year per child)                               | \$37.50<br>30 minute unit—<br>maximum 4 units               |
| T1024 | TL    | TS    | Follow-up Psychosocial and Developmental Evaluation rendered by a licensed Early Intervention professional<br>(Maximum 3 per calendar year per child)             | \$37.50<br>30 minute unit—<br>maximum 4 units               |
| T1024 | TS    |       | Follow-up Psychosocial and Developmental Evaluation rendered by an ITDS<br>(Maximum 3 per calendar year per child)  | \$27.75<br>30 minute unit—<br>maximum 4 units               |
| T1027 | HM    |       | Early Intervention Individual Session<br>Provided by a paraprofessional<br>(Maximum 1 hour per day)   | \$6.25<br>15 minutes<br><u>maximum 4 units<br/>per day</u>  |
| T1027 | SC    |       | Early Intervention Individual Session<br>Provided by an EIS professional<br>(Maximum 1 hour per day)  | \$12.50<br>15 minutes<br><u>maximum 4 units<br/>per day</u> |
| T1027 | TT    | HM    | Early Intervention Group Session<br>Provided by a paraprofessional<br>(Maximum 1 hour per day)  | \$3.13<br>15 minutes<br><u>maximum 4 units<br/>per day</u>  |
| T1027 | TT    | SC    | Early Intervention Group Session<br>Provided by an EIS professional<br>(Maximum 1 hour per day)   | \$6.25<br>15 minutes<br><u>maximum 4 units<br/>per day</u>  |

## **APPENDIX B**

# **EARLY INTERVENTION SERVICES REQUEST TO EXCEED MEDICAID LIMITATIONS FORM**



**Request to Exceed Medicaid Limitations Form**, continued

|  |               |
|--|---------------|
| <b>II. EARLY INTERVENTION PROGRAM CONCURRENCE</b><br>(to be completed by the EIP Director)   |               |
| I Concur _____<br>Recommended:<br><div style="text-align: center; margin-top: 10px;">                     Units of Services _____<br/>                     Dates of Service FROM: _____ TO: _____                 </div> |               |
| I Do Not Concur _____  |               |
| Reason for Not Concurring  |               |
| Signature of EIP Director:   |               |
| _____<br>Signature   | _____<br>Date |
| <b>III. MEDICAID AUTHORIZATION (to be completed by Medicaid)</b>   |               |
| Approved _____<br><div style="text-align: center; margin-top: 10px;">                     Units of Service _____<br/>                     Dates of Service FROM: _____ TO: _____                 </div>                  |               |
| Denied _____   |               |
| Reason for Denying   |               |
| Authorized by:   |               |
| _____<br>Signature   | _____<br>Date |

AHCA-Med Serv Form 019, August 2007 (incorporated by reference in 59G-4.085, F.A.C.)

**Instructions for the Early intervention Services Request to Exceed  
Medicaid Limitations Form**

***I. General information to be completed by the provider:***

| <b>ITEM TITLE</b>  | <b>ACTION</b>   |
|--|---|
| <b>Recipient Medicaid Number</b>   | Enter the Medicaid eligible child's I.D. Number.  |
| <b>Last Name</b>   | Enter the child's last name as it appears on the Medicaid identification card.  |
| <b>First Name</b>  | Enter the child's first name as it appears on the Medicaid identification card.   |
| <b>Date of Birth</b>   | Enter the child's date of birth.  |
| <b>Diagnosis</b>   | Enter both the ICD-9 code and description. List the diagnosis(es) that is most relevant to the child's need for additional services.  |
| <b>Procedure Code</b>  | Enter the procedure code for which you are requesting authorization.  |
| <b>Procedure Description</b>   | Enter a description of the procedure for which you are requesting authorization.  |
| <b>Units of Service</b>  | Enter the total number of units of services that you are requesting. For example, if you are requesting one additional individual session per week from June 1 through July 31, enter 9 units of service. |
| <b>Service Dates</b>   | Enter the FROM and TO dates for the additional services that you are requesting.<br><u>Note:</u> There is a three-month maximum.  |
| <b>Explanation of Necessity</b>  | Attach a copy of the Medicaid eligible child's Individualized Family Support Plan and Plan of Care-, <u>if it is a separate document.</u>   |
| <b>Individual or Group Provider Medicaid Number</b>                          | Enter the individual or group provider's Medicaid number.   |
| <b>Individual or Group Provider Name</b>                                     | Enter the individual or group provider's name.  |
| <b>Treating Provider Medicaid Number</b>                                     | Enter the treating provider's Medicaid number.  |
| <b>Treating Provider's Name</b>  | Enter the treating provider's name.   |
| <b>Individual or Group Provider's Phone Number, Address, Signature, Date</b> | Enter the individual or group provider's address, phone number, signature and date.   |

**Instructions for the Early Intervention Services Request to Exceed Medicaid Limitations Form**, continued

**II. Early Intervention Program Concurrence – To be completed by the EIP Director**

| <b><u>ITEM TITLE</u></b>                             | <b><u>ACTION</u></b>  |
|--|---|
| <b><u>I Concur and Recommendation</u></b>            | <b><u>The EIP director checks if he concurs and states the recommended service to be requested.</u></b>       |
| <b><u>Units of Services and Dates of Service</u></b> | <b><u>The EIP Director states the recommended units of services and the dates of service FROM and TO.</u></b> |
| <b><u>I Do Not Concur</u></b>                        | <b><u>The EIP director checks if he does not concur and states the reason for not concurring.</u></b>         |
| <b><u>Signature of EIP Director</u></b>              | <b><u>Enter the EIP director's signature and date of signature.</u></b>                                       |

**III. Medicaid Authorization -- To be completed by Medicaid**

| <b><u>ITEM TITLE</u></b>             | <b><u>ACTION</u></b>   |
|--------------------------------------|--|
| <b><u>Approved</u></b>               | The authorizing person checks if the request is approved and enters the number of additional units of services and the dates of service that have been approved. |
| <b><u>Denied</u></b>                 | The authorizing person checks if the services are denied and gives the reason for the denial.  |
| <b><u>Reviewed Authorized by</u></b> | The authorizing person signs and dates the form.   |

AHCA-Med Serv Form 019, August 2007 (incorporated by reference in 59G-4.085, F.A.C.)



## **APPENDIX C**

# **MEDICAID FREEDOM OF CHOICE/CONFLICT OF INTEREST STATEMENT**

**Medicaid Freedom of Choice/Conflict of Interest Statement**

**Declaración de libertad de elección/**

**Conflicto de Interes del programa de Pasos Tempranos de Medicaid**

|                     |                   |
|---------------------|-------------------|
| <b>Child's Name</b> | <b>Medicaid #</b> |
| Nombre del niño     | # de Medicaid     |

**Medicaid Funded Service(s) on IFSP**

Servicios pagados por Medicaid identificados en el *Plan Individualizado de Apoyo Familiar (IFSP)*

**Dated**

Fecha:

**Parent/Guardian must initial all that apply:**

Padre/Guardián debe poner las iniciales certificando todos los siguientes comentarios que apliquen a su caso individual:

**I understand that I have the right to freely choose from any Medicaid provider within my service area to obtain any Medicaid reimbursable items or services recommended, identified or authorized on the Individualized Family Support Plan (IFSP).**

Entiendo que tengo el derecho de escoger libremente cualquier proveedor de Medicaid dentro de mi área de servicio para obtener servicios reembolsables por Medicaid o servicios recomendados, identificados o autorizados en el *Plan Individualizado de Apoyo Familiar*.

**I have a current (dated) list of names and addresses of Medicaid-enrolled providers in my service delivery area, who can deliver recommended, identified or authorized items or services, if service providers are available in the community.**

Tengo la lista corriente (fecha) de nombres y direcciones de los proveedores matriculados en Medicaid en mi área de servicio que puedan proveer los servicios recomendados, identificados o autorizados, siempre y cuando (el proveedor) esté disponible.

**I have been informed whether my service coordinator/targeted case manager has a financial interest in the service or item being recommended, identified or authorized on the IFSP.**

He sido informado si mi coordinador de servicios del programa tiene un interés financiero en el servicio o artículo recomendado, identificado o autorizado en el *Plan Individualizado de Apoyo Familiar (IFSP)*.

|                                  |              |
|----------------------------------|--------------|
| <b>Parent/Guardian Signature</b> | <b>/Date</b> |
| Firma del Padre/Guardián         | Fecha        |

This statement must be completed, signed and dated by the parent, guardian or legally responsible caretaker when a Medicaid-funded service is recommended, identified or authorized on the Individualized Family Support Plan (IFSP) and maintained in the child's local Early Steps record. Esta declaración debe ser completada, firmada y fechada por el padre, guardian o persona legalmente responsable cuando un servicio pagado por Medicaid esta recomendado, identificado, o autorizado en el Plan Individualizado de Apoyo Familiar (IFSP). El programa de Pasos Tempranos debe mantener una copia del mismo en el archivo.

AHCA Med-Serv Form 021, August 2007 (incorporated by reference in 59G-4085, F.A.C.)

**APPENDIX D**

**EARLY INTERVENTION SERVICES SESSION(S)**  
**– PLAN OF CARE (OPTIONAL)**

**EARLY INTERVENTION SERVICES SESSION(S)-PLAN OF CARE (OPTIONAL)**

|                      |             |                  |
|----------------------|-------------|------------------|
| <b>CHILD'S NAME:</b> | <b>AKA:</b> | <b>MEDICAID#</b> |
|----------------------|-------------|------------------|

|             |             |                           |   |
|-------------|-------------|---------------------------|---|
| <b>DOB:</b> | <b>SEX:</b> | <b>RELATED DIAGNOSIS:</b> | / |
|-------------|-------------|---------------------------|---|

|                           |   |
|---------------------------|---|
| <b>CURRENT EVALUATION</b> | <b>(RE)AUTHORIZATION</b>                            |
| <b>ASSESSMENT DATE:</b>   | <b>IFSP DATE:</b> (CURRENT) <b>FROM:</b> <b>TO:</b> |

**\*\*Use additional pages or attachments to record more information\*\***

|                        |                 |                  |
|------------------------|-----------------|------------------|
| <b>PROCEDURE CODE:</b> | <b>SERVICE:</b> | <b>PROVIDER:</b> |
|------------------------|-----------------|------------------|

**Domain: (Circle the applicable domain(s)):**

|                               |                                     |                  |
|-------------------------------|-------------------------------------|------------------|
| <u>Physical/Motor/Sensory</u> | <u>Communication</u>                | <u>Cognitive</u> |
| <u>Self-Help/Adaptive</u>     | <u>Social/Emotional Development</u> |                  |

**Desired Outcome (from IFSP):**

**Desired Outcome (for authorized period):**

**Goal (for authorized period):**

**Activities/Actions/Strategies:**

**Frequency/Intensity/Duration/Location/Funding:**

|           |           |          |          |                |
|-----------|-----------|----------|----------|----------------|
| Frequency | Intensity | Duration | Location | Funding Source |
|-----------|-----------|----------|----------|----------------|

**Medical Necessity for Service:**

|  |
|--|
| <b>This (these) Early Intervention Services Session(s) is (are) being provided in addition to:</b> |
| <u>OT</u> <u>PT</u> <u>SLP</u> <u>Other:</u>   |
| <b>Comments:</b>   |

**Medicaid Requirement: The following must be completed by the Medicaid enrolled licensed healing arts professional or paraprofessional, within their scope of practice, who completes the plan of care.**

|                                       |
|---------------------------------------|
| <b>Name/Credential:</b>               |
| <b>Address:</b>                       |
| <b>Date Signed:</b> <b>Signature:</b> |

## **EARLY INTERVENTION SERVICES SESSION(S) – PLAN OF CARE**

### **GUIDE FOR USE AND COMPLETION OF THIS OPTIONAL FORM**

This form is optional and can be used instead of the IFSP for each child identified with an Individualized Family Support Plan (IFSP) recommending the provision of an Early Intervention Services session(s).

Instructions are provided for each section of the form.

#### **Header Information**

Child's Name – List the first and last name of the child (legal name).

AKA – List other names the child is known as, such as previous last name used.

Medicaid # - List the child's Medicaid number (required to bill Medicaid).

DOB – List the child's date of birth.

Sex – List the child's sex as either M (male), F (female), A (Unable to determine).

Related Diagnosis – List the ICD-9/ICD-10 code(s) for the medical diagnosis related to the provision of this service and list the common name for the diagnosis. For example, ICD-9 code = 343.9; description = Cerebral Palsy.

Current Evaluation/Assessment Date – List the latest date that an evaluation/assessment of the child was completed. This information should be available on the child's Individualized Family Support Plan (IFSP).

IFSP Date (latest Update) – List the latest date that the child's IFSP was revised or updated. This could be the date the IFSP was initially completed for a child just entering services. This date cannot be more than 6 months prior to when services are to be initiated.

(Re)Authorizing Services From/To – FROM – List the date when services are to begin. TO – List the date when the services will be discontinued or when a review of services has been scheduled. The period between the FROM and TO date cannot be more than 6 months.

#### **Plan of Care**

Procedure Code – Record the appropriate procedure code for the Early Intervention Services session to be described and provided, e.g., T1024 HN. A separate form is required for each Medicaid Early Intervention Services procedure code.

Service – Record the name of the Early Intervention Services session to be described and provided, e.g., EIS individual session-paraprofessional or EIS group session-professional.

Provider – Record the name of the individual who will provide the service(s). Ensure the agency name is on the IFSP.

Domain – Circle the domain(s) for which a delay has been identified and for which the service is being provided.

Desired Outcome (from IFSP) – Record the outcome, from the child's IFSP, for which this plan of care is being written to achieve.

Desired Outcome for Authorized Period – Record the outcome for which the service is being provided during the authorized period.

Goal(s) for Authorized Period – Describe the goal(s) for which this plan of care is being written to achieve. The goal should be more a specific objective than the outcome.

Activities/Actions/Strategies – Record the specific activities/actions/strategy modalities that will occur during the implementation of this plan of care in order to achieve the stated desired goal(s) and outcome(s).

Frequency/Intensity/Duration/Location/Funding – Record, under each appropriate heading, the frequency with which the service will be provided; the intensity (how long is each session); the duration (beginning and ending dates of service); the location of the service; and the anticipated funding source for payment of the service. NOTE: Any increase or decrease in the frequency, intensity or duration of the recommended service(s) must be made on the child's IFSP in advance of providing the modified service, or the service will not be considered authorized and will not be reimbursable.

Medical Necessity for Service – Provide a written explanation of the medical necessity, as defined by Medicaid, of the service to be provided. NOTE: Medical necessity is defined in Chapter 2 of the Early Intervention Services Coverage and Limitations Handbook.

#### **OTHER SERVICES**

Circle the other services/therapies being provided to the child during the period in which Early Intervention Services sessions have been authorized. Also list any other known related services being provided to the child.

#### **SIGNATURE OF PROVIDER**

Name, signature, professional credentials, date of signature, and address of each licensed healing arts early intervention professional, operating within the scope of their practice, who develops the plan of care.