Payment Policy | Early Intervention Services Mandate



EFFECTIVE DATE:01 | 01 | 2014

POLICY LAST UPDATED: 01 | 03 | 2017

OVERVIEW

Early intervention services promote the development of infants and toddlers with developmental delays and challenges. Services are delivered to children 3 years of age or younger that have or are at risk of developing a disabling condition or have other special need that may affect their development. The codes used for claim processing as published by the Rhode Island Department of Human Services are outlined in this policy. In addition, this policy is applicable only for Commercial products.

PRIOR AUTHORIZATION

Prior authorization review is not required.

POLICY STATEMENT

Speech and language therapy, physical therapy, occupational therapy, evaluation, case management, nutrition, service plan development and review, nursing services, and assistive technology services and devices will be covered for members (age birth to 3 years) who are Rhode Island residents. All applicable coinsurances, copayments, deductibles, and benefit limits will **not** apply.

Rhode Island-mandated benefits generally do not apply to Plan 65, FEHBP, and Medicare Advantage plans. Groups that are self-insured may choose not to comply with state mandates and should refer to their member certificates for specific coverage regarding the Early Intervention Mandate.

MEDICAL CRITERIA

Not applicable

BACKGROUND

Effective January 1, 2014, qualified health plans (QHPs) are required to cover essential health benefits (EHBs), as defined in Section 1302(b) of the Patient Protection and Affordable Care Act. Federal mandates regarding EHBs supersede RI state mandates with regards to removing any annual and lifetime dollar limits.

This is an administrative policy to document the following Rhode Island General Laws (RIGL)-Early Intervention Services (EIS): RIGL 27-20-50.

27-20-50 Coverage for early intervention services. — (a) Every individual or group hospital or medical expense insurance policy or contract providing coverage for dependent children, delivered or renewed in this state on or after the effective date of this act [July 1, 2004], shall include coverage of early intervention services which coverage shall take effect no later than January 1, 2005. Such coverage shall be limited to a benefit of five thousand dollars (\$5,000) per dependent child per policy or calendar year and shall not be subject to deductibles and coinsurance factors. Any amount paid by an insurer under this section for a dependent child shall not be applied to any annual or lifetime maximum benefit contained in the policy or contract. For the purpose of this section, "early intervention services" means, but is not limited to, speech and language therapy, occupational therapy, physical therapy, evaluation, case management, nutrition, service plan development and review, nursing services, and assistive technology services and devices for dependents from birth to age three (3) who are certified by the

department of human services as eligible for services under part C of the Individuals with Disabilities Education Act (20 U.S.C. § 1471 et seq.).

- (b) Subject to the annual limits provided in this section, insurers shall reimburse certified early intervention providers, who are designated as such by the Department of Human Services, for early intervention services as defined in this section at rates of reimbursement equal to or greater than the prevailing integrated state/Medicaid rate for early intervention services as established by the Department of Human Services.
- (c) This section shall not apply to insurance coverage providing benefits for: (1) hospital confinement indemnity; (2) disability income; (3) accident only; (4) long-term care; (5) Medicare supplement; (6) limited benefit health; (7) specified disease indemnity; (8) sickness or bodily injury or death by accident or both; and (9) other limited benefit policies.

Based on a collaborative approach between families and professionals, early intervention services promote the development of infants and toddlers with developmental delays and challenges. Services are delivered to children 3 years of age or younger who have, or that are at risk of developing a disabling condition, or other special need, that may affect their development. These services may be either remedial or preventive in nature.

Early intervention may focus on the child individually or on the child and the family together. Early intervention programs may be center-based, home-based, hospital-based, or any other combination. Services range from identification of development delays and challenges (hospital or school screening and referral services) to diagnostic and direct intervention programs and may begin at any time up to the age of three years. While the child's development is enhanced, the family is able to receive support and assistance.

List of Early Intervention Providers in RI

http://www.eohhs.ri.gov/Consumer/ProviderSearch.aspx

RI Medical Assistance Claim Reimbursement Guidebook for Early Intervention Services for 2017



COVERAGE

Benefits may vary between groups and contracts. Please refer to the appropriate Benefit Booklet, Evidence of Coverage, or Subscriber Agreement for applicable Early Intervention benefits/coverage.

Please note that generally benefits that are available from other sources, such as those mandated by federal or state law or through legal action, are not covered. Please refer to your member certificate/subscriber agreement contract for further details.

CODING

The following codes are covered under a part of an Early Intervention Program. To ensure correct claims processing, claims must be filed with the correct modifier.

92522EP Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria) Append Modifier 52 for reduced services

92523EP Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (e.g., receptive and expressive language) Append Modifier 52 for reduced services

92557EP C omprehensive audiometry threshold evaluation and speech recognition

96111EP	Developmental testing, (includes assessment of motor, language, social, adaptive, and/or cognitive functioning by standardized developmental instruments) with interpretation and
0=4<455	report
	Physical therapy evaluation: low complexity
	Physical therapy evaluation: moderate complexity
	Physical therapy evaluation: high complexity
	Re-evaluation of physical therapy
	Occupational therapy evaluation, low complexity
	Occupational therapy evaluation, moderate complexity
	Occupational therapy evaluation, high complexity
	Occupational therapy re-evaluation
H0046EP	· · · · · · · · · · · · · · · · · · ·
H2000EP	
S9446EP	Patient education, not otherwise classified, non-physician provider, group, per session
S9446GN	
S9446GO S9446GP	
S9446TF	Patient education, not otherwise classified, non-physician provider, group, per session Patient education, not otherwise classified, non-physician provider, group, per session
S9446TG	Patient education, not otherwise classified, non-physician provider, group, per session
T1013EP	Sign language or oral interpretive services, per 15 minutes
T1013E1	Sign language or oral interpretive services, per 15 minutes
T1015TE	Case management, each 15 minutes
T1016TF	Case management, each 15 minutes Case management, each 15 minutes
T1016TF	
	U2 Case management, each 15 minutes
T1016TG	
T1023EP	Screening to determine the appropriateness of consideration of an individual for participation
	in a specified program, project or treatment protocol, per encounter
T1023TL	Screening to determine the appropriateness of consideration of an individual for participation
	in a specified program, project or treatment protocol, per encounter
T1024EP	Evaluation and treatment by an integrated, specialty team contracted to provide coordinated
	care to multiple or severely handicapped children, per encounter
T1024AE	1 1 1
	care to multiple or severely handicapped children, per encounter
T1024AJ	Evaluation and treatment by an integrated, specialty team contracted to provide coordinated
	care to multiple or severely handicapped children, per encounter
T1024GN	Evaluation and treatment by an integrated, specialty team contracted to provide coordinated care
	to multiple or severely handicapped children, per encounter
T1024GO	Evaluation and treatment by an integrated, specialty team contracted to provide coordinated
	care to multiple or severely handicapped children, per encounter
T1024GP	Evaluation and treatment by an integrated, specialty team contracted to provide coordinated
	care to multiple or severely handicapped children, per encounter
T1024HN	, , , , , , , , , , , , , , , , , , , ,
	care to multiple or severely handicapped children, per encounter
T1024HP	, , , , , , , , , , , , , , , , , , , ,
	care to multiple or severely handicapped children, per encounter
T1024TD	
	care to multiple or severely handicapped children, per encounter
T1024TG	
—	care to multiple or severely handicapped children, per encounter
T1024TG	HO Evaluation and treatment by an integrated, specialty team contracted to provide coordinated

care to multiple or severely handicapped children, per encounter

T1024TLHO Evaluation and treatment by an integrated, specialty team contracted to provide coordinated

care to multiple or severely handicapped children, per encounter

T1027EP Family training and counseling for child development, per 15 minutes T1027AE Family training and counseling for child development, per 15 minutes T1027AJ Family training and counseling for child development, per 15 minutes T1027HP Family training and counseling for child development, per 15 minutes T1027TG Family training and counseling for child development, per 15 minutes T1027TD Family training and counseling for child development, per 15 minutes T1027TGHO Family training and counseling for child development, per 15 minutes

T1027GN Family training and counseling for child development, per 15 minutes

T1027GO Family training and counseling for child development, per 15 minutes T1027GP Family training and counseling for child development, per 15 minutes T1027HN Family training and counseling for child development, per 15 minutes

T2004EP Non-emergency transport; commercial carrier, multi-pass

T5999EP Supply, not otherwise specified V2799EP Vision service, miscellaneous

V5008EP Hearing screening

V5010EP Assessment for hearing aid

Units:

For current information on allowed units please refer to the Rhode Island Department of Health Services in the Claims section:

http://www.dhs.ri.gov/ChildrenwithSpecialNeeds/EarlyInterventionProgram/tabid/839/Default.aspx

RELATED POLICIES

Not applicable

PUBLISHED

Provider Updare, February 2018

Provider Update, February 2017

Provider Update, January 2015

Provider Update, November 2013

Provider Update, August 2013

Provider Update, August 2010

Provider Update, July 2008

Provider Update, September 2006

REFERENCES

1. Rhode Island Department of Health Early Intervention.

http://www.dhs.ri.gov/ChildrenwithSpecialNeeds/EarlyInterventionProgram/tabid/839/Default.aspx 2. Essential Health Benefits hhtp://www.cms.gov/CCIIO/Resources/Files/Downloads/ehb-faq-508.pdf

- 3. http://www.cms.gov/CCIIO/Resources/Files/Downloads/essential health benefits bulletin.pdf
- 4.http://whttp://www.cms.gov/CCIIO/Resources/Files/Downloads/essential_health_benefits_bulletin.pdf ww.gpo.gov/fdsys/pkg/FR-2013-02-25/pdf/2013-04084.

----- CLICK THE ENVELOPE ICON BELOW TO SUBMIT COMMENTS

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice. Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.

