

July 19, 2011 Billing and Reimbursement Webinar
Questions and Answers
Updated 8/15/11

Determining Who Will Provide and Bill for EI TCM

- 1. Question:** Can any agency that desires to provide EI TCM?
Answer: No. The Local Lead Agency determines which agency or agencies will provide EI TCM in their local system.
- 2. Question:** How will an agency know if the Local Lead Agency has determined that they will provide EI TCM?
Answer: Contact the Local Lead Agency.
- 3. Question:** Is it acceptable for an agency that provides EI TCM to contract with another agency to do the billing?
Answer: Yes

Provider Requirements

- 1. Question:** What are the Department of Medical Assistance Services (DMAS) requirements for Local Lead Agencies and agencies that will be providing EI TCM?
Answer: **After** Local System Managers have been notified that the Provider Agreement Form on the DMAS website has been updated (by the end of August);
(1) The Local Lead Agency must complete the Provider Information Form listing the agencies (and their NPI number) that will be providing EI TCM.
(2) The agencies that will provide EI TCM must complete a new DMAS Provider Agreement Form which can be found on the DMAS Portal:
<https://www.virginiamedicaid.dmas.virginia.gov/wps/myportal>.
Current providers will receive a new Specialty Type of 119. New providers will be assigned a Provider Class Type of 108 and Specialty Type 119.

Case Manager Requirements

- 1. Question:** With TCM ID, the service provider wasn't allowed to be the TCM case manager/SC. Is this still the case with TCM EI?
Answer: No, this is not the case. Other than the requirement that the early intervention service coordination have a current Early Intervention Case Manager Certification, there are no restrictions on who can provide EI TCM (EI Service Coordination) for a specific child.

- 2. Question:** Can we bill for EI TCM if another EI Certified Case Manager substitutes for the child's service coordinator?

Answer: Yes. Just as is the case with other EI services, documentation in the contact note suffices if this is a one-time or occasional substitution. If the substitution will be for a longer period of time (e.g., maternity leave), then the addendum must be revised to reflect the change in service coordinator.

Child Eligibility Requirements for EI TCM

- 1. Question:** What are the eligibility requirements for EI TCM?

Answer: All children who are eligible for Part C Early Intervention are eligible for EI TCM. EI TCM can be billed up to three months while eligibility is being determined for Part C early intervention.

- 2. Question:** If a child is 2 ½ and receives EI TCM but transitions to Part B services, do we continue to provide EI TCM until age 3 because the child receives Medicaid or once they go to Part B, we transition them to ID TCM (if eligible) and close them to Part C?

Basically, which TCM services should be provided at our CSB – EI TCM or ID TCM?

Answer: A child cannot receive EI TCM services unless they are receiving early intervention services. Once a child is discharged from early intervention, they are no longer eligible for EI TCM. As part of the transition planning process, the service coordinator should collaborate with the CSB so that if the child needs continued case management/service coordination services and is eligible for TCM (Mental Health or Intellectual Disabilities), the TCM can be transitioned to the CSB.

Billing

- 1. Question:** How do we bill for EI TCM?

Answer: Submit the claim just as you would for any other Medicaid claim.

Reimbursement for EI TCM is a flat rate of \$120/month. The procedure code is T2022.

- 2. Question:** When we are billing for EI TCM, does the service date need to be a specific day or do we bill for a date range? If one day is listed, does it matter what day? Does the one day of billing have to match a contact note?

Answer: You can list one day or a date range (from the first day of the month to the last day of the month). You cannot bill for more than one month at a time per line on the claim form. If you list a single day, it should correspond to documentation of a date on which an allowable activity was performed.

- 3. Question:** Is it acceptable to use the diagnostic codes v710.9 and 799.9 when billing EI TCM (T2022).

Answer: Yes

- 4. Question:** Can we bill electronically or by Direct Data Entry?
Answer: Yes, the three options for billing are submission of the CMS 1500 form, Electronic Billing or Direct Data Entry.
- 5. Question:** What location should be listed on the claims forms?
Answer: The guidelines are the same for billing for EI TCM as for billing for other EI services. If the services were provided in the center (agency location), use the center's address; if services occurred in the child's home, use the home address.
- 6. Question:** When we billed for TCM ID in the past, our monthly contacts had to be at least 15 minutes in order to be reimbursed. Is there any time requirement for TCM EI? Will a 10 minute phone call be equivalent to a 30 minute face to face contact?
Answer: There is not a time requirement for the allowable activities.
- 7. Question:** Just to clarify, when we bill, we are using the same code of T2022 whether it was a face to face contact with the family, phone call with the provider or intake visit?
Answer: Yes
- 8. Question:** Who bills for the month when a child transfers from one local system to another local system and both systems provide service coordination during the same month?
Answer: If the child is transferred on or before the 15th of the month the receiving local system would bill. If the child is transferred from the 16th of the month to the end of the month, the sending local system would bill. **Please Note! This is a change from the answer provided during the July 19, 2011 Webinar**
- 9. Question:** When can billing start for EI TCM?
Answer: If all of the required ITOTS data entry requirements are met and an Initial Early Intervention Service Coordination Plan is in place, billing for EI TCM can be billed starting the month of the intake visit.
- 10. Question:** How long can you bill for the Initial Early Intervention Service Coordination Plan?
Answer: Billing for the Initial EI Service Coordination Plan can be done until one of three things occurs: the child is determined not eligible for Part C Early Intervention or the IFSP is signed or it has been 90 days. Please note that billing for Initial EI Service Coordination can not exceed three calendar months.
- 11. Question:** What if, for family reasons, the IFSP is delayed beyond 90 days?

Answer: The EI benefit will remain in place so that the assessment for service planning can be billed. However, EI TCM cannot be billed for more than three calendar months prior to the IFSP is signed. Billing for EI TCM can resume when the IFSP is signed.

12. Question: What if a child exits the early intervention system before an IFSP is developed and signed, and then is referred again later to the Infant & Toddler Connection? Can the TCM agency bill for the Initial Early Intervention Service Coordination even if it had been billed for previously?

Answer: Yes

13. Question: With TCM ID, we had to have a face to face contact every 3 months with the family. Am I understanding the reimbursement sheet correctly when it states that the only face to face requirement is the initial and annual IFSP meeting?

Answer: Face to face contacts at the initial and annual IFSP meetings are required. However these represent minimum requirements and if the family needs more face to face contacts or selects face to face as their method for the every three calendar contacts, then additional face to face contacts must be provided.

14. Question: Contacts are required every three months, but if a family needs once a month, can we bill at that frequency?

Answer: Contacts with the family are not the only allowable activity that can be done during a month in order to be able to bill for the month. Each month that includes documentation of an allowable activity can be billed as long as the requirement for contacts with the family every three months is met.

15. Question: Are quarterly Reviews required?

Answer: No

16. Question: Will all service coordination notes be required to reference the goal that is being addressed?

Answer: All contact notes that document an allowable activity must reference the goal that is being addressed. Examples of how the goals can be addressed will be provided in the August EI TCM Webinar and in the Infant & Toddler Connection of Virginia Practice Manual.

17. Question: Can we bill for EI TCM months where our only activities are activities attempting, but not succeeding to contact the family (phone calls, letters, including certified letters)?

Answer: No. While attempted contacts are acceptable (though not desirable) in order to meet the requirement for contact with the family every three months, if the only service

coordination activity during a month is an attempted, but unsuccessful contact, that month cannot be billed.

18. Question: At what point do we say we have lost contact with a family?

Answer: See “Receiving and Processing a Referral” in Chapter 3 of the Infant & Toddler Connection of Virginia Practice Manual for families lost to contact before IFSP and “Service Coordinator Responsibilities” in Chapter 8 (IFSP Implementation and Review) for families lost to contact after the IFSP is signed.

19. Question: Can we bill for the month the initial or annual IFSP meeting was held if the child was not present for the face to face meeting?

Answer: In order to bill for the month the initial or annual IFSP meeting is held, there must be documentation that the Service Coordinator observed the child during that month.

20. Question: What if the Service Coordinator doesn't document observation of the child during the month the initial or annual IFSP meeting is held. Can we bill for the months after that?

Answer: EI TCM cannot be billed for subsequent months following the initial or annual IFSP if there was not documentation that the Service Coordinator observed the child until the month where there is documentation of observation of the child by the Service Coordinator.

21. Question: Can you bill for each month during which there is an allowable activity and not bill for months where there are not allowable activities?

Answer: Yes, as long as the other billing criteria are met. There is not a requirement that there must be a billable activity (and subsequent billing) every month.

22. Question: How do we determine whether or not the requirement for contact with the family every three months has been met in order to determine if the month can be billed?

Answer: The month during which a family contact occurred as well as the next two months can be billed if there is an allowable activity during those months. The next family contact must be made three months from the last month that the last family contact was made. If a family contact is not made on the new month (three months from the last family contact), service coordination cannot be billed for that new month and service coordination cannot be billed until a family contact is made. The month that a family contact is made starts a three month calendar for the next family contact.

(Example: A family contact was made in February. The next family contact should be made at least by May. If there is not contact in May, service coordination cannot be billed for the month of May or for any subsequent month until a family contact occurs. In this same example with a family contact in February, if another family contact occurred in April, the three month calendar starts again and the next family contact is due in July).

Choice of Providers

1. **Question:** What is the role of choice in Early Intervention Targeted Case Management?

Answer: The Local Lead Agency determines which agency or agencies will provide EI TCM. If only one agency within the local system is providing EI TCM, then service coordination will be provided only by that agency. The agency can assign the service coordinators, but must be responsive to family's request for a change in service coordinators. If more than one agency within a local system provides EI TCM, families must be given a choice of provider agencies.

2. **Question:** What if a family wants to keep their service coordinator when they move from one local system to another local system?

Answer: The family's request must be considered. However, it may be determined that this is not feasible because of distance, the service coordinator's incomplete knowledge about resources in the new local system or other reasons.

More than One Agency Providing Medicaid-Reimbursed Case Management

1. **Question:** What if a child is receiving Medicaid –reimbursed case management from more than one agency?

Answer: If a child is receiving BabyCare, the agency providing BabyCare can bill for BabyCare and the Part C Local System can bill for EI TCM. If a child is receiving MH TCM, ID TCM or Therapeutic Foster Care and EI TCM, only one case management service can be billed.

2. **Question:** How is the decision made about which agency can bill for the case management services?

Answer: EI enrollees are required to receive EI TCM. Therefore, if a child is receiving ID or MH TCM prior to 10/1/2011, the child must begin receiving EI TCM as of 10/1/2011. ID and MH TCM cannot be billed to DMAS for EI enrollees as of 10/1/2011.

DMAS does allow the exception of BabyCare case management to be billed simultaneously along with EI targeted case management during the same time period.

If an EI enrollee is receiving Therapeutic Foster Care (TFC), the EI case manager should review the child's needs and services with the TFC case manager to determine if the child's services are better monitored and coordinated by the EI case manager or the TFC case manager. The two case managers are responsible to make the determination of which TCM is better suited for the child's particular needs and services.

3. Question: How will the local system know if a child is receiving Medicaid-reimbursed Case Management Services from another agency?

Answer: The service coordinator should ask the family about other services they are receiving and request that the family sign a release of information form so there can be communication between the various agencies serving the child.

4. Question: What if the family does not tell us they are receiving case management services from another agency?

Answer: The LLA receives monthly claims reports from the Part C Office which will show if any other TCM has been billed for an EI enrollee. The LLA should use these monthly reports for monitoring enrollees' services.

5. Question: What if two agencies bill for TCM for the same month?

Answer: Whoever bills first gets paid. DMAS should be contacted if ID or MH TCM is billed after 10/1/2011.

Miscellaneous Questions:

1. Question: Is EI TCM a state plan option?

Answer: Yes