

Early Intervention Provider Agreements

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Who is responsible: IDEA/Part C State Office, Budget and Planning Team and Operations Team

Early Intervention Service (EIS) Providers

Early Intervention Service (EIS) providers include all non-governmental entities or individuals with a current South Carolina Department of Health and Human Services provider agreement for the provision of services through the state's IDEA/Part C system. Reimbursements will be made only for services provided in accordance with applicable federal and state laws, regulations, and guidelines, including those outlined in the IDEA/Part C policy and procedure manual and written in an Individualized Family Service Plan (IFSP).

Procedures for Executing an SCDHHS Agreement

Interested providers must request an EIS provider enrollment packet from the SCDHHS IDEA/Part C State Office. The provider will complete the enrollment packet and return it to the IDEA/Part C State Office with all required supporting documentation.

- IDEA/Part C State Office will review the application and if approved, send a signed agreement to the provider for their signature.
- The provider will sign the agreement, make a copy for their records, and then return the signed agreement to IDEA/Part C State Office for necessary signatures. Once signed, the provider will receive a copy of the fully executed agreement.
- IDEA/Part C State Office adds the provider to the matrix of approved EIS providers in BRIDGES. Reimbursements are made only to providers on the approved EIS provider matrix.
- If the application is denied, the requesting provider will be notified in writing within 15 working days of receipt of a complete and accurate application.

Denial of Provider Agreement Applications

EIS provider enrollment requests will be denied if the requesting provider:

- Was terminated from previous employment due to Medicaid or financial fraud.
- Has prior ethical or criminal convictions.
- Was previously terminated from being an EIS provider due to non-compliance with provider agreement requirements.
- There is other evidence of the provider's inability to meet the provider agreement requirements.

EIS Provider Change of Information

If an EIS provider has a change of address or a name change, they must complete the "Change of EIS Provider Information" and W-9 forms and mail them to the IDEA/Part C State Office.

If an EIS provider has a change of services or adds additional EIS providers to their agreement, they will need to fill out the "EIS Provider Sub-Contractor Enrollment Form" and mail the form to IDEA/Part C State Office along with other required supporting documentation.

Reporting Misconduct

Any individual participating in provision of IDEA/Part C services is required to report misconduct to IDEA/Part C State Office within five (5) working days by way of a formal, written complaint (see procedures for Family Rights and Safeguards).

If at any point, any individual who reasonably believes that an EIS provider is posing an imminent risk of danger to children, parents, or staff should report the information to a local law enforcement agency or South Carolina Department of Social Services and then to IDEA/Part C State Office within twenty-four (24) hours.

Initiation of Formal Investigation

All written complaints are investigated under the requirements for dispute resolution for IDEA/Part C. Please see the procedures for Family Rights and Safeguards for a complete description of the complaint investigation process.

Until completion of the investigations, IDEA/Part C State Office may temporarily remove the EIS provider from the EIS Provider Matrix in BRIDGES. Upon completion of an investigation, if required, relevant SCDHHS procedures for termination of a provider agreement will be followed.

Discontinuance or violation of original requirements of an EIS provider agreement constitutes grounds for automatic termination. All provider agreements are subject to professional conduct guidelines included in the IDEA/Part C policy and procedure manual, their professional standards of practice, and their professional licensure/certification requirements.

Identification of Non-Compliance

“Noncompliance” is any EIS provider action not consistent with applicable federal and state laws, regulations, and guidelines, including those outlined in the IDEA/Part C policy and procedure manual. Such actions may be reported by family members, EIS providers, and/or qualified personnel who reasonably believe an EIS provider is out of compliance with the IDEA/Part C provider agreement requirements and/or applicable federal and state laws or regulations.

Please see the procedures for General Supervision and Monitoring for required state and EIS provider actions related to non-compliance.

SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES

Healthy Connections
BABYNET



Service Provision, Billing, and Reimbursement

Approved: December 2019

Who is responsible: IDEA/Part C State Office, Budget and Planning Team and Operations Team, Service Coordinators, EIS Providers

Table of Contents	
Topic	Page
Introduction Early Intervention Service (EIS) Providers	5
• Related Policies and Procedures.....	5
• Role of Service Coordinators in Provision of Early Intervention Services.....	5
EIS Provider Standards	5
• EIS Provider Enrollment.....	6
• EIS Provider Scope of Work.....	8
• Non-Billable Activities.....	9
General Supervision and Monitoring	10
Provision of EIS Services	10
• Service Coordinator Responsibilities in Service Provision.....	10
• EIS Provider Responsibilities in Service Provision.....	11
Procedures for Billing and Reimbursement for EIS Providers	11
Appendices	
Appendix A: BabyNet Provider Enrollment Packet Checklist.....	12
Appendix B: Federal Definitions of Early Intervention Services and Approved Procedure Codes.....	13
Appendix C: Submitting Claims for IDEA/Part C Early Intervention Services.....	24
Appendix D: Definitions and Billing Exclusions.....	25

Introduction: Early Intervention Service (EIS) Providers

The purpose of procedures for delivery of Individuals with Disabilities Education Act (IDEA)/Part C services is to ensure that providers are delivering, documenting, and billing for early intervention services in a manner consistent with the federal statute and regulations of IDEA/Part C of 2004 (P.L. 108-446; 34 CFR 303). These procedures, as well as the related procedures listed below, are the basis for general supervision and monitoring of EIS providers.

Related Policies and Procedures:

In addition to the procedures for Early Intervention Service (EIS) provision, billing, reimbursement, and monitoring, EIS providers must adhere to the policies and procedures listed in the website:

<https://msp.scdhhs.gov/babynet/site-page/babynet-policies-and-procedures>.

Role of Service Coordinators in Provision of Early Intervention Services:

Once a child is determined eligible for IDEA/Part C services by an Intake Coordinator and assigned to a Service Coordinator, the Service Coordinator is responsible for authorizing services through the Individualized Family Service Plan (IFSP) and referring children to qualified EIS providers in their community. The Service Coordinator has oversight of implementation of the IFSP – including ensuring services are initiated within 30 days of the IFSP – and are delivered as written in the plan.

Early Intervention Services under IDEA/Part C

- Audiology Services
- Autism Services
- Braille Translation
- Counseling/ Family Training
- Foreign Language Interpretation & Translation
- Health Services
- Medical Services (evaluation only)
- Nursing Services
- Nutrition Services
- Occupational Therapy
- Physical Therapy
- Psychological Services
- Service Coordination
- Sign Language Instruction & Interpretation
- Social Work Services
- Special Instruction
- Speech-Language Pathology Services
- Transportation Services
- Vision Services

For additional information regarding the role of the Service Coordinator, please see the following policies and procedures:

Policy: <https://msp.scdhhs.gov/babynet/sites/default/files/%282019-07-08%29%20IDEA%20Part%20C%20Policy%20for%20Service%20Coordination%20Services%20FINAL.pdf>

Procedures: <https://msp.scdhhs.gov/babynet/sites/default/files/%282019-07-08%29%20IDEA%20Part%20C%20Procedures%20for%20Service%20Coordination%20Services%20FINAL.pdf>

EIS Provider Standards

Each EIS provider must be enrolled as a Medicaid provider with the South Carolina Department of Health and Human Services (SCDHHS). The Medicaid provider enrollment and screening requirements include that the provider must:

- Be licensed by the appropriate licensing body, certified by the standard-setting agency, and/or other pre-contractual approval processes established by SCDHHS.
- Continuously meet South Carolina licensure and/or certification requirements of their respective professions or boards in order to maintain Medicaid enrollment.
- Comply with all federal and state laws and regulations currently in effect as well as all policies, procedures and standards required by the Medicaid program.

- If eligible, obtain a National Provider Identifier (NPI) and share it with South Carolina Medicaid. Refer to <https://nppes.cms.hhs.gov> for additional information about obtaining an NPI.
- Be enrolled in the South Carolina Medicaid program and receive official notification of enrollment.
- Be credentialed with an MCO prior to providing services to their enrolled children.

The enrollment process includes screening, licensure verification and site visits (if applicable), to ensure that all enrolling providers are in good standing and meet the requirements for which they are seeking enrollment. Refer to <https://www.scdhhs.gov/provider> for Medicaid provider information.

Once the provider has been approved for Medicaid enrollment, official notification of enrollment will be sent to the provider.

Providers of Service Coordination and/or Special Instruction:

NOTE: The following does not apply to service coordinators or special instructors with the South Carolina School for the Deaf and the Blind.

Upon approval for Medicaid enrollment, SCDHHS will send official notification of EIS provider enrollment to the South Carolina Department of Disabilities and Special Needs (SCDDSN) for approval as a Qualified Provider with SCDDSN (link to the most current solicitation for qualified providers through the State Fiscal Accountability Authority can be found at: <https://ddsn.sc.gov/providers/qualified-provider-application>). The SCDDSN Director of Children Services will notify the IDEA/Part C State Office once a service coordination or special instruction provider has met the requirements as a qualified provider with SCDDSN, so that s/he may seek a provider agreement with IDEA/Part C.

EIS Provider Enrollment

In order to become a qualified EIS provider, the provider must request a BabyNet Provider Enrollment Packet from the IDEA/Part C State Office by sending an e-mail to bnproviderenrollment@scdhhs.gov.

Included in the packet will be the following documents:

- *BabyNet Provider Enrollment Form*
- *BabyNet Individual User Confidentiality Agreement*
- *BabyNet Drug-Free Workplace Statement*

In addition to completion of these documents, the enrolling provider must furnish:

- An IRS W-9 form
- The enrolling provider's NPI number, or if the enrolling provider is a licensed therapy assistant, the NPI of the supervising provider
- All relevant taxonomy codes
- A copy of the current licensure
- Proof of current liability insurance
- A national background check that includes:
 - Office of Inspector General Background Check (current within 365 days of the enrollment packet)
 - Nationwide Sex Offender Registry Background Check (current within 365 days of the enrollment packet)
 - Nationwide Criminal Report Background Check (current within 365 days of the enrollment packet)
 - SSN Verification
 - Residency History Check
 - Professional License Verification

A checklist for the required documentation can be found in APPENDIX A of these procedures.

Once the completed BabyNet Provider Enrollment Packet is approved, the enrolling provider will be offered a BabyNet Provider Agreement for signature and return.

Conditions for Maintaining Enrollment as an EIS Provider

License and Credentialing

- Maintain federal and state licenses, certification, accreditations, and credentials required for the provision of EIS services. The EIS provider will immediately notify IDEA/Part C State Office if a board, association, or other licensing authority takes any action to revoke or suspend the license, certification, accreditation, or credentials of the EIS provider.
- Meet the requirements for the South Carolina IDEA/Part C credential for the Comprehensive System of Personnel Development (CSPD) within identified timeframes. For more information on the CSPD requirements, visit the following site: http://uscm.med.sc.edu/tecs/babynetcredential_new_hire.asp.
- Submit all necessary information for the IDEA/Part C databases, including the IDEA/Part C Credential, BRIDGES system, the IDEA/Part C Central Directory, and required EIS provider Listservs.
- Attend EIS provider meetings and required training.

Fiscal Certification

- All EIS Providers will document delivery of early intervention services, regardless of payor source, through submission of service logs in the BRIDGES data system within one year from date of service. Provision of hearing aids, ear molds, etc., as assistive technology devices must be documented in BRIDGES.
- Exceptions for submission of service logs in BRIDGES:
 - All other Assistive Technology Devices: Service Coordinators will submit documentation with the Assistive Technology Purchase Request packet.
 - Family Transportation Services: Service Coordinators will request, complete, and submit an IDEA/Part C Service Fund Authorization form.

Billing for Delivery of Services:

- All EIS providers will bill for delivery of early intervention services through submission of claims in the BRIDGES data system within one year from date of service.
- Exceptions:
 - Claims for services for children enrolled in an MCO must be billed directly to the MCO.
 - Assistive Technology Devices:
 - Claims for Hearing aids, ear molds, etc., must be submitted in BRIDGES.
 - Claims for all other Assistive Technology Devices will be processed based on documentation provided in the Assistive Technology Purchase Request packet.
 - Claims for Family Transportation Services claims will be processed using the completed IDEA/Part C Service Fund Authorization form. If you need to request the Service Fund Authorization form please email BabyNetClaims@SCDHHS.gov.
- Comply with information recorded on the consent to bill insurance form.
- Maintain status as a Medicaid provider in good standing.
- Abide by all requirements for reporting waste, fraud, abuse of IDEA/Part C and/or Medicaid funds.

Confidentiality

- IDEA/Part C records are considered educational records under the 2004 Act. As educational records, guidelines for maintenance and access are stated in IDEA and the Family Educational Rights and Privacy Act (FERPA). To the extent that other federal or state privacy laws may apply to the IDEA/Part C record, Protected Health Information (PHI) generally cannot be released except pursuant to proper authorization by the parent, or pursuant to a specific exception under the Health Insurance Portability and Accountability Act (HIPAA, 45 CFR Parts 160 and 164). IDEA/Part C State Office may conduct routine audits of EIS provider records to ensure compliance with this and other applicable regulations.

- The EIS provider must ensure the confidential information released to the EIS provider’s employees or subcontractors is limited to the information minimally necessary to meet the requirements of IDEA/Part C service delivery.
- Unauthorized disclosure of confidential information may result in termination of the EIS provider’s agreement, and may be grounds for fines, penalties, imprisonment, injunctive action, civil suit, or debarment from doing business with IDEA/Part C. The EIS provider must immediately notify IDEA/Part C State Office of any unauthorized disclosure of personally identifiable information (PII) and/or PHI which occurs in the course of service provision. Unauthorized disclosure of other types of confidential information not consisting of PII or PHI must be immediately reported to IDEA/Part C State Office.
- When storing or transporting hardcopy portions of an IDEA/Part C record, ensure the record is:
 - Marked ‘Confidential’
 - Stored or transported in such a manner as to ensure the record is not mixed with other records
 - Stored or transported in a locked area (e.g., locking file cabinet, trunk of vehicle)
- E-mailed communications containing personal identifiable information (PII) or protected health information (PHI) must be sent in a secure manner.

Professional Conduct:

The EIS provider shall maintain professional relationships and boundaries with families served by IDEA/Part C, and is prohibited from the following:

- Bringing children, minors, or other individuals not directly involved in the provision of services to the family or child to the service site. Parents may not be requested to waive this provision. With prior consent of the family, interns or practicum students who are supervised by the EIS provider are excluded from this provision.
- Soliciting business from or entering personal business with families.
- Soliciting business from or for a private agency, spouse, or relative.
- Selling, purchasing, or marketing products while providing EIS services.
- Providing services to members of eligible child’s immediate family or individuals with whom a professional relationship would be compromised.
- Loaning or giving money to a family while involved in a professional relationship.
- Giving or receiving gifts from those involved in a professional relationship.
- Imposing personal, political, or religious beliefs on others.
- Using alcohol or illegal drugs while working with eligible families and children, or in a manner that will affect provision of IDEA/Part C services.

EIS Provider Scope of Work

EIS services are only available to children ages birth to 36 months of age who have been found eligible for IDEA/Part C in South Carolina.

All EIS providers must:

- Meet federal statute and regulations, follow the current IDEA/Part C policy and procedure manual, all other applicable federal, state, or local laws, and all applicable standards of diligence and care. Please see APPENDIX B for definitions of early intervention services under Part C of IDEA.
- Initiate services within 30 calendar days of identification as a new planned service on any IFSP. If the EIS provider is unable to meet this timeframe, the referral should be declined, and the Service Coordinator should refer to another EIS provider.
- Address the priorities and concerns determined by the routines-based family assessment.
- Provide services only when an IFSP outcome is identified for which the family requires support to either accomplish the outcome or to assist the child in accomplishing the outcome.
- Provide services in the context of the family’s home and community routines and activities, according to the outcome the service is intended to address, and at the service frequency, duration, intensity, location, and method determined by the IFSP.

- All service delivery must include training the family, teaming with other EIS providers on the IFSP team, and consultation with the family and other IFSP team members to ensure integration of the EIS in the family's activities and routines.
- Employ use of evidence-based practices (EBP) as identified in the IDEA/Part C policies and procedures (<https://msp.scdhhs.gov/babynet/site-page/babynet-policies-and-procedures>), the national professional association relevant to the EIS provider's licensure, or, if unavailable, those established by the Council for Exceptional Children, Division of Early Childhood of 2014 (<https://www.dec-sped.org/dec-recommended-practices>).
- Discuss any proposed change to the service with the Service Coordinator.
- Implement any change to the service only after an IFSP Review meeting has occurred.
- Participate in all reviews of the IFSP (six-month and annual) and in formal change reviews of the plan as appropriate.
- Complete ratings of child progress for the Early Childhood Outcomes summary process at the time of the child's exit from IDEA/Part C.

Non-Covered Activities and Services

The following are NOT Medicaid-reimbursable activities/services. For additional guidance, please visit the appropriate Medicaid Manual at <https://scdhhs.gov/provider-manual-list>.

- Activities on behalf of deceased children or their families.
 - Appointment reminders.
 - Attempted phone calls, home visits or attempted face to face contacts.
 - Attending provider, regional, and/or central office training or other agency training. IDEA/Part C and Medicaid only pay for meetings attended as a member of a child's IFSP team.
 - Billing for services after the IFSP expires.
 - Billing for services if the provider has not completed all credential requirements within the required time period frame.
 - Clerical duties such as scheduling, confirming, and/or canceling appointments and notifying the provider of such, accessing voice mail, copying, filing, mailing reports, etc.
 - Delivering services prior to the development/review of the IFSP, or in excess of what is authorized on the IFSP.
 - Delivery of services at agency-sponsored events or functions.
 - Delivery of services by personnel that do not have an IDEA/Part C provider contract except when specifically approved by IDEA/Part C State Office.
 - Delivery of services directly to the child in the absence of a parent or caregiver.
 - Delivery of services to a child in an institutional setting.
 - Delivery of services to children who reside in a nursing home, a correctional facility, or an intermediate care facility.
 - Developing activities in bulk for multiple children. Activities must be individualized and based on the needs of the child and family.
 - Developing and/or mailing form letters that do not substantiate a billable activity specific to the child and/or reflective of a child's need.
 - Foreign language or Braille translation of non-IFSP documents such as applications for Supplemental Security Income (SSI), Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), Medicaid, etc.
 - Foreign language or sign language interpretation for services listed in the "Other Services" section of the IFSP.
 - Helping the family identify/access other services/resources that IDEA/Part C does not pay for or time spent collecting medical documents or other written medical information from physicians, hospitals, nurses, etc.
- Exception:** Service Coordinators.
- Internet searches.
 - Medicaid eligibility determinations, re-determinations or verification of Medicaid number.
 - Observing a child. **Exception:** Observation for assessment and IFSP development purposes.
 - Participating in court sessions related to a child or family.
 - Preparing claims for reimbursement, regardless of payor source.

- Providing emotional support. **Exception:** Intake Coordinators and Service Coordinators may bill for providing information in a crisis.
- Providing more than one Part C service on the same day at the same time, unless providing foreign language or sign language interpretation for the provider/family.
- Providing services during a child’s lunch/snack time; nap time; or recreational, leisure, or social activities. **Exception:** the activity or routine is specifically addressed in an IFSP outcome.
- Providing unauthorized services – Services not authorized on an IFSP
- Re-examining records (record reviews) for the purposes of familiarization.
- Services provided outside of the family’s natural environments without review and authorization by the IFSP team.
- Submitting changes to any beneficiary information system, data tracking system, review of documents regarding such systems, entering/updating information previously decided with parent or professional.
- Supervisory time.
- Time spent writing service logs.
- Transportation of child or family for any purpose, including traveling to and from Part C service visits, including transportation to and from medical appointments with the family, and no shows.
- Weekly or daily preparatory activities for direct service sessions.

General Supervision and Monitoring

Timely provision of early intervention services is a state performance indicator reported to the U.S. Department of Education each year in the Annual Performance Report (APR).

Should the EIS provider fail to meet the state definition of timely service delivery, the IDEA/Part C State Office will require the EIS provider to submit all documentation necessary to demonstrate sustained correction of any finding(s) of non-compliance. All correction must occur within one year of identification of the finding, per the IDEA/Part C general supervision and monitoring procedures in effect at the time the finding is issued.

Provision of EIS Services

Service Coordinator Responsibilities in Service Provision:

The Service Coordinator authorizes all services to be reimbursed by IDEA/Part C by placing them on the Individualized Family Service Plan (IFSP) in BRIDGES as follows:

- If the family does not have Medicaid coverage, parental consent to use private insurance is required to cover the cost of early intervention services and must be documented by service on the planned services screen in BRIDGES. It is the responsibility of the Service Coordinator to input the correct consent status. It may be necessary for the Service Coordinator to contact the insurance company to verify carrier codes and coverage. Please see Appendix C for additional guidance on this payor source.
- Parental consent to use Medicaid is **not** required.
- Services must be documented in the “Planned Services” section of the IFSP and prior authorization received (if required) before IFSP services can be initiated by the EIS provider. If the child is enrolled in one of SCDHHS’ Managed Care Organizations (MCO), the Service Coordinator must send a hardcopy of the IFSP and the [MCO Universal BabyNet Prior Authorization \(PA\)](#) form to the MCO for the PA process to proceed .

Service Coordinators must correctly enter the following for each planned service:

- Type of early intervention service
- Name of EIS provider.
- Name of licensed professional providing supervision to licensed therapy assistants.
- The name of the individual providing supervision for service coordination can be entered for coverage of service coordination during staff absences or so they can access the record following staff resignation or termination. The Service Coordinator should follow their company/agency procedures in adding their supervisor as a separate line of service coordination in Planned Services.

- Location in which service will be delivered.
- How long (duration) the provider will work with the family and child (e.g., number of minutes per service event).
- How often (frequency) the provider will work with the family and child (e.g., weekly, monthly, quarterly, twice a year).
- The start date and end date the service is authorized for. All services must be reviewed and if appropriate reauthorized every six months through periodic review of the IFSP.

In coordination with the SCDHHS Medicaid system, BRIDGES will ensure that IDEA/Part C service funds are used as payor of last resort. See procedures for System of Payments for documentation of parent consent to use private insurance.

IFSP meetings must also be listed on the “Planned Services” section of the IFSP for each EIS Provider listed on the plan.

EIS Provider Responsibilities in Service Provision:

All EIS providers are responsible for making sure they review the IFSP in BRIDGES prior to rendering the service to ensure that information shown on the “Planned Services” screen is correct. Service events occurring outside the start date or end date will not be reimbursed. Following each service event, the EIS provider is responsible for entering a service log in BRIDGES within 7 calendar days.

If the service was provided by a licensed therapy assistant, both Planned Services and service logs must reflect the supervision of the assistant at the frequency required by the South Carolina Department of Labor, Licensing, and Regulations (SCLLR).

Procedures for Billing and Reimbursement for EIS Providers

The fee schedules for IDEA/Part C services will match SCDHHS services, and can be found at <https://scdhhs.gov/resource/fee-schedules>.

Steps for submission of claims and billing are included in APPENDIX C of this document.

Appendix A: BabyNet Provider Enrollment Packet Checklist

✓	BabyNet Provider Enrollment Packet Checklist
	<i>BabyNet Provider Enrollment Form</i>
	<i>BabyNet Individual User Confidentiality Agreement</i>
	<i>BabyNet Drug-Free Workplace Statement</i>
	An IRS W-9 form
	The enrolling provider's NPI number, or if the enrolling provider is a licensed therapy assistant, the NPI of the supervising provider
	All relevant taxonomy codes
	A copy of the current licensure
	Proof of current liability insurance
	A national background check that includes:
	Nationwide Office of Inspector General Background Check (current within 365 days of the enrollment packet)
	Nationwide Sex Offender Registry Background Check (current within 365 days of the enrollment packet)
	Nationwide Criminal Report Background Check (current within 365 days of the enrollment packet)
	SSN Verification
	Residency History Check
	Professional License Verification

SERVICE DESCRIPTION: ASSISTIVE TECHNOLOGY – 34 CFR §303.13(B)(1)

Assistive technology device means any item, piece of equipment or product system, whether acquired commercially off the shelf or modified or customized, that is used to increase, maintain, or improve the developmental capabilities of children with disabilities. The term does not include a medical device that is surgically implanted, including a cochlear implant, or the optimization (e.g., mapping), maintenance, or replacement of the device.

Part C of IDEA deals only with assistive technology that is directly relevant to the developmental needs of the child. Assistive technology devices must assist the child in accomplishing functional IFSP goals/objectives within their everyday activities and routines.

IDEA specifically excludes services that are surgical in nature and devices necessary to control or treat a medical condition.

Equipment/Devices must be developmentally appropriate to be considered eligible for funding.

Assistive technology service means a service that directly assists a child with a disability in the selection, acquisition, or use of an assistive technology device. Assistive technology services include:

- The evaluation of needs of an infant or toddler with a disability or developmental delay, including a functional evaluation of the child in the child's natural/customary environment;
- Purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices for children with disabilities or developmental delays;
- Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices;
- Coordinator and using other therapies, interventions, or services with assistive technology devices such as those associated with existing education and rehabilitation plans and programs;
- Training or technical assistance for a child with developmental delays and that child's family or caregiver;
- Training or technical assistance for professional (including individuals providing IDEA/PART C Services) or other individuals who provide services to or are otherwise substantially involved in the major life functions of children with disabilities.

All approved assistive technology devices will be reimbursed at the Medicaid DME reimbursement rate. Approved items not covered by Medicaid will be reimbursed at the manufactures suggested retail price.

SERVICE DESCRIPTION: AUDIOLOGY – 34 CFR §303.13(B)(2)

Audiology services include:

- Identification of children with auditory impairment using appropriate audiological screening.
- Determination of the range, nature, and degree of hearing loss and communication functions by use of audiological evaluation procedures.
- Referral for medical and other services necessary for the habilitation and rehabilitation of children with hearing loss;
- Attending IFSP meetings.
- Provision of auditory training, aural rehabilitation, speech reading and listening device orientation/training, and other related services.
- Provision of services for prevention of hearing loss.

- Determination of the child’s need for individual amplification including selecting, fitting, and dispensing appropriate listening and vibrotactile devices.
- Evaluating the effectiveness of assistive technology devices.

PROCEDURE:

Protocol: The audiological evaluation (AE) consists of two steps: a hearing screening, and if indicated, a comprehensive diagnostic evaluation. The entire AE (both steps) may be completed within the initial appointment or may require additional appointments to obtain conclusive diagnostic information.

Screening – Upon initial referral for audiology services, the child should receive a hearing screen and middle ear assessment, if indicated. If the child passes the screening, the child is discharged from audiological follow-up and results are reported in writing to the Service Coordinator.

If the child fails the screening, actions might include:

- Referral for medical evaluation (not covered by IDEA/PART C) with re-evaluation after treatment;
- Proceed with comprehensive audiological diagnostic evaluation.

Comprehensive Diagnostic Evaluation – A comprehensive audiological diagnostic evaluation should be performed using IDEA/Part C approved billing codes. If the outcome indicates normal hearing, the infant is discharged from audiological follow-up. Results should be reported in writing to the child’s IDEA/Part C Service Coordinator.

SPECIAL CONSIDERATIONS:

- Children below the age of 21 who have any form of Medicaid or are below 250% of the federal poverty level and have a hearing loss that requires amplification are eligible for Children’s Rehabilitation Services (CRS). CRS will provide hearing aids for eligible children. CRS will also cover ear molds, hearing aid kits, replacement batteries, etc., up to allowable program limits.
- When the child is referred for audiological services, IDEA/Part C will pay for one screening (if child passes) OR one comprehensive audiological diagnostic evaluation if child fails screening.
- IDEA/Part C does not cover routine follow-up visits necessary to monitor a child at risk for progressive or delayed on-set hearing loss when this need is established by the IFSP team and incorporated into the child’s IFSP.
- Proof of the manufacturer’s invoice price for hearing aids is required prior to IDEA/Part C issuing reimbursement.
- Any costs directly related to cochlear implant use, maintenance, and training is not covered.
- IDEA/Part C will not cost share the price of the hearing aid(s) or services. This means that the total cost of the hearing aids must not exceed the IDEA/PART C established rate.
- Sign language interpretation services may be requested through the South Carolina School for the Deaf and the Blind, Division Outreach Services.

SERVICE DESCRIPTION: AUTISM SPECTRUM DISORDER (ASD) SERVICES -- 34 CFR 303.12(D)

Autism services include:

- Screening.
- Diagnostic evaluation.
- Assessment and development of an Early Intensive Behavioral Intervention (EIBI) plan.
- Implementation, supervision, and evaluation of the EIBI plan.

For autism services delivered prior to the diagnostic evaluation of ASD, EIS providers will follow the IDEA/Part C policy and procedures.

For autism services delivered following the diagnostic evaluation of ASD, EIS providers will follow both the IDEA/Part C policy and procedures, and the SCDHHS ASD Services Manual at <https://www.scdhhs.gov/provider-type/autism-spectrum-disorder-asd-services-manual-070119-edition-posted-070119>.

SERVICE DESCRIPTION: COUNSELING – 34 CFR §303.13(B)(3)

Counseling means services provided, as appropriate, by social workers, psychologists, and other qualified personnel to assist the family of an infant or toddler with a disability in understanding the special needs of the child and enhancing the child’s development.

SERVICE DESCRIPTION: FOREIGN LANGUAGE INTERPRETATION AND TRANSLATION SERVICES – 34 CFR §303.25(A); §303.404; §303.342; §§303.420-421

The role of the interpreter/translator is to facilitate communication between EIS providers and the family when they do not speak the same language. These services may be required during the rendering of IDEA/Part C services in order to communicate with the child and family. Interpretation refers to the restating in one language of what has been said in another language. Interpretation involves conveying both the literal meaning and connotations of spoken and unspoken communication.

Translation refers to putting the words of one language into another language, particularly in written form.

RESPONSIBILITIES:

- Treating all information learned during the interpretation as confidential, not divulging any information obtained through any assignments, including but not limited to information gained through interviews or access to documents and other written materials.
- Transmitting the message in a thorough and faithful manner, considering linguistic variations in both languages, and conveying the tone and spirit of the original message. A word-for-word interpretation may not convey the intended idea. The interpreter/translator must determine the relevant concept and say in a language that is readily understandable and culturally appropriate to the listener.
- During meetings, ask the EIS provider and/or family to clarify unfamiliar or confusing words, terms, meanings, etc. The interpreter should not attempt to interpret when he or she is not clear about what is being said.
- Explain cultural differences or practices to the provider(s) and clients when appropriate.
- Interpret everything accurately, even if the interpreter/translator disagrees with what is being said or thinks it is wrong, a lie, or immoral.
- Not influencing the opinion of the client(s) by telling them or offering them advice as to what action to take during or after the interpreting/translating assignment.
- Treat each client equally with dignity and respect regardless of race, color, gender, religion, nationality, age, political persuasion, or life-style choice.
- Suggest that the EIS providers use the same interpreter for all their transactions to promote interpretation consistency and to reduce potential interpreter distortions.

NOTE: Interpreters are qualified to translate written text from one language to another only if they have passed the small text translation section of training.

PROCEDURE: INTERPRETER/TRANSLATOR SERVICES

IDEA/Part C services must be approved by the child’s IFSP team and placed on the IFSP in advance of the service being delivered.

- The Service Coordinator adds the need for Interpreter/Translator services when other identified services to address the child’s IFSP outcomes are added to IFSP. The expected frequency and duration of services to be provided as listed on the IFSP.

- The service is added to the Planned Services section of the IFSP and the provider is given an Interpreters Services Log with the top portion completed by the Service Coordinator.
- At the end of each service delivery session, the Contracted Interpreter will ask the EIS provider (i.e., early interventionist, therapist, etc.) for which interpretation is being provided to sign and verify the delivery of the interpretation service.
- At the end of the authorization period, the interpreter will keep a copy of the Interpretative Services Log, signed by the interpreter, for their records in case of audit.
- If the service is an offsite service (i.e., telephone conversation, translation of the IFSP, etc.) the interpreter will list the EIS provider requesting the service in the professional verification block on the Interpretative Services Log.

Should the need arise for rescheduling an appointment or for immediate communication with the family/caregiver, one additional hour of offsite time per week will be available in addition to the frequency listed on the *IFSP for service coordination activities and phone calls*.

LIMITATIONS:

- Interpreters/Translator services are ONLY to be used in conjunction with IDEA/Part C services listed on IFSP (e.g., interpretation during a physical therapy visit that is listed on the IFSP). Interpreters/Translators must be listed on the child’s IFSP by the Service Coordinator prior to providing any services.
- IDEA/Part C will NOT pay for interpreter/translator services for routine doctor’s visits, visits to DSS, or other agencies to apply for services, services during hospitalizations, etc.
- Travel time to and from the site where the service is provided may not be counted as billable hours.
- Interpreter/Translator services that would otherwise be provided at no charge to the family or bilingual interpretation by the same person rendering an IDEA/PART C service are not covered.

SERVICE DESCRIPTION: HEALTH SERVICES -- 34 CFR §303.13(B)(4); §303.16

Health services means services necessary to enable a child to benefit from other IDEA/Part C services during the time that the child is receiving the other IDEA/PART C service. Health services include:

- Services such as clean intermittent catheterization, tracheostomy care, tube feeding, the changing of dressings/colostomy collection bags, and other health services
- It also includes consultation by physicians with other IDEA/PART C qualified personnel concerning the special health care needs of eligible children that will need to be addressed in the course of providing other IDEA/Part C services. The physician or nurse practitioner must have provided recent and/or ongoing care to the child.
- The focus of services is to enhance the child’s development in accordance with the IFSP outcomes.
- Services must include providing families and caregivers with strategies that allow them to maximize intervention opportunities in their daily routines and activities.
- Referral of children who may benefit from IDEA/Part C services to IDEA/Part C.

LIMITATIONS:

Consultation by physicians unfamiliar with a child and their IFSP are not covered, nor is medical diagnostic evaluation of unknown conditions or diseases.

Health Services under IDEA/Part C do not include the following:

- Services that are surgical in nature (i.e., cleft palate surgery, surgery for club foot, shunting of hydrocephalus, etc.);
- Services that are purely medical in nature (i.e., hospitalization for management of congenital heart ailments, prescribing of medicine or drugs for any purpose, etc.);
- Devices necessary to control or treat a medical condition;

- Medical-health services, (i.e., immunizations, “well-baby” care, etc.) that are routinely recommended for all children.

SERVICE DESCRIPTION: MEDICAL SERVICES – 34 CFR §303.13(B)(5)

Medical services are only for diagnostic or evaluation purposes to determine a child’s developmental status and need for IDEA/Part C Services.

Service includes a comprehensive history, physical examination, and determination of the child’s developmental status. A written statement from the provider confirming diagnosed condition and/or developmental delay and the need for IDEA/PART C Services is provided to assist in eligibility determination for IDEA/Part C. If needed, prescriptions for IDEA/PART C Services (e.g., PT, OT, and ST) are provided. This service is available under the following two circumstances:

- When determining initial or continuing eligibility the child does not have an eligible diagnosis, verified developmental delay, or enough documentation to support the informed clinical opinion process.
- A child does not have a primary care physician or medical insurance and is therefore unable to access IDEA/PART C Services that require a medical prescription.

SERVICE DESCRIPTION: NURSING – 34 CFR §303.13(B)(6)

Nursing services include:

- The assessment of the child’s health status for the purpose of providing nursing care, including the identification of patterns of human response to actual or potential health problems;
- Provision of nursing care to prevent health problems, restore or improve functioning, and promote optimal health and development required nursing care during the time the child is receiving other IDEA/PART C Services;
- Administration of medications, treatments, and regimens prescribed by a licensed physician required during the time the child is receiving other IDEA/PART C Services; and
- Family training and education

Nursing services under IDEA/Part C do not include hospital or home health nursing care required due to surgical or medical intervention or medical-health services, such as immunizations and regular well-baby care that are routinely recommended for all children.

SERVICE DESCRIPTION: NUTRITION – 34 CFR §303.13(B)(7)

Nutrition services include conducting individual assessments in:

- Screening to determine need for nutritional services
- Nutritional history and dietary intake;
- Anthropometric, biochemical, and clinical variables;
- Feeding skills and feeding problems; and
- Food habits and food preferences.

Other nutrition services include

- Developing and monitoring appropriate plans to address the nutritional needs of children based upon individual assessment.
- Making referrals to appropriate community resources to carry out nutritional outcomes
- Nutrition providers do not provide evaluation/assessment services to determine eligibility for IDEA/Part C services.

PROCEDURE:

Children in need of nutrition services should be referred to DHEC Family Support Services (FSS).

SERVICE DESCRIPTION: OCCUPATIONAL THERAPY -- 34 CFR §303.13(B) (8)

Occupational therapy includes services to address the functional needs of a child related to adaptive development, adaptive behavior, play, sensory motor, and postural development. These services are designed to improve the child's functional ability to perform tasks in home and community settings and include:

- Identification, assessment, intervention, family training, education, and support;
- Adaptation of the environment and selection, design, and fabrication of assistive and orthotic devices to facilitate development and promote the acquisition of functional skills;
- Prevention or minimization of the impact of initial or future impairment, delay in development, or loss of functional ability; and
- Family training and education
- Activities also include IFSP meetings, assistive technology assessment, if needed, and environmental consultation to ensure appropriate adaptations and safety issues for the eligible child are incorporated.

LIMITATIONS:

Services will be provided as established on the IFSP and as scheduled with the parent/caregiver. Direct service should never be provided without consultation to family members, caregivers, and other team members. Some children have sustained acute injuries that have resulted in developmental delays (i.e., fractured leg, car accident, orthopedic surgery, etc.). Acute rehabilitative therapy is a medically based service outside IDEA/Part C.

SERVICE DESCRIPTION: PHYSICAL THERAPY -- 34CFR §303.13(B)(9)

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

- Screening, evaluation and assessment of infants and toddlers to identify movement dysfunction;
- Family training and education;
- Obtaining, interpreting, and integrating information appropriate to program planning to prevent, alleviate, or compensate for movement dysfunction and related functional problems; and
- Providing individual and consultative services or treatment to prevent, alleviate, or compensate for movement dysfunction and related functional problems.

Activities also include IFSP meetings and assistive technology assessment, if needed and environmental consultation to ensure that appropriate adaptations and safety issues for the eligible child are incorporated.

PROCEDURE:

Services must be provided with the parent or other primary caregiver present and actively involved. EIS providers must document adaptations and interventions provided to the family/caregiver to support the child's participation in activities and routines that occur in home and community settings. Ongoing consultation/training to family members, caregivers and other team members will be documented in the child's progress notes by the therapist.

LIMITATIONS:

Services will be provided as established on the IFSP and as scheduled with the parent/caregiver. Direct service should never be provided without consultation to family members, caregivers, and other team members. Some children have sustained acute injuries that have resulted in developmental delays (i.e., fractured leg, car accident, orthopedic surgery, etc.). Acute rehabilitative therapy is a medically based service outside IDEA/Part C.

SERVICE DESCRIPTION: PSYCHOLOGICAL SERVICES – 34 CFR §303.13(B)(10)

Psychological and other counseling services include:

- Administering psychological and developmental tests and other assessment procedures to determine the need for psychological services;
- Interpreting assessment results;
- Obtaining, integrating, and interpreting information about child behavior and child and family conditions related to learning, mental health, and development;
- Planning and managing a program of psychological services, including psychological counseling for children and parents, family counseling, consultation on child development, parent training, and education programs; and
- Family training

The focus of services is to enhance the child's development in accordance with the IFSP outcomes. Services are provided with the intent to reasonably improve the child's ability to benefit from IDEA/Part C services or to address a specific child related issue included in the IFSP.

SERVICE DESCRIPTION: SERVICE COORDINATION – 34 CFR §303.13(B)(11)

See Procedures for Service Coordination for the service description.

AUTHORIZATION OF SERVICES: The Service Coordinator is responsible for:

- Ensuring that Part C dollars are used only as payor of last resort
- Ensuring that referrals for IDEA/PART C services are only made to qualified personnel.
- Ensuring that services being authorized are listed on the IFSP

SERVICE DESCRIPTION: SOCIAL WORK SERVICES – 34 CFR §303.13(B)(13)

Social work services include:

- Making home visits to evaluate a child's living conditions and patterns of parent-child interaction;
- Preparing a social or emotional developmental assessment of the infant or toddler within the family context;
- Providing individual and family group counseling with parents and other family members, and appropriate social skill-building activities with the infant or toddler and parents;
- Working with those problems in the living situation (home, community, and any center where early intervention services are provided) of an infant or toddler with a disability and the family of that child that affect the child's maximum utilization of early intervention services; and
- Identifying, mobilizing, and coordinating community resources and services to enable the infant or toddler with a disability and the family to receive maximum benefit from early intervention services.

SERVICE DESCRIPTION: SPECIAL INSTRUCTION – 34 CFR 303.13(B) (13)

Special instruction includes:

- Designing learning environments and activities that promote the child's acquisition of skills in a variety of developmental areas including cognitive processes and social interaction.
- Teaching the parent skills to enhance attainment of IFSP outcomes.
- Providing parents with information and support to enhance attainment of IFSP outcomes.
- Curriculum planning across EIS listed in the IFSP, including the planned interaction of personnel, materials, and time and space, that lead to achieving the outcomes in the child's IFSP. These activities must be coordinated with all other EIS listed in the IFSP.

- Documentation in the child’s file must support this focus.

Special Instruction Providers must use curriculum-based assessments (CBAs) to determine the child’s current level of development for each annual review of the IFSP. The list of approved curriculum-based assessments can be found in the IDEA/Part C procedures for determination of annual eligibility. Specific assessment responsibilities include:

- Using the most appropriate assessment instruments to assess a child’s developmental level;
- Ensuring that the assessment is current, within 6 months, and updated as needed;
- Ensuring the assessment includes:
 - o physical development (including motor, vision, hearing, and health status),
 - o cognitive development,
 - o communication development,
 - o social or emotional development, and
 - o adaptive development

SERVICE DESCRIPTION: SPEECH-LANGUAGE PATHOLOGY – 34 CFR 303.12(d) (14)

Speech-language pathology services include:

- Identification of children with communicative or oropharyngeal disorders and delays in the development of communication skills including the diagnosis and appraisal of specific disorders and delays in those skills;
- Referral for medical or other professional services necessary for the habilitation or rehabilitation of children with communicative or oropharyngeal disorders and delays in development of communication skills;
- IFSP meetings, family training and education; and
- Provision of services for the habilitation, rehabilitation, or prevention of communicative or oropharyngeal disorders and delays in development of communication skills

SERVICE DESCRIPTION: TRANSPORTATION – 34 CFR 303.12(D) (16)

Transportation and related costs include the cost of travel and other costs that are necessary to enable an infant or toddler with a disability and the child’s family to receive early intervention services.

SERVICE DESCRIPTION: VISION – 34 CFR 303.12(D) (16)

Vision services include:

- Evaluation and assessment of visual functioning, including the diagnosis and appraisal of specific visual disorders, delays, and abilities
- Referral for medical or other professional services necessary for the habilitation or rehabilitation of visual functioning disorders.
- Orientation and mobility training for all environments;
- Family training, education, and support;
- Communication skills training;
- Visual training;
- Independent living skills training; and
- Additional training necessary to activate visual motor abilities;

Orientation and Mobility services may be provided by an individual who holds a current and valid certification in Orientation and Mobility from the Association for Education and Rehabilitation of Blind and Visually Impaired (AER). Orientation and Mobility services may also be provided through the South Carolina School for the Deaf and the Blind.

SERVICE LOG DROP DOWN CATEGORY with PROCEDURE CODE DESCRIPTION LIST	Modifier	Pay Per	BN Service Limit Count	BN Service Limit Frequency
AUDIOLOGY EVALUATION and SERVICES				
92557 - Audiological Consultation	U1	Encounter	6	Per Year
92557 - Hearing Evaluation	U2	Encounter	6	Per Year
92587 - Evoked Otoacoustic Emissions; (Evaluation)		Encounter	6	Per Year
92588 - Evoked Otoacoustic Emissions; (Screening)		Encounter	12	Per Year
92620 - Auditory Evaluation with Report (60 Min.)		Encounter	1	Per Encounter
92625 - Assessment of Tinnitus (Includes Pitch, Loudness Matching, And Masking)		Encounter	1	Per Encounter
92626 - Evaluation Auditory Rehab Status 1St Hr.		Encounter	10	Per Year
V5020 - Conformity Evaluation		Encounter	1	Per Encounter
92594 - Electroacoustic Eval Hearing Aid Monaural		Encounter	6	Per Year
92595 - Electroacoustic Eval Hearing Aid Binaural		Encounter	6	Per Year
92557 - Hearing Re-Evaluation		Encounter	6	Per Year
92568 - Acoustic Reflex Testing; Threshold		Encounter	1	Per Encounter
92550 - Tympanometry and Reflex Threshold Measurements		Encounter	1	Per Encounter
92551 - Screening Test, Pure Tone, Air Only		Encounter	1	Per Encounter
92552 - Pure Tone Audiometry Air Only		Encounter	6	Per Year
92553 - Pure Tone Audiometry Air & Bone		Encounter	1	Per Encounter
92555 - Speech Audiometry Threshold		Encounter	1	Per Encounter
92556 - Speech Audiometry Threshold Speech Recognition		Encounter	1	Per Encounter
92563 - Tone Decay Test		Encounter	1	Per Encounter
92567 - Tympanometry		Encounter	6	Per Year
92570 - Tympanogram and Acoustic Reflexes		Encounter	6	Per Year
92579 - Visual Reinforcement Audiometry		Encounter	1	Per Encounter
92582 - Conditioning Play Audiometry		Encounter	1	Per Encounter
92583 - Select Picture Audiometry		Encounter	1	Per Encounter
92584 - Electrocochleography		Encounter	1	Per Encounter
92586 - Auditory Evoked Potentials for Evoked Response / Audiometry Nerve		Encounter	1	Per Encounter
92585 - Auditory Evoked Potentials for Evoked Response (Diagnostic)		Encounter	1	Per Encounter
92590 - Hearing Aid Examination & Selection Monaural		Encounter	6	Per Year
92591 - Hearing Aid Examination & Selection Binaural		Encounter	6	Per Year
92592 - Hearing Aid Check Monaural		Encounter	6	Per Year
92593 - Hearing Aid Check Binaural		Encounter	6	Per Year
V5275 - Ear Impression, Left	LT	Encounter	3	Per Year
V5275 - Ear Impression, Right	RT	Encounter	3	Per Year
V5011 - Fitting/Orientation/Checking Hearing Aid		Encounter	1	Per Encounter
V5264 - Ear Mold/Insert, Not Disposable, Any Type		Encounter	1	Per Encounter
V5090 - Dispensing Fee, Unspecified Hearing Aid		Encounter	1	Per Encounter
AUTISM EVALUATION				
97151 - Behavior Identification Assessment		Units	32	Lifetime
AUTISM SERVICES				
97153 - Adaptive Behavior Treatment		Units	160	Week
97155 - Adaptive Behavior Treatment with Protocol Modification		Units	64	Month
97156 - Family Adaptive Behavior Treatment Guidance		Units	48	Year
PSYCHOLOGICAL EVALUATION				
96101 - Psychological Testing and Evaluation (Per Hour)		Units	40	Lifetime
90791 - Psychiatric Diagnostic Evaluation		Encounter	40	Lifetime
96130/96131 - Psychological testing and evaluation (1st 60 min/ Additional 60 min)		Units	40	Lifetime
96136/96137 - Psychological testing (administration and scoring) (1st 30 min/ Additional 30 min)		Units	40	Lifetime
96138/96139 - Psychological testing by technician (1st 30 min/ Additional 30 min)		Units	40	Lifetime
96146 - Psychological testing (single standardized)		Units	40	Lifetime
96112/96113 - Developmental testing (motor and language) (1st 60 min/ Additional 30 min)		Units	40	Lifetime
COUNSELING AND PSYCHOLOGICAL SERVICES				
9940X - Prevent Med Counsel&/Risk Factor		Encounter	1	Per Day
MEDICAL EVALUATION				
99381 - Initial Health Evaluation (Age 0 to 1 Year)		Encounter	1	Lifetime
99382 - Initial Health Evaluation (Age 1+)		Encounter	1	Lifetime
99391 - Health Evaluation (Age 0 to 1 year)		Encounter	1	Per Year
99392 - Health Evaluation (Age 1+)		Encounter	1	Per Year
NURSING EVALUATION				

SERVICE LOG DROP DOWN CATEGORY with PROCEDURE CODE DESCRIPTION LIST	Modifier	Pay Per	BN Service Limit Count	BN Service Limit Frequency
T1001 - Nursing Assessment/Evaluation		Encounter	48	Per Year
NURSING SERVICES				
T1002 - RN Services, Up To 15 Minutes		Units	64	Per Month
T1003 - LPN/LVN Services, Up To 15 Minutes		Units	64	Per Month
NUTRITION EVALUATION				
97802 - Nutrition Assessment and Intervention; Initial Assessment		Units	12	Per Year
97803 - Medical Nutrition Therapy; Re-Assessment and Intervention, Individual, Face-To-Face With T		Units	12	Per Year
NUTRITION SERVICES				
S9470 - Nutritional Counseling, Dietitian Visit		Units	64	Per Month
OCCUPATIONAL THERAPY EVALUATION				
9716Y - Occupational Therapy Evaluation		Encounter	2	Per Year
97168 - Occupational Therapy Re-evaluation		Encounter	2	Per Year
OCCUPATIONAL THERAPY SERVICES				
97530 - Occupational Therapy Services (15 min.)	GO	Units	4	Per Week
PHYSICAL THERAPY EVALUATION				
9716X - Physical Therapy Evaluation		Encounter	2	Per Year
97164 - Physical Therapy Re-evaluation (20 min.)		Encounter	2	Per Year
PHYSICAL THERAPY SERVICES				
97110 - Physical Therapy Services (15 min. exercises)	GP	Unit	4	Per Day
SOCIAL WORK SERVICES				
9083X - Psychotherapy		Encounter	8	Per Week
SPEECH-LANGUAGE EVALUATION/RE-EVALUATION				
92521 - Speech Evaluation (fluency)		Encounter	1	Lifetime
92522 - Speech Evaluation (sound production)		Encounter	1	Lifetime
92523 - Speech Evaluation (language comprehension)		Encounter	1	Lifetime
92524 - Speech Evaluation (voice and resonance)		Encounter	1	Lifetime
92610 - Speech Evaluation (oral/pharyngeal wall)		Encounter	1	Lifetime
S9152 - Speech Therapy Re-evaluation		Encounter	2	Per Year
SPEECH-LANGUAGE PATHOLOGY SERVICES				
92507 - Speech Therapy (voice command/auditory proc)		Units	4	Per Day
92526 - Speech Therapy (swallowing/feeding)		Units	4	Per Day
92609 - Speech Therapy (use of device)		Encounter	1	Per Day
VISION EVALUATION AND SERVICES				
92002 - Vision Evaluation (new patient intermediate)		Encounter	1	Lifetime
92004 - Vision Evaluation (new patient comprehensive)		Encounter	1	Lifetime
92012 - Vision Evaluation (established patient intermediate)		Encounter	1	Per Year
92014 - Vision Evaluation (established patient comprehensive)		Encounter	1	Per Year
92015 - Vision Evaluation Add-On - Refraction Test		Encounter	1	Per Year
SCSDB EVALUATION AND SERVICES				
Interpretation: Deaf and Hard of Hearing		Units	8	Per Day
Cued Language		Units	4	Per Day
T1024 - Orientation and Mobility Evaluation	U3	Units	8	Lifetime
T1024 - Orientation and Mobility Instruction	U2	Units	30	Per Week
IFSP MEETING-SERVICE COORDINATION				
T1018 - Family Training IFSP Meeting	TL	Units	8	Per Day
IFSP MEETING-SERVICE PROVIDERS (ALL)				
T1024 - IFSP Team Meeting/Participation (Team Members)		Units	8	Per Day
SERVICE COORDINATION				
T1016 - Service Coordination	TL	Units	16	Per Day

SERVICE LOG DROP DOWN CATEGORY with PROCEDURE CODE DESCRIPTION LIST	Modifier	Pay Per	BN Service Limit Count	BN Service Limit Frequency
FAMILY TRAINING, COUNSELING, AND HOME VISITS (SPECIAL INSTRUCTION SERVICES)				
T1027 - Family Training & Counseling (15 Min.)	TL	Units	4	Per Day
FOREIGN LANGUAGE SERVICES				
FLT00- Foreign Language Translation		Units	6	Per IFSP
FLI00- Foreign Language Interpretation		Units	12	Daily
TRANSPORTATION AND RELATED COSTS				
TT000- Transportation-Taxi		Miles	No limit	No limit
TFA00- Transportation-Family Auto		Miles	No limit	No limit
TO000- Transportation-Other		Miles	No limit	No limit
ASSISTIVE TECHNOLOGY SERVICES AND DEVICES				
ATDAS- Assistive Technology Services and Devices		Units	As Approved	As Approved

Appendix C: Submitting Claims for IDEA/Part C Early Intervention Services

Step	Submitting Claims for IDEA/Part C Early Intervention Services
1	<p>Provider confirms with Service Coordinator that service payor is correct in BRIDGES.</p> <p>NOTE: IDEA/Part C must always be Payor 1 for all assistive technology services and devices, foreign language interpretation, foreign language translation, transportation, and compensatory services.</p> <p>NOTE: Private Insurance will never be Payor 1 for service coordinator or special instruction services.</p>
2	Provider secures Prior Authorization from payor source before initiation of services (see table below).
3	Provider delivers services as documented in IFSP.
4	Provider enters service log in BRIDGES and clicks 'Save.'
5	The saved service log is captured as BRIDGES Accounts Payable journal entry.
6	If Payor 1 is IDEA/Part C, Medicaid fee-for-service (FFS), or a Medicaid MCO, no additional action is required on the part of the provider.
7	If Payor 1 is Private Insurance, the provider enters the amount of private insurance reimbursement on the Accounts Payable screen and clicks 'Save.' The provider keeps EOB on file for 3 years from the date of service.
8	For all payor sources, BRIDGES Accounts Payable journal entries are transferred to MMIS for claims processing.
9	Clean claims are paid through SCEIS; Provider receives separate remittance notices for services paid by Medicaid, services paid by Medicaid MCO, and services paid by IDEA/Part C.

Appendix D: Definitions

Coinsurance - The dollar amount or percentage the policy holder pays. For example, with an "80/20 plan," the health plan would pay 80% of the bill and the policy holder would pay 20%. The 20% is the coinsurance.

Concerns – What the family members identify as needs, issues, or problems they want to address as part of the IFSP process.

Copayment – A fee paid for each doctor's office visit, medical service, or prescription. For example, a health plan may have a \$10 copayment for doctor's office visits. This means that for every doctor's visit, the patient would pay just \$10.

Deductible - The amount of money the patient must pay before the health plan will pay its share. For example, a health plan with a \$250 deductible requires the patient to reach that amount before the health plan begins paying.

Direct service – Treatment services provided directly to an eligible child or an eligible child's family in accordance with their IFSP.

Documentation – A chronological written account kept by the provider of all dates of services provided to or on behalf of a child and family. This includes IFSP meetings time and the results of all diagnostic tests and procedures administered to a child. All documentation must be readable and understandable to families and to persons who will monitor or audit the provider's billing.

Evaluation – The procedures used by appropriate qualified personnel to determine a child's initial and continuing eligibility under IDEA/PART C, consistent with the state's definition of eligibility including determining the status of the child in each of the developmental areas listed in the state's definition.

MCO – Managed Care Organization – A commercial health insurance plan that relies heavily on a network of providers and will typically require documentation and a standardized process to cover providers outside the network.

IFSP Outcome - A statement of the change's family members wants to see for their child or themselves. Outcomes must be written in a family-friendly manner that reflects the needs and priorities of the family. Outcomes must focus on skills that increase the child's meaningful participation in the family's home and community routines and activities, and be measurable, containing criteria, procedures, and timelines to help determine when the outcome is met.

IFSP meetings – Attendance at IFSP meetings as a member of a child/family service team to assist in the completion of a written document on the IFSP form detailing individualized outcomes for the child and family, services based upon the unique needs of the child and family, and transition strategies. This definition includes periodic review of a child's IFSP every six months or more frequently if conditions warrant or if the family requests such a review.

Medicaid – A federally assisted program to help with medical expenses of eligible low-income families. It is administered through the S.C. Department of Health and Human Services.

Need – A condition or situation in which something is essential, necessary, or required.

PPO – Preferred Provider Organization – A commercial health insurance plan that contracts with a network of preferred providers but will reimburse at a lower rate for out-of-network providers.

Prior Authorization – Authorization by payor source, verifying coverage, is required prior to delivery of services on the IFSP.

Priorities – A family's choices and agenda for how IDEA/Part C will be involved in the family life.

Private insurance – Group (HMO or PPO) – Group insurance is usually offered through an employer. The employer may purchase a policy from an insurance company or may administer its own (self-insured) plan. Coverage varies with each plan.

Private insurance – Individual (HMO or PPO) – Health insurance is purchased out-of-pocket directly from an insurance company to cover one or more members of a family. Coverage varies widely with each plan.

Provider - Any individual or group of individuals that provide a service such as physicians, therapists, etc.

Resources – The strengths, abilities, and formal or informal supports that can be mobilized to meet the family’s concerns, needs, or outcomes.

Review parameters – High end of the usual range of prescribed intervention for children receiving IDEA/Part C services. If the IFSP team determines that IDEA/PART C Services are needed at a level above the customary review parameter, prior authorization must be submitted to IDEA/Part C Central Office.

Valid denial – A written statement from an insurer or an EOB containing the child’s name, specific service, date of service, and justification for denial.

Under the supervision of - Work performed under the guidance and direction of a supervisor who is responsible for supervision of the work and who plans work and methods.

Units of service – Procedures for determining units of service are the same as the established CMS/Medicaid guidelines.

Appendix B:

Appendix C:

Appendix D:

Appendix E:

Appendix F:

Appendix G:

Appendix H:

Appendix I: