Early Intervention Provider Agreements

Approved: July 1, 2019
Updated: August 2, 2021
Who is responsible: IDEA/Part C State Office, Budget and Planning Team and Operations Team

SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
Healthy Connections
BABYNET

Appendices:

A: Service Provision, Billing, and Reimbursement
B: Assistive Technology Devices and Services
C: Foreign Language Interpretation and Translation Services

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.

Appendix A:

SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES

Healthy Connections

BABYNET

Service Provision, Billing, and Reimbursement

Approved: December 2019
Revised: May 6, 2021
Who is responsible: IDEA/Part C State Office, Budget and Planning Team and Operations Team, Service Coordinators, EIS Providers

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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 on 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

- Assistive Technology Services and Devices[1]
- Audiology Services
- Autism Services
- Braille Translation
- Counseling/ Family Training
- Foreign Language Interpretation & Translation[2]
- 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

[1]See Appendix B of this document for procedures for Assistive Technology
[2]See Appendix c of this document for procedures for use of Foreign Language Interpretation and Translation 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

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 BabyNet@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 Attachment 1 of this Appendix.

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. MCO payment is considered payment in full.
  - Assistive Technology Devices:
    - Claims for Assistive Technology Devices and supplies (batteries, hearing aid care kits, etc.) will be processed based on written prior authorization of the Assistive Technology Purchase Request for the Assistive Technology device. An invoice and Explanation of Benefits (EOB) and/or documentation of denial of coverage may also be required.
    - Claims for evaluations, hearing aids, ear molds, etc., must be submitted in BRIDGES. See Appendix B of these procedures for additional requirements.

- 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 BabyNet@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, both electronic and hard copy, are considered educational records under the Individuals with Disabilities Education Act of 2004. 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 the policy for early intervention services in natural environments for definitions of 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.
- 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, redeterminations 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 any of the following:
    - Foreign language or sign language interpretation.
    - Health services.
    - Nursing services.
    - Services related to positioning or use of an AT device.
    - Participation in an IFSP Team Meeting.
- Providing services during routines or activities not identified in an IFSP.
- 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 Attachment 3 of this Appendix 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

A procedure code table for Early Intervention Services is listed in Attachment 2 of this document. The fee schedules for IDEA/Part C services can be found at https://scdhhs.gov/resource/fee-schedules. Please note that only the codes listed on the table in Appendix A are reimbursable. Additional procedure codes on the fee schedules, but not listed in the code table, are not reimbursable.

Steps for submission of claims and billing are included in Attachment 3 of this Appendix.

Attachment 1: BabyNet Provider Enrollment Packet Checklist

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

Attachment 2: Approved Procedure Codes for Early Intervention Services

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*		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
*If billing V5275, enter one unit if billing for only one ear impression, no modifier. Enter 2 units if billing for 2 impressions, no modifier. Number of units is limited 6/year.				
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				
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

SERVICE LOG DROP DOWN CATEGORY with PROCEDURE CODE DESCRIPTION LIST	Modifier	Pay Per	BN Service Limit Count	BN Service Limit Frequency
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 Day
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	Units	4	Per Day
97530 - Physical Therapy Services (15 min. exercises)	GP	Units	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
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 TECHOLOGY SERVICES AND DEVICES				
ATDAS- Assistive Technology Services and Devices		Units	As Approved	As Approved

Attachment 3: Submitting Claims for IDEA/Part C Early Intervention Services

Step	Submitting Claims for IDEA/Part C Early Intervention Services
1	Provider confirms with Service Coordinator that service payor is correct in BRIDGES. **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. **NOTE**: Private Insurance will never be Payor 1 for service coordinator or special instruction services.
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.

Attachment 4: 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: Procedures for Assistive Technology Devices and Services

ASSISTIVE TECHNOLOGY:
An assistive technology device is any item, piece of equipment, or product system (e.g., a communication system or a seating system), whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of an infant or toddler with a disability.

The IDEA/Part C System covers assistive technology (AT) that are directly related to the developmental and educational needs of the child and **excludes** devices, services and/or surgery necessary to treat or control a medical condition or assist a parent or caregiver with a disability. Equipment that is not designed to increase, maintain, or improve the functional capabilities (i.e., the Early Childhood Outcomes) of a child, or does not meet the definition of AT under IDEA/Part C, may still be needed by a child and his or her family, but will not be covered by IDEA/Part C. It is the responsibility of the child's Service Coordinator to coordinate with medical and health providers as well as assist the family in locating services and devices outside of the IDEA/Part C System.

Identification of an Assistive Technology Need:
Any IFSP team member (including the parent) may propose that an AT service or device be added to the plan as a need. The Service Coordinator should be contacted to schedule an IFSP change review and provide prior written notice of the IFSP team meeting.

IFSP Change Review to Add AT:
All members of the IFSP team must be invited to the formal change review of the plan. The provider(s) requesting the AT are required to be in attendance; participation by written evaluation is prohibited for this assessment. All EIS providers are encouraged to participate in the IFSP team meeting to ensure integration of the assistive technology across EIS services and may do so in person or by phone.

The IFSP team will:
- Complete the AT Screening and Assessment form. If there are any "no" answers marked on the screening portion of AT Screening and Assessment form, the device does not meet the definition of assistive technology as defined by IDEA/Part C and will not be approved. The meeting should be documented, but no further steps need to be taken.
- If all answers in the screening portion of the AT Screening and Assessment form are yes, the IFSP Team should add or update the appropriate outcomes and services on the IFSP.
- Should consider or try simple, low- or non-tech modifications or solutions then build up to mid-tech and to high-tech modifications or devices as needed.
- Discuss all available funding sources for the device (the Consent to Use Insurance Resources form must be current).

Submitting an AT Purchase Request Packet:
After the Service Coordination Supervisor reviews, the following documents should be submitted to the IDEA/Part C State Office via secure email (please see instructions for the required forms to ensure the AT Purchase Request Packet can be processed without delays):
- Assistive Technology Screening and Assessment.
- Assistive Technology Purchase Request.
- Vendor quote and manufacturer's pricing Information.
- Prescription or recommendation for the device from the child's physician. occupational therapist, physical therapist, or speech-language pathologist.

The following documentation must be current in BRIDGES **prior** to submission of the AT request:

- IFSP: Documentation of Change Review Meeting
  - A clear description of the type of device, its purpose, and where it is to be used (activities, locations, time of day) should be included in the meeting note.
- IFSP Outcome(s) have been updated to have include the AT service and device needed to support functional participation in the family's home and community routines and activities.
- Planned Services: The AT service/device should be added to planned services
- Financial Support: The parent's private insurance and Medicaid information and consent status should be current.
- Payor Source: Enter the payor source for the AT service/device. If the parent has consented to use of private insurance for the AT service and you find an error, complete and submit the SCDHHS Health Insurance Information Referral Form (HIIRF) per instructions.

Hearing Aid Requests:

SCDHHS and IDEA/Part C will utilize the SCDHEC Hearing Program guidelines and fee schedule for coverage of initial and replacement hearing aids. Children who have Medicaid or are below 250% of the federal poverty level and have a hearing loss that requires amplification are eligible for the SCDHEC Hearing Program. SCDHEC will provide hearing aids for eligible children, and also cover ear molds, hearing aid kits, replacement batteries, etc., up to allowable program limits.

If the child is not eligible for Medicaid, the Service Coordinator is required to determine if the child meets income requirements for the SCDHEC Hearing Program as payor of first resort prior to requesting IDEA/Part C funds for hearing aids.

SCDHEC Hearing Program Guidelines (includes link to family income requirements):
https://www.scdhec.gov/health/child-teen-health/services-children-special-health-care-needs/hearing-program

SCDHEC Hearing Program Equipment and Fee Schedule:
https://www.scdhec.gov/sites/default/files/docs/Health/docs/SNC-HearingFee.pdf

If the request is for purchase of hearing aids, the AT purchase request must include:

- Documentation from an audiologist that hearing loss meets IDEA/Part C criteria, and hearing aid use is recommended; **or**
- The family has obtained a prescription for hearing aids from an ENT.

A new AT Purchase request for replacement ear molds and new ear impressions is **not** needed if the hearing aid(s) have been previously approved.

The hearing aid request does **not** have to include:

- Specific IFSP outcome to address the use of hearing aids.
- Participation of all IFSP team members in the IFSP change review meeting (Service Coordinator and parent may complete the meeting and notify the other team members).

Online Orders:

Some AT devices are not available through a durable medical equipment provider and may be purchased online by IDEA/Part C State Office. These requests require an IFSP change review meeting, as well as a completed AT request packet. If approved, the item will be mailed to the Service Coordinator who will be responsible to deliver the item to the family. Please see AT job aid for instructions regarding how to add online order to planned services in BRIDGES.

IDEA/Part C State Office Approval:

When an AT request is approved, IDEA/Part C State Office will send an approval letter to the Service Coordinator and the parent. The approval letter will also be sent to the vendor except in the case of an online order. The IDEA/Part C State Office designee will enter a communication log in BRIDGES stating that the AT request has been approved and will detail what (if any) funding sources will be used before IDEA/Part C payment will be made.

The Service Coordinator is responsible for ensuring that the item is delivered to the family. The Service Coordinator should document the receipt of the item in the communication log in BRIDGES.

IDEA/Part C State Office Denial:
When an AT request is denied, IDEA/Part C State Office will send a denial letter to the Service Coordinator. The Service Coordinator is responsible for notifying the parent of the denial. The IDEA/Part C State Office designee will enter a communication log in BRIDGES stating that the AT request has been denied.

Determining whether a piece of equipment meets the definition of assistive technology under IDEA/Part C must occur on an individual basis and be based on the child's needs, the family's concerns, and the IFSP outcomes. Some devices might be therapeutic or make caring for the child easier or safer but do not contribute to enhancing or maintaining the child's functional capabilities. Consequently, these may not be AT but may be appropriate to acquire these devices through other channels.

If the AT purchase request is denied by IDEA/Part C State Office, the Service Coordinator must hold an IFSP Change Review meeting to update all outcomes and services related to the AT request.

Payment Information:
IDEA/Part C funds AT devices and services as the payor of last resort. All possible funding sources must be exhausted prior to IDEA/Part C payment. These sources include Private Insurance, Medicaid (including the EPSDT benefit), Child Rehabilitative Services (CRS), the South Carolina Assistive Technology Program (SCATP) exchange program, and other community programs. See "Resource Information for Assistive Technology" for more information.

- AT provided prior to a child's eligibility for IDEA/Part C will not be covered.
- All AT requests must receive IDEA/Part C State Office approval before the delivery of the item or service can be arranged for IDEA/Part C funds to be used. If required by private insurance billing guidance, orthotics may be delivered prior to seeking approval for IDEA/Part C funding.
- IDEA/Part C State Office may fulfill AT requests by providing comparable equipment, used equipment, or may choose an alternate vendor to conserve funds.
- The vendor must accept Medicaid payment as payment in full.
- IDEA/Part C cannot reimburse families for their AT purchases.

Appendix C: Procedures for Use of Foreign Language Interpretation and Translation Services

DEFINITIONS

Early Intervention Services under Part C of IDEA include Foreign Language Interpretation and Translation. These services are critical to ensuring the family can fully participate in IDEA/Part C and their rights and safeguards are protected.

The role of the interpreter/translator is to facilitate communication between Early Intervention Service (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. Unless otherwise specified, all requirements for EIS providers in the Procedures for the Comprehensive System of Personnel Development (CSPD) apply to providers of Foreign Language Interpretation and Translation services. These procedures establish the qualifications and training requirements of all EIS providers.

RESPONSIBILITIES OF SERVICE COORDINATORS AND EIS PROVIDERS FOR FOREIGN LANGUAGE INTERPRETATION/TRANSLATION SERVICES

- IDEA/Part C services must be approved by the child's Individualized Family Service Plan (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 Part C services are added to IFSP. The Service Coordinator also adds the expected frequency and duration of interpretation/translation services to be provided to the IFSP.
- The Service Coordinator will list IDEA/Part C as Payor 1 for foreign language interpretation and foreign language translation.
- 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 (see responsibilities of interpreters and translators below for additional information).
- The Service Coordinator will add additional time for offsite support for service coordination activities on planned services of the IFSP to accommodate rescheduling appointments or for immediate communication with the family/caregiver. For example, if the number of hours for service coordination services on the IFSP is 1 hour/week, the number hours for foreign language translation/interpretation services should be 2 hours/week.
- To the maximum extent possible, Service Coordinators and other EIS providers will attempt to use the same interpreter for all their transactions for interpretation consistency and to reduce potential interpreter distortions.
- Service Coordinators will contact their assigned Regional Coordinator for assistance when foreign language interpretation or translation services is needed, and a qualified provider is not available.

RESPONSIBILITIES OF INTERPRETERS AND TRANSLATORS

- Enrolling as an EIS Provider. BabyNet enrollment requirements can be found here: https://msp.scdhhs.gov/babynet/site-page/babynet-provider-enrollment
- Treating all information learned during the interpretation as confidential and 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 offering them advice as to what action to take during or after the interpreting/translating assignment.
- Treat each client equally, and with dignity and respect regardless of race, color, gender, religion, nationality, age, political persuasion, or life-style choice.
- Developing and maintaining an Interpreters Services Log, with the top portion to be completed by the Service Coordinator. The log will be made available to IDEA/Part C State Office upon request.
- After the of delivery of each service requiring interpretation, the interpreter will ask the EIS provider to sign the Interpreters Service Log to verify the interpretation took place.
- At the end of the IFSP 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.

NOTE: Interpreters are permitted to translate written text from one language to another only after providing proof of certification or other testing to the IDEA/Part C State Office.

LIMITATIONS AND NON-COVERED ACTIVITIES AND SERVICES

- 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.
- **The following are NOT Medicaid-reimbursable activities/services. For additional guidance, please visit the appropriate Medicaid Manual at https://scdhhs.gov/provider-manual-list.**
    - Foreign language 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 interpretation for services listed in the "Other Services" section of the IFSP.

PAYMENT

BabyNet does not process payments internally. All Foreign Language/Interpreter claims submitted to the South Carolina Department of Health and Human Services (SCDHH) via BRIDGES will be processed and submitted for payment. It may take up to 30 days for Automated Clearing House (ACH) payments to be received. Non-ACH payments may take longer to be received. All providers are strongly encouraged to sign-up for direct deposit at https://treasurer.sc.gov/ach.