Benefit Update for Early Childhood Intervention for Texas Medicaid Effective September 1, 2017

Information posted July 18, 2017

Note: *Texas Medicaid managed care organizations (MCOs) must provide all medically necessary, Medicaid-covered services to eligible clients. Administrative procedures such as prior authorization, pre-certification, referrals, and claims/encounter data filing may differ from traditional Medicaid (fee-for-service) and from MCO to MCO. Providers should contact the client's specific MCO for details.*

Effective for dates of service on or after September 1, 2017, Early Childhood Intervention (ECI) Services Comprehensive Care Program (CCP) benefits will be updated for Texas Medicaid.

New Benefit Information

The Medicaid medical policy describes the scope of the ECI Medicaid benefit, which may differ from the Physical, Occupational, or Speech Therapy (PT/OT/ST) Medicaid benefit, as follows.

- Speech therapy (ST) treatment codes will now be billed per encounter.
  - Only one individual encounter-based speech therapy treatment procedure code is payable once per day per provider.
  - The rendering speech therapy provider should select the code that best reflects the totality of the session delivered.
- Physical therapy (PT)/occupational therapy (OT) procedure codes representing supervised modalities will be payable as untimed procedure codes and billed per encounter.
- PT, OT, and ST group treatment will be payable as untimed procedure codes and billed per encounter.
- A modifier to designate whether a therapy treatment was provided by a licensed therapist or a licensed assistant will be required on all claims for therapy treatment procedure codes.
- It will now be permissible to deliver targeted case management (TCM) in inpatient and outpatient hospital settings.
- Missed visits may be rescheduled within the Individualized Family Service Plan (IFSP) authorization period with appropriate documentation.

Clarifications

The following clarifications for ECI Services will be described in detail in the September 2017 *Texas Medicaid Provider Procedures Manual, Children's Services Handbook*, section 2.7, "Early Childhood Intervention (ECI) Services":

- Prior authorization is not needed for ECI services; IFSP Service Pages will continue to serve as authorization for ECI services.
- Reimbursement is available to two or more of the ECI contractor's service providers (e.g., OT and ST) when they are conducting an evaluation at the same time.

- Medically necessary therapy services may be provided by other Medicaid-enrolled providers in addition to the services provided by the ECI contractor.
- ECI PT, OT, and ST evaluations and re-evaluations do not require orders from a referring provider.
- ECI PT and OT require orders from a referring provider one time per year for treatment; ST does not require treatment orders from a referring provider.
- Seating assessments delivered by a PT or OT do not require orders from a referring provider.
- Specialized skills training (SST) and TCM do not require orders from a referring provider but must be delivered by a qualified ECI provider.
- The billing structure for the following timed PT/OT treatment procedure codes has not changed:

Timed PT/OT Treatment Procedure Codes					
97032	97033	97034	97035	97036	97110
97112	97113	97116	97124	97140	97530
97535	97542	97750	97760	97761	97762

Reminder

ECI services must be billed under the ECI contractor's Texas Provider Identifier (TPI), National Provider Identifier (NPI), and benefit code of ECI as the insured's policy group when submitting claims.

New Policy Language Effective September 1, 2017

The following information will be added to the ECI Services policy effective September 1, 2017:

Individual Speech Therapy Treatment Procedure Codes

The following ST individual treatment codes must be billed per encounter and are limited to once per date of service. Only one of the following encounter-based individual speech therapy treatment procedure codes is payable once per date of service:

Individual Speech Therapy Treatment Procedure Codes	
92507	92526

The rendering speech therapy provider should select the code that best reflects the totality of the session delivered.

For example, if most of the session is reflected by 92507, that code should be selected, even if swallowing treatment (92526) was delivered for a smaller portion of the session.

Untimed PT or OT Procedure Codes

The following PT/OT treatment procedure codes representing supervised modalities are limited to one encounter each, per date of service, per discipline:

Untimed Treatment Procedure Codes Limited to Once Per Day					
97012	97014	97016	97018	97022	97024
97026	97028				

Group Treatment (Untimed)

PT, OT, and ST group treatment will be payable as an untimed procedure code, payable per encounter, and reimbursed once per date of service per discipline.

Group Treatment Procedure Codes Limited to Once Per Day	
97150	PT/OT group treatment
92508	ST group treatment

Modifiers Required for PT, OT, or ST Services

The following modifiers must be submitted for the PT, OT, and ST treatment services:

Modifier	Description
GO	Services delivered under an outpatient occupational therapy plan of care
GP	Services delivered under an outpatient physical therapy plan of care
GN	Services delivered under an outpatient speech therapy plan of care
UB	Services delivered by a therapy assistant under supervision of a licensed therapist
U5	Services delivered by a licensed therapist or a physician

Modifiers UB or U5 will be required on all claims for therapy treatment procedure codes to designate whether treatment was provided by a licensed therapist or a licensed assistant.

The following modifier is **not required** for co-visits or co-treatment services:

Modifier	Description
U3	Not required by an ECI contractor for co-visits or co-treatment services

For more information, call the TMHP Contact Center at 1-800-925-9126.