

Early Intervention (EI) Providers

Provider Collaboration



Credentialing EI Providers

How EI Providers Enroll in the PRSS Portal

- EI providers, including local lead agencies or EI specialists (i.e., EI physical, occupational, and speech therapy providers), are enrolled in the Provider Services Solution (PRSS) Portal under the enrollment type of **individual** or **facility/organization**.
- Both enrollment types can bill for EI services under the NPI enrolled.
- EI therapy service providers enroll as the provider type **Early Intervention** and not as **Physical, Occupational, or Speech Therapists** in the PRSS Portal.
- The PRSS Portal is not configured to allow EI service providers to enroll as an **Individual within a group**. EI provider types cannot be affiliated to a group in PRSS. The only option available for EI provider enrollment is **Individual or Facility/Organization**.
- Physical, occupational, or speech therapists are also allowed to enroll in the PRSS Portal for *21st Century Cure's Act* compliance in MCO networks but not for EI services.

Credentialing to Contracting

- EI providers must have completed Medicaid certification and have an NPI.
- All providers, including EI providers, must enroll in the **DMAS PRSS Portal** and select **Aetna Better Health of Virginia**.
- The portal satisfies the federal requirements of the *21st Century Cures Act* for all Medicaid providers.

Review the steps to join our network.

- Providers adding to existing contracted groups do not need a new contract; however, they must enroll in the **PRSS Portal** and be credentialed by our team.
- New groups, with new tax IDs will need to be added via the portal and obtain a contract; their providers will also need to be credentialed by our team.

Credentialing to Contracting

- Alert Providers Relations that you have completed the PRSS process and wish to escalate your request within our credentialing team.

Provider Relations email: AetnaBetterHealth-VAProviderRelations@Aetna.com

- Credentialing can range between 120-180 business days for complete resolution.
- Once registration with DMAS is completed, you can submit your application and/or roster updates to the appropriate email address AetnaBetterHealth-VAProviderRelations@Aetna.com .
- **Aetna Better Health currently still requires an application or roster to add new providers, letter for changes, or termination.** The roster can be used also, for multiple reasons, each tab is identified on the spreadsheet. You can submit these to the Provider Relations email above.

Care Coordinator

- The Care Coordinator begins to outreach member and obtain IFSP simultaneously.
- If members' guardian is agreeable, we enroll into Case Management to address any unmet healthcare needs and develop ICP.
- The role of the Care Coordinator at that point is to be available if any needs arise for the member.
- The Care Manager then sets a task for six months out to follow up and assess for any needs.



Medicaid Provider Taxonomy

- Providers must include a valid provider taxonomy code as part of the claim's submission process for all Medicaid-covered services.
- Providers must select at least one taxonomy code based on the service or services rendered.
- Providers may validate the taxonomy that is associated with their NPI and practice location through the MES Provider Portal.

[Learn more about taxonomy codes.](#)



Claims and Billing

For non-clean claims that are rejected or denied, providers should review remit rejection/denial reason.

If a billing error occurred, providers should submit corrected claim(s).

Providers can also contact our Claims Inquiry Claims Research Group for claims questions: **1-800-279-1878**



EI CPT Codes and Required Modifier

Medicaid Early Intervention Services Program Reimbursement Information

Code	Provider/Who bills *	Services/When is this used	Location **	Limits
T2022	Service Coordinator	Service Coordination	N/A	1 charge/child/month
T1023	Reimbursement Category 2 Providers	<ul style="list-style-type: none"> Initial Assessment for service planning Development of initial IFSP Annual IFSP 	Natural Environments or Center-based	24 units/day and 36 units/year
T1023 U1	Reimbursement Category 1 Providers			24 units/day and 36 units/year
T1024	Reimbursement Category 2 Providers	<ul style="list-style-type: none"> Team Treatment activities (more than one professional providing services during same session for an individual child/family) IFSP Review meetings (Must be in person) Assessments that are done <u>after</u> the initial Assessment for Service Planning 	Natural Environments * for team treatment activities; NE or center for IFSP reviews and assessment	The maximum daily units/per child/per (service) code/per individual practitioner is 6 units with a maximum of 18 units (for any combination of codes) per day per child for all agency/providers combined. (The 18 units can be a combination from 2 or more agencies/providers or can be all from one agency as long as no individual practitioner exceeds the 6 units/individual practitioner/per day limit)
T1024 U1	Reimbursement Category 1 Providers			
T1027	Reimbursement Category 2 Providers	<ul style="list-style-type: none"> Developmental Services and other early intervention services provided for more than one child, in a group (congregate), by one Reimbursement Category 2 Certified EI Provider 	Natural Environments *	
T1027 U1		<ul style="list-style-type: none"> Developmental Services and other early intervention services provided for one child by one Reimbursement Category 2 Certified EI Provider 		
T1026	Reimbursement Category 1 Providers	<ul style="list-style-type: none"> Center-based group (congregate) early intervention services 	Center-based	
T1026 U1		<ul style="list-style-type: none"> Center-based individual early intervention services 	Center-based	
T1015	Reimbursement Category 2 Providers	<ul style="list-style-type: none"> Center-based group (congregate) early intervention services 	Center-based	
T1015 U1		<ul style="list-style-type: none"> Center-based individual early intervention services 	Center-based	
G0151	Physical Therapists, PTAs (Reimbursement Category 1 Providers)	<ul style="list-style-type: none"> Group (congregate) PT 	Natural Environments *	
G0151 U1		<ul style="list-style-type: none"> Individual PT 		
G0152	Occupational Therapists, OTAs (Reimbursement Category 1 Providers)	<ul style="list-style-type: none"> Group (congregate) OT 	Natural Environments *	
G0152 U1		<ul style="list-style-type: none"> Individual OT 		
G0153	Speech Language Therapists (Reimbursement Category 1 Providers)	<ul style="list-style-type: none"> Group (congregate) SLP 	Natural Environments *	
G0153 U1		<ul style="list-style-type: none"> Individual SLP 		
G0495	N RN or RNP (Reimbursement Category 1 Providers)	<ul style="list-style-type: none"> RGroup (congregate) Nursing Services or Developmental Services provided by a nurse 	Natural Environments *	
G0495 U1		<ul style="list-style-type: none"> RIndividual Nursing Services or Developmental Services provided by a nurse 		

G0164 ended 12/31/16 - effective 01/01/17, providers bill G0495

Payment rates for each code may be found at http://www.dmas.virginia.gov/Content_attachments/fee-files/hqpcMedical.csv

* May include rare situations where services are provided in a center with acceptable justifications AND for which travel by the provider is required. See Infant & Toddler Connection of Virginia Practice Manual for information.

Billing Rules for EI

Early Intervention Exception

- Federal law allows families in the EI program to have the option to refuse to allow providers to bill their private insurance.
- Providers are required to complete the FCSA form and submitted it to the MCO giving the families the options to refuses provider from billing private insurance.

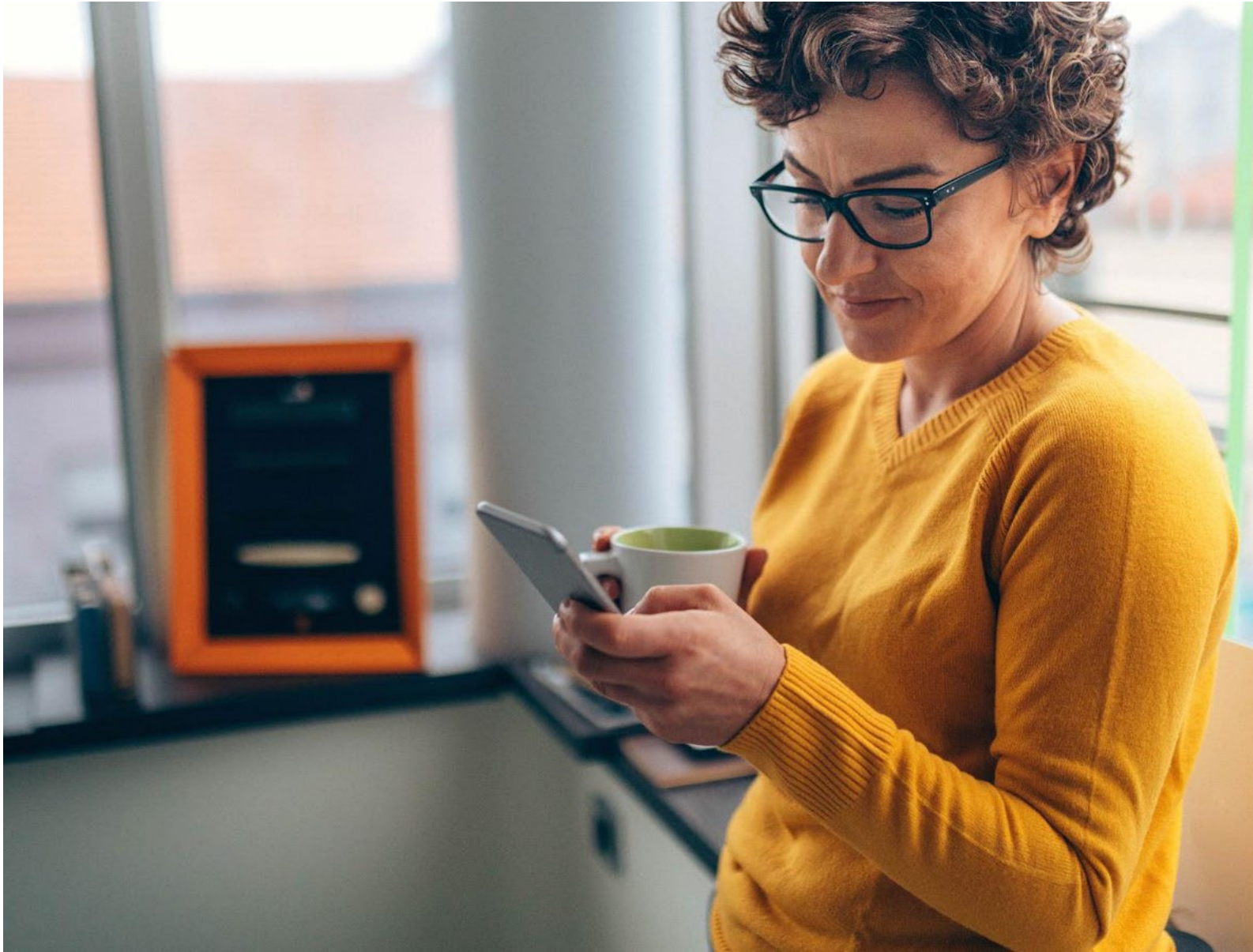




Submitting Claims

Tips

- Always confirm member's enrollment with each claims submission.
- Place of service code sets are generally available on the **CMS website**.
- If a provider is not participating with the other insurance carrier, an attestation stating nonparticipation is required to be included with each claim submitted for that member.
- Email Provider Relations at AetnaBetterHealth-VAProviderRelations@Aetna.com for claims questions and concerns.
- *Decline to Bill* forms should be submitted with the IFSP. When received by our UM Department, and the *Decline to Bill* form is included with the IFSP, they will add a member alert in claims processing system. When a member alert is added, it automatically notifies Claims Processors processing EI claims to bypass primary insurance and process Medicaid primary




Resources

EI Recommendation Form

- **This form is required to be resubmitted every year.**
- Email EarlyInterventionServices@Aetna.com for IFSPs. This email address is for IFSPs, but if *Decline to Bill* forms come through, they will be forwarded.
- *Decline to Bill* forms should be submitted with the IFSP. When received by our UM Department, and the *Decline to Bill* form is included with the IFSP, they will add a member alert in claims processing system. When a member alert is added, it automatically notifies Claims Processors processing EI claims to bypass primary insurance and process Medicaid primary.

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CHAPTER 5, BILLING INSTRUCTIONS REVISION DATE: 1/8/2023



Notification to the
Department of Medical Assistance Services:
Family Declining to Bill Private Insurance

The parent(s) of _____ (child's name) has
declined access to their private health/medical insurance for covered early
intervention services.

Name of Local Part C System Representative

Signature of Local Part C System Representative

Date

Provider Resources

- **State-Maintained General Information**
- After hours crisis number: **1-800-279-1878, option 3**
- Provider Relations General Number: **1-800-276-1878**
- Member Services: **1-800-276-1878 (TTY: 711)**
- **[AetnaBetterHealth.com/Virginia/providers/prior-authorization.html](https://www.aetna.com/BetterHealth.com/Virginia/providers/prior-authorization.html)**
- **[Early Intervention Srvcs - Chapter 5 \(updated 1.6.23\)_Final_0.pdf \(virginia.gov\)](#)**
- **[medicaidportal.aetna.com/propat/Default.aspx](https://www.medicaidportal.aetna.com/propat/Default.aspx)**

Provider Resources

Address	Aetna Better Health of Virginia 9881 Mayland Drive Richmond, VA 23233
Paper claims submission	Aetna Better Health of Virginia Attn: Claims Department PO Box 982974 El Paso, TX 79998-2974
Public website	<u>AetnaBetterHealth.com/Virginia</u>
Portal website	<u>AetnaBetterHealth-Virginia-Aetna.com</u>

Appeals Process

Denials based on medical necessity criteria

- You have seven calendar days to request a Peer-to-Peer reconsideration.
 - To request a Peer-to-Peer, call Member Services at **1-833-459-1998**.
- If you are not satisfied with the Peer-to-Peer result, you can submit a formal appeal with Aetna Better Health.
 - If you are not satisfied with the appeal result, you may then submit a formal appeal to DMAS.

Denials based on administrative reasons

- Send appeal request using the formal provider appeal process.
- Appeals should state *Formal Provider Appeal* on the document(s) and should be mailed to:



Aetna Better Health of Virginia
Attn: Appeals Coordinator
PO Box 81040
5801 Postal Road
Cleveland, OH 44181

- Reviewers may not always ask for additional clinical information. If a service is denied, you will be contacted by the reviewer, faxed a denial authorization, faxed a denial letter, and a denial letter will be mailed to you.

Quick Reference Guide for Providers

- **Claims and Resubmissions**
 - Member's name, date of birth, and ID number
 - Service/admission date
 - Location of treatment
 - Service or procedure
- **Timely Filing**
 - New Claim/Corrected Claim - 365 days from date of service or discharge
 - Coordination of benefit claim (COB) – 365 days from the date of the primary (EOB)
- **Transition of Care Period for Medical and Pharmacy**
 - 180 days from member's effective date
- **Electronic Claims Submission – Office Ally**
 - **Support (360) 975-7000 or email info@officeally.com or support@officeally.com**
 - **EDI payor ID (837 Claims) – 128VA**
 - To get real time responses to eligibility/claim/auth inquiries use ID **ABHVA** (270/271; 276/277; 278)

