

October 2006

Provider Bulletin Number 682

Early Childhood Intervention Providers

Manual Update

A change to the Benefit Plan section of the *Early Childhood Intervention Provider Manual* on the Kansas Medical Assistance Program (KMAP) Web site at <https://www.kmap-state-ks.us> has been made. A physician's order is now required for **physical therapy** only. Refer to Section 8400 of the manual for more details.

Information about the Kansas Medical Assistance Program as well as provider manuals and other publications are on the KMAP Web site at <https://www.kmap-state-ks.us>. For the changes resulting from this provider bulletin, please view the *Early Childhood Intervention Provider Manual*, page 8-3.

If you have any questions or need to request a paper copy of the bulletin, please contact the KMAP Customer Service Center at 1-800-933-6593 (in-state providers) or (785) 274-5990 between 7:30 a.m. and 5:30 p.m., Monday through Friday.

8400 Updated 10/06

Early Childhood Intervention services do not require a referral from the child's managed care provider (PCCM or HMO); however, physician-selected ICD-9-CM diagnosis codes must identify the specific condition for which the beneficiary is receiving services (i.e., a diagnosis of mental retardation is inappropriate to use when billing for audiological services). Developmental Delay diagnosis codes may be used.

Therapy codes may be billed only for individuals with a Physician Treatment Plan, an IEP or an IFSP (refer to Appendix I). A physician's order is required for physical therapy only.

Services must be medically necessary and may be habilitative or rehabilitative for maximum reduction of disability to the best possible functional level.

Therapy is covered for any birth defects/developmental delays only when approved and provided by an Early Childhood Intervention (ECI), Head Start, or Local Education Agency (LEA) program. Therapy of this type is covered only for participants age 0 to under the age of 21. Services which are educationally necessary but not medically necessary are not covered.

Therapy codes must be billed as one unit equals one visit unless the description of the code specifies the unit.

Documentation of all services performed is required and must include:

- date, time and description of each service delivered and by whom (name; designation of profession or para-profession)
- assessment and response to intervention/service
- progress toward achieving individualized long and short term goals.

The Kansas Medicaid Fraud Control Act, K.S.A. 2004 Supp. 21-3844 to 21-3855, requires that providers keep records for five years from the date of payment or, if the claim does not pay, the date when the provider submitted the claim:

"Upon submitting a claim for or upon receiving payment for goods, services, items, facilities, or accommodations under the Medicaid program, a person shall maintain adequate records for five years after the date on which payment was received, if payment was received, or for five years after the date on which the claim was submitted, if the payment was not received" (K.S.A. 21-3848).

Services provided by Early Childhood Intervention providers to children eligible for Part C of the IDEA are by law at no cost to the family. Because the services are at no charge to the family, most insurance companies consider these services as not covered by their policies. Therefore, SRS does not require early childhood intervention providers to seek payment from private insurance companies to be eligible to receive Medicaid reimbursement. Similarly, SRS will not seek reimbursement from the insurance companies.

However, SRS does require all Medicaid providers to report insurance resources of which they become aware. This reporting assists SRS in billing for other services which the other insurance company does cover, such as hospitalization.

This policy does not prevent Early Childhood Intervention providers from billing and collecting from insurance companies which do cover these services. If a provider anticipates that an insurance company will cover the services and the parents give the provider permission to bill the insurance, this private resource should be accessed prior to accessing taxpayer funded Medicaid.

KANSAS MEDICAL ASSISTANCE EARLY CHILDHOOD INTERVENTION PROVIDER MANUAL BENEFITS & LIMITATIONS