

Sunshine Health

Overview of Early Intervention Services (EIS) And EIS Targeted Case Management (TCM) Billing and Reimbursement

1. EIS and EIS TCM billing and reimbursement during the continuity of care period:

For all newly enrolled members, Sunshine Health allows for a continuity of care (COC) period for EIS and EIS TCM services as we do for other services that the member was receiving prior to enrolling in Sunshine Health. The COC periods are:

- 60 days for MMA members
- 90 days for Child Welfare members

This means that a provider can bill Sunshine Health for the EIS and EIS TCM services that a new member was receiving, prior to enrolling in Sunshine Health, without having a contract in place. Sunshine Health will pay the Medicaid FFS rate for these services, unless the provider was paid more. We will pay that higher amount for the first 30 days.

- Sunshine Health system has been set up to pay all EIS and EIS TCM claims after the COC period

2. Billing guidelines

Early Intervention Services

Attached are the Early Intervention codes and modifiers. Please be sure to include the applicable modifier on your claim or the claim may be denied.

- These claims are considered **medical** claims and submitted to the **medical** payor ID and claims addresses noted below in section 3.

Targeted Case Management for children ages 0 to 3 who are receiving Early Intervention Services

Attached are the Early Intervention Targeted Case Management codes and modifiers. Please be sure to include the applicable modifier on your claim or the claim may be denied.

- These claims are considered **behavioral health** claims and submitted to the **behavioral health** payor ID and claims addresses noted below in section 3.

3. Submission of electronic and paper claims:

- a. Electronic claims can be submitted through Sunshine Health secured provider portal or several EDI clearing houses.
 - The names and contact information to set up accounts with a clearing house are below:

EDI Clearinghouse	Phone number	website
Availity	800-282-4548	www.availity.com
Emdeon	866-369-8805	www.transact.emdeon.com

Payor IDs that are to be used when submitting an EDI claim are:

- Medical claims: 68069 (**for EIS services – see section 2. above**)
- Behavioral health claims: 68068 (**for EIS TCM services – see section 2. above**)

b. Paper claims can be submitted to:

Medical Claims (including EIS):	Behavioral health claims (including TCM):
Sunshine Health Plan P.O. Box 3070 Farmington, MO 63640-3823 Attn: Claims Department	Sunshine Health Plan P.O. Box 6900 Farmington, MO 63640-3818 Attn: Claims Department

c. Sunshine Health Secured Portal:

- EIS and EIS TCM providers can register for access to the Sunshine Health secured portal to submit claims when notified information has been loaded into the Sunshine Health system.
- See link below for secured portal registration instruction manual:
https://provider.sunshinehealth.com/static/provider/Provider_Registration_Doc_All_Plans.pdf

4. Process for reimbursement:

Providers can submit clean claims through a clearinghouse, paper billing or the Sunshine Health Secure Provider Portal (as noted above). Clean claims will require:

- Correct code with modifier.
- National Provider Identifier
- Correct Taxonomy Code

A claim is defined as (1) a bill for services, (2) a line item of service, or (3) all services for one beneficiary within a bill. A clean claim means one that can be processed without obtaining additional information from the provider of the service or from a third party as outlined in 42CFR 447.45(b).

If an EIS or TCM provider has not executed a contract by the time a region is implemented, Sunshine Health will pay EIS or TCM claims from non-participating providers until the contract is executed.

5. Timeline of reimbursement from receipt of a clean claim:

Sunshine Health follows AHCA guidelines. Clean claims will be adjudicated within 15 days of receipt of an electronic claim or 20 days from receipt of a paper claim.

6. Billing Tips and Common Errors seen for EIS & EIS TCM Claims:

- Ensure you are submitting a clean claim! This is information that must be on the claim:
 - Correct code with modifier.
 - National Provider Identifier
 - Correct Taxonomy Code

- There are some common errors that result in denied claims. Consider these errors when submitting claims:
 - Submitting without a modifier (see section 2. above for the appropriate modifiers)
 - Submitting to the incorrect Payor ID or claims address:
 - EIS codes to the medical payor ID or claims address
 - Targeted Case Management to the behavioral health payor ID or claims address
 - See section 3. above for the correct payor ID or claims address
 - Submitting the same claim or service twice (duplicate claim)
 - Submitting without including the Rendering Provider NPI Number

7. Location of additional training materials for ongoing billing and reimbursement (outside of the continuity of care period):

Training material for billing EIS and EIS TCM services can be found on our Sunshine Health website, SunshineHealth.com. Under “For Providers,” select “Provider Resources,” then “Provider Training.” Scroll down the page to “Billing Guidelines” under “Other Training Resources.” The direct link is:

<https://www.sunshinehealth.com/content/dam/centene/Sunshine/pdfs/EIS,TCM-billing-guidelines.pdf>

8. Direct contact information for provider assistance with EIS and EIS TCM billing and reimbursement: Providers can call our Provider Services help line at 1-844-477-8313.

9. Claim Dispute Process:

- Claim related issues must be submitted with 90 days of the determination. These will be resolved within 60 days.
 - First time claim adjustment request are not part of the provider dispute process
 - Disputes can be submitted by calling 1-844-477-8313 or by mailing the provider claim dispute request form to

Sunshine Health
P.O. Box 3070
Farmington, MO 63640-3823

**FLORIDA MEDICAID
EARLY INTERVENTION SERVICES FEE SCHEDULE**

CODE	MOD 1	MOD 2	DESCRIPTION OF SERVICE AND LIMITS	MAXIMUM FEE
T1023			Screening (Maximum 3 per calendar year per child)	\$50.00
T1024	GP	UK	Initial Interdisciplinary Psychosocial and Developmental Evaluation rendered by a Physical Therapist (Maximum 1 per lifetime per child)	\$37.50 30 minute unit— maximum 4 units
T1024	GN	UK	Initial Interdisciplinary Psychosocial and Developmental Evaluation rendered by a Speech Therapist (Maximum 1 per lifetime per child)	\$37.50 30 minute unit— maximum 4 units
T1024	GO	UK	Initial Interdisciplinary Psychosocial and Developmental Evaluation rendered by an Occupational Therapist (Maximum 1 per lifetime per child)	\$37.50 30 minute unit— maximum 4 units
T1024	TL		Initial Interdisciplinary Psychosocial and Developmental Evaluation rendered by a Licensed Early Intervention Professional (Maximum 1 per lifetime per child)	\$37.50 30 minute unit— maximum 4 units
T1024	HN	UK	Initial Interdisciplinary Psychosocial and Developmental Evaluation rendered by an ITDS (Maximum 1 per lifetime per child)	\$27.75 30 minute unit— maximum 4 units
T1024	GP	TS	Follow-up Psychosocial and Developmental Evaluation rendered by a Physical Therapist (Maximum 3 per calendar year per child)	\$37.50 30 minute unit— maximum 4 units
T1024	GN	TS	Follow-up Psychosocial and Developmental Evaluation rendered by a Speech Therapist (Maximum 3 per calendar year per child)	\$37.50 30 minute unit— maximum 4 units
T1024	GO	TS	Follow-up Psychosocial and Developmental Evaluation rendered by an Occupational Therapist (Maximum 3 per calendar year per child)	\$37.50 30 minute unit— maximum 4 units
T1024	TL	TS	Follow-up Psychosocial and Developmental Evaluation rendered by a licensed Early Intervention professional (Maximum 3 per calendar year per child)	\$37.50 30 minute unit— maximum 4 units
T1024	TS		Follow-up Psychosocial and Developmental Evaluation rendered by an ITDS (Maximum 3 per calendar year per child)	\$27.75 30 minute unit— maximum 4 units
T1027	SC		Early Intervention Individual Session Provided by an EIS professional (Maximum 1 hour per day)	\$12.50 15 minutes maximum 4 units per day
T1027	TT	SC	Early Intervention Group Session Provided by an EIS professional (Maximum 1 hour per day)	\$6.25 15 minutes maximum 4 units per day

Child Health Targeted Case Management Services Fee Schedule

CODE AND MODIFIER	DESCRIPTION OF SERVICE	MAXIMUM FEE
T1017 TL	Targeted Case Management for Children's Medical Services Early Steps Providers	\$9.25/unit
T1017 SE	Targeted Case Management for Children's Medical Services Medical Foster Care Contractors	\$9.25/unit