

**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

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

Service	Codes with Modifiers	Description
Screening	T1023	Early Intervention Screening
Evaluation	T1024 with modifiers: GP, UK, GN, GO, TL and HN	Early Intervention Evaluation
Follow-up Services	T1024 with modifiers: GP, TS, GN, GO, TL	Follow-up psychosocial and developmental evaluations
Sessions	T1027 with modifiers: SC, TT	Early Intervention individual or group sessions

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

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

Service	Codes with Modifiers
Targeted Case Management for Children’s Medical Services Early Steps providers	T1017 with modifier TL
Targeted Case Management for Children’s Medical Services medical foster care contractors	T1017 with modifier SE

3. Submission of electronic and paper claims:

- 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

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
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