APPENDIX 5: SERVICE GUIDE

I. BabyNet Service Providers

A. "Service providers" include all non-governmental entity or individual with a current DHEC contract for provision of IDEA Part C services through the BabyNet system. Reimbursement will be made only for services provided in accordance with applicable federal and state laws, regulations and guidelines, including those outlined in the BabyNet policy and procedure manual.

The provider is an independent contractor for whom no Federal or State income tax will be deducted by BabyNet and for whom no retirement benefits, worker's compensation protection, survivor benefit insurance, group life insurance, vacation and sick leave, liability protection, and similar benefits available to state employees will accrue.

B. Procedures for executing a DHEC BabyNet contract:

1. Provider requests application form (*BabyNet Provider Enrollment Form)* from the DHEC BabyNet Office or on the web at www.dhec.sc.gov/babynet located in the Division of Children with Special Health Care Needs.
2. Provider completes the application and returns to the BabyNet central office with required supporting documentation.
3. The BabyNet Provider Relations Office reviews and approves application, and instructs DHEC Health Services Administration to prepare and send contract to the requesting provider. With Health Services Operations (HS0) approval signature.
4. Provider signs the contract and returns to DHEC Health Services Operations (HSO).
5. Contract is not fully executed until HSO sends a copy of the signed contract to the providr Relations Office.
6. The BabyNet Provider Relations Office adds the provider to the list of approved providers. Reimbursement is made only to contractors on the approved provider list.
7. If the application is denied the requesting provider will be notified in writing within 20 working days of receipt of a complete and accurate application.

C. Provider enrollment requests will be denied if:

1. The requesting provider:
   a. Was termination from previous employment due to Medicaid or financial fraud;
   b. Has prior ethical or criminal convictions;
   c. Was previously termination of a BN Contract resulting from non-compliance with contract requirements;
2. There is other evidence of the provider's inability to meet the contract requirements or unsuitability for working with BabyNet children and families as determined by the BabyNet program manager.

D. Provider Change

a. Provider has a change of address or a name change they must fill out the *Change of Provider Information* form and a *W-9* form and mail the forms to Central Office.

b. Provider has a change of services or adds additional Provider to the contract they will need to fill out the *Change of Provider Information* form and mail the form to Central Office.

These form's can be found on the BabyNet web-site a www.dhec.sc.gov/babynet.

E. Reporting misconduct

Any individual participating in provision of BabyNet services is required to report misconduct to a BabyNet supervisor, DHEC System Manager, DHEC Regional Consultant or BabyNet Central Office within five (5) working days by way of a written complaint. If at any point, any individual who reasonably believes that a BabyNet provider is posing an imminent risk of danger to children, parents, or staff, they shall report the information to a local law enforcement agency or SC Department of Social Services, and then to BabyNet Central Office within twenty-four (24) hours.

F. Investigation and resolution of reported non-compliance with the terms of the contract.

"Noncompliance" is any contractor action not consistent with applicable federal and state laws, regulations and guidelines, including those outlined in the BabyNet policy and procedure manual. Such actions may be reported by family members, providers, and/or qualified personnel, who reasonably believes a BabyNet provider to be out of compliance with the BabyNet contract requirements, and/or applicable Federal and State laws or regulations.

When noncompliance is reported:

1. The regional DHEC system manager will:

    a. Contact the provider to discuss the complaint and, if needed, clarify the expectations/requirements of ongoing participation in the BabyNet System and ensure commitment for corrective actions as required.

    b. Contact the complainant to report findings.

    c. Document all actions related to the complaint for submssion to the DHEC BabyNet program manager (or designee) monthly or as requested. The report must include the provider's name, address, and details regarding the complaint/resolution. This information will be maintained in the provider's file at BN Central Office.

    d. If further non-compliance is reported and confirmed by the BN System Manager, the BN System Manager will issue a formal letter to the provider specifying the area of non-compliance and immediate actions required to meet contract standards. The provider will have fifteen (15) working days to meet all contract requirements. A copy of the letter will be submitted to BN Central Office and maintained in the provider's file at BN Central Office.

    e. All written communications by both parties will occur by Certified Mail, Return Receipt Requested.

    f. Formal Investigation Initiated (see section below for additional information): If the provider does not agree to meet the requirements or the provider continues to demonstrate noncompliance with contract requirements, the DHEC regional system manager will notify BN Central Office in writing. This notification shall include the provider's name, descriptions of the issues including dates, times and methods of attempts to resolve concerns, and other relevant history information. BN Central Office will initiate an investigation of non-compliance (see below for additional information).

2. Upon receipt of provider non-compliance complaint, the DHEC BabyNet program manager (or designee) will:

    a. Conduct an investigation that includes interviews with all parties, record reviews, discussions with families, and/or other actions as necessary.

    b. Identify deficiencies or violations of State and Federal law or regulations; and

    c. Determine whether contract termination or immediate corrective actions are necessary to address deficiencies or violations.

d. Send a written summary of findings to the provider and explanation of decisions made based on the investigation.

3. When immediate corrective actions are indicated the provider (and/or others as necessary) will be asked to reply to the DHEC BabyNet central office within 15 working days with written notification and a plan for corrective actions. Any plan for corrective actions must be approved by DHEC.

4. If the plan for corrective actions is not submitted, or is not approved by the BabyNet program manager, DHEC will:

   a. Notify the provider in writing that payment for the related service unit will be withheld;

   b. Terminate the provider's BabyNet contract;

   c. Remove the provider from the list BabyNet contractors approved for payment; and

   d. Notify all BabyNet service coordination agencies within two working days.

5. Upon this action, the BabyNet service coordination agencies shall ensure, that notifications to the parents of any child receiving services from the provider are sent in writing immediately**.** The Service Coordinator will work with the parents who together will make arrangements for the delivery of services by an alternate qualified provider and an IFSP meeting will be conducted when needed or required.

6. Authorized services by the terminated contractor shall cease immediately upon the date of notification of such termination and no payments shall be sought or made for any services provided beyond the termination date.

7. A record of each investigation and contract termination shall be maintained by the State office of the BabyNet Early Intervention System and shall be retained. The record shall be available for public inspection and copying.

8. If an individual(s) reasonably believes that a BabyNet provider is posing an imminent risk of danger to children, parents, or staff, they shall report the information to a local law enforcement agency or SC Department of Social Services, and then to BabyNet Central Office within twenty-four (24) hours.

   Upon receipt of such notification, BabyNet Central Office shall immediately conduct an investigation.

   Until completion of the investigation, BN Central Office may temporarily remove the provider from the BN provider list. Upon completion of investigation, if required, relevant procedures for contract termination will be followed.

9. Discontinuance or violation of original requirements of BabyNet contract constitutes grounds for automatic termination.

G. All contractors are subject to professional conduct guidelines included in the BabyNet policy and procedure manual.

II. Payment procedures for DHEC BabyNet contractors

A. The Service Coordinator authorizes all services to be reimbursed by BabyNet based on the IFSP using the *BabyNet Payment Authorization* form (DHEC 3203) as follows:

1. Completes and signs the form. Authorizations must be completed by the Service Coordinator prior to services being rendered (up to three months in advance).
2. Sends two copies of the DHEC 3203 to the approved BabyNet service provider.
3. Sends one copy to the fiscal agent.
4. Retains one copy for the child's file.

Although several services can be listed on an authorization, a separate form must be completed for each contractor and for each month of service.

B. Fiscal Agent

1. Reviews the copy of the authorization form upon receipt to see that the necessary information has been entered.
2. If any information is incomplete or inaccurate, the DHEC 3203 is returned to the Service Coordinator with a cover letter stating what is necessary to complete or correct the authorization.

C. The contracted BabyNet service provider delivers authorized services and sends the following to the fiscal agent:

1. A copy of the authorization;
2. A detailed itemized invoice, listing the services that have been provided, including the CPT code. Refer to BabyNet Service/Reimbursement Guide Section 9.00.00 procedure 5.60.00 for BN Service Codes (all must agree with the service(s) authorized, including the frequency and duration of on-going services and the dates of service);
3. An Explanation of Benefits or denial if the child has private health insurance. After reviewing the documents, if criteria have been met and appropriate documentation included, the fiscal agent prepares the invoices/authorizations for reimbursement.

D. The fiscal agent will release funds after receipt of a properly prepared and signed authorization from a Service Coordinator and receipt of an invoice and appropriate documentation from the contractor. Reimbursement will be determined by:

1. BabyNet Service/Reimbursement Guide – The fiscal agent calculates the amount of reimbursement based on the BabyNet Service/Reimbursement Guide.
2. Hospital Contract Rate – If the child is not covered by private health insurance or documentation is provided to the fiscal agent that the services are not covered by the child's insurance policy, the fiscal agent calculates the percentage of the actual charges for contractors that fall under one of the MCH Hospital Contracts.
3. Co-payment/Deductible/Co-insurance – The fiscal agent calculates the amount of reimbursement based on the Explanation of Benefits obtained by the contractor. If the insurance company pays the contractor up to or more than the BabyNet allowable amount, the contractor receives no further reimbursement.

III. DHEC Third Party Billing Office Guidelines for Medicaid Reimbursable BabyNet Services

Each Region is responsible for:

A. Developing and documenting procedures for Service Coordinator and CBA provider submission of billing information to third party billing for processing and entering required billing information into CBARS.

B. Services for Medicaid recipients will be entered as billable services/units. Services provided to non-Medicaid children must be entered into CBARS as non-billable services/units.

C. The following information must be entered into CBARS for all children:

1. Diagnostic code.

Acceptable diagnostic codes include diseases or conditions likely to result in developmental delay. If no diagnostic code is available, one of the following should be used based on the reason for BabyNet referral.

code	reason for referral
315.31	Developmental speech or language disorder
315.9	Unspecified delay in development
783.40	Lack of normal physiological development unspecified
783.42	Delayed milestones
V40.1	Problems with communication
V41.0	Problems with sight
V41.2	Problems with hearing
V21.30	Low birth weight status
V79.3	Developmental handicaps in early childhood

2. Place of service code. These codes may include:

place code	place of service
12	Home
71	State or Local Public Health Clinic (any service at a health department)
99	Other (i.e., client's workplace, child care facility)
11	Office

3. Procedure code *(More detailed information in Section F "Billable Medical Services".)*

proc code	medicaid service
T-1017	Targeted Case Management (TCM)
T-1016	(Concurrent) Case Management (CM)

4. Program Code: BabyNet = 39

5. Units of services. Medicaid allows a *maximum* of 8 units per procedure code per provider per date of service for Targeted Case Management or Case Management.
   If this limit is exceeded, excess units should be entered into CBARS as non-billable units.

   a. Staff ID number from PAIS system.
   b. Provider number: Until May 22, 2007 this will be DHEC01-DHEC46 depending on the county where services are provided. Effective May 23, 2007 the NPI number is to be used.
   c. Child's Identification number: For CBARS use the MCI # assigned by CARES
   d. Site number: Select site number based on county where service was provided.
   e. Authorization number where applicable. (See section C below.)

D. Prior authorization

   1. Services rendered to a Medicaid recipient served through a Medical Home Network (MHN) or Physician Enhanced Program (PEP) require prior authorization from the physician's office.

      Services provided through Health Maintenance Organizations (HMOs) are Medicaid fee-for-service. They do *not* require prior authorization.

   2. When MHN or PEP prior authorization is required, service coordinator must:

      a. Confirm the time period for which services are authorized. This is at the physician's discretion, but requests can be made for authorization period to cover the entire time the service will be needed. Whatever the authorization period, after that time has expired, *another* authorization is required.

      b. Obtain subsequent authorization(s) as needed to assure that services are provided as listed on the IFSP.

      c. Make sure that the regional Third Party Billing office gets the authorization number in order to include necessary information with Medicaid claims submissions.

   3. If the physician refuses to authorize IFSP services, the contracted service provider should discuss need for the service with the physician if possible. If still unable to obtain authorization, the service provider should notify the child's Service Coordinator who will:

      a. Try to contact the physician again; or

      b. Contact the BabyNet Regional Consultant for further follow up with the MHN or PEP and resolution of the problem.

E. The Service Coordinator is responsible for obtaining written consent to bill Medicaid for services. This consent is obtained using the BabyNet *Insurance/Resource Consent to Bill* form that will be maintained in the child's BabyNet record.

F. Billable Medicaid Services

Unless otherwise noted, this section is based on the current DHEC contract with Medicaid for IDEA Part C (BabyNet) services and the Medicaid Early Intervention (EI) Service Provider Manual.

This section is organized according to terms used by DHHS/Medicaid. Where there are differences in terms used, the Part C/BabyNet "translation" is provided to minimize confusion.

1. Targeted Case Management (TCM)

Most of the reimbursable BabyNet services provided by DHEC staff *after* a child has been determined eligible for Part C services fall into this category. TCM services are provided to help defined populations (in this case children eligible for IDEA Part C services) to "gain timely access to the appropriate medical, social, treatment, educational, and other needed community services and programs that can best meet the individual needs of the child."

a. Description — See TCM Summary Table below

b. Medicaid Procedure Code: T-1017

c. Reimbursement Rate — $26/15-minute unit

d. Maximum Billable Units — 8 per day

e. PCAS Program Code — 103

f. PCAS Activity Code — 200

g. Recipients
Medicaid recipients under age three that meet BabyNet eligibility criteria may receive TCM services. Families cannot be billed directly for these services. BabyNet services to children or families not covered by Medicaid may not be restricted, reduced, or altered based on the DHEC contract with Medicaid for BabyNet services.

h. Staff Qualifications
(i) Master's degree from an accredited university or college in social work, nursing or nutrition; or
(ii) Bachelor's degree from an accredited university or college in a human services field (social or behavioral), allied health, or special education; or
(iii) Current SC licensure as a Registered Nurse.

i. Credentialing Requirements
(i) Service Coordinators must meet current BabyNet program criteria for the position.

(ii) The BabyNet Service Coordinator cannot bill for services if he/she has not applied for the Infant-Toddler Credential. After application, the Service Coordinator is required to complete all credentialing requirements within two years. If Credential is not obtained within two years, no further billing is permitted. See BabyNet Policy and Procedure Manual.

j. Billable Activities

See TCM Summary table below.

k. Documentation

See BabyNet policy and procedure manual Section X, Documentation & Record Management.

l. Monitoring/Supervision Responsibilities

(i) Each month, the Service Coordinator Supervisor must review a minimum of two files for each Service Coordinator supervised. This review is to determine if the needs of the child/family are being met, and to assess compliance with applicable BabyNet and Medicaid policies. Documentation must include findings and consultation with the Service Coordinator regarding improvement strategies, if required.

(ii) Each quarter, the Service Coordinator Supervisor must observe at least one service coordination session with each Service Coordinator supervised. This activity must be documented by the supervisor quarterly and include findings and consultation with the Service Coordinator regarding improvement strategies, if required.

m. Documentation

Documentation guidelines contained in the body of the BabyNet Policy and Procedure Manual are consistent with Medicaid requirements. (See BabyNet Manual Section X, Documentation & Record Management.)

2. Concurrent Case Management (CM)

This service is rendered when a child receives *different* targeted case management services on the same day. DHHS will reimburse both providers, but one must be designated “primary” and the additional provider is designated “secondary.”

When DHEC staff are determined to be the “primary provider” services are billed under Procedure Code T-1017 using the guidelines described above. When DHEC staff are determined to be the “secondary provider” services are billed under Procedure Code T-1016. As soon as a DHEC intake or service coordinator learns that the child will receive TCM services from more than one agency on the same day, they must contact the other provider to jointly determine who will serve as “primary” and who will serve as “secondary” provider. This determination should be made prior to completion of services to be billed to Medicaid.

a. Description See CM Summary Table below

b. Medicaid Procedure Code: T-1016

c. Reimbursement Rate $26/15-minute unit

d. Maximum Billable Units 8 per day

e. PCAS Program Code 103

f. PCAS Activity Code 200

g. Recipients
See Targeted Case Management.

h. Staff Qualifications
See Targeted Case Management.

i. Credentialing Requirements
See Targeted Case Management.

j. Service Provider
See Targeted Case Management.

k. Billable Activities

See CM Summary table below.

l. Timeframe
See Targeted Case Management.

m. Documentation
See Targeted Case Management.

n. Monitoring/Supervision Responsibilities
See Targeted Case Management.

o. Documentation
See Targeted Case Management.

Targeted Case Management (TCM) Summary

Medicaid Procedure Code:*	**T-1017**
Reimbursement Rate:*	**$26 / 15-minute Unit**
Maximum Units per Day*	**8**
PCAS Program Code:	**103**

** Medicaid will reimburse DHEC for the services described in the table. Reimbursable services reported to regional third party office as "billable". Services required by BabyNet, but not reimbursable are reported as "non-billable".*

Targeted Case Management services (components listed in table below) are provided to help eligible children gain timely access to the appropriate medical, social, treatment, educational, and other needed community services and programs that can best meet the individual needs of the child. Allowable activities are those that include assistance in accessing a medical or other necessary service, but do not include the direct delivery of the underlying service.

Medicaid Targeted Case Management Components	BabyNet Service	Billable*	PCAS activity code
1. The assessment component focuses on needs identification. Activities under this component include assessment of the eligible child to determine the need for any medical, educational, social, and/or other service. Specific assessment activities include taking the child's history, identifying the needs of the child; completing related documentation (i.e. other agency forms, schools) and gathering information from other sources such as family members, medical providers, and educators.	**For children that meet BabyNet eligibility criteria**		
	Conducting developmental, hearing and/or vision screening test.	Y	200
	Conducting assessment across five developmental domains using approved curriculum based developmental assessment (CBA) tool	Y	200
	For children that do not meet eligibility criteria or when eligibility undetermined		
	Conducting developmental, hearing and/or vision screening test.	N	200
	Conducting assessment across five developmental domains using approved curriculum based developmental assessment (CBA) tool	N	200

Medicaid Targeted Case Management Components	BabyNet Service	Billable*	PCAS activity code
2. The care planning component builds on the information collected through the assessment phase. Activities include ensuring active participation of the eligible child, working with the child and others to develop goals and identifying a course of action to respond to the assessed needs. The goals and objectives in the care plan should address medical, social, educational, and other services· needed by the Medicaid child.	Reviewing and/or compiling documents as part of the six-month IFSP review. Periodic family contacts (telephone or face-to-face) to discuss issues related to progress on outcomes included on IFSP.	Y	200
3. The referral and linkage component includes activities that help link eligible children with medical, social, and educational providers and/or other programs and services. For example, making referrals to providers for the needed services and scheduling appointments.	Activities related to transition from IDEA Part C/BabyNet to pre-school services including: planning and participating in transition conferences; arranging transition referral. Conferences with family or providers to identify appropriate providers, make appointments, transfer records, or other activities directly related to obtaining BabyNet services. Preparing, completing and following up on transition referral from BabyNet to LEA, Head Start or other pre-school service providers. Preparing for and/or participating in BabyNet transition conference with family. Preparing for and/or participating in BabyNet transition conferences with LEA or Head Start agency.	Y	200

Medicaid Targeted Case Management Components	BabyNet Service	Billable*	PCAS activity code
4. The monitoring/follow-up component includes activities and contacts necessary to ensure that the care plan is effectively implemented and adequately addresses the needs of the eligible child. The activities and contacts may be with the eligible child, his or her family members, outside service providers, and other entities. Activities may be as frequent as necessary to help determine whether services are furnished in accordance with the child's care plan, the adequacy of the services in the care plan, and changes in the needs and/or status of the child. This component includes making necessary adjustments in the care plan, and service arrangements with outside provider	On-going IDEA Part C/BabyNet service coordination activities.	Y	200
N/A	Travel time when required to complete any BabyNet service for children that meet BabyNet eligibility criteria.	N	200
N/A	Travel time when required for processing referrals to BabyNet prior to eligibility determination.	N	200
N/A	Time spent preparing for, providing or receiving training related to delivery of any BabyNet service.	N	200
N/A	Time spent completed required documentation of BabyNet services.	N	200

Concurrent Case Management (CM) Summary

Medicaid Procedure Code:	**T-1016**
Reimbursement Rate:	**$26 / 15-minute Unit**
Maximum Units per Day:	**8**
PCAS Program Code:	**103**

Medicaid will reimburse DHEC for the services described in the table. Reimbursable services reported to regional third party office as "billable". Services required by BabyNet, but not reimbursable are reported as "non-billable".

Concurrent Case Management	BabyNet Service	Billable?	PCAS activity code
Concurrent Case Management (CM) is provided to the eligible child with complex social and/or medical problems that require services of more than one case management provider or agency. Concurrent care shall be rendered to a child for which another provider has been designated the primary case manager. The concurrent care provider will provide different, distinctive types of services from the primary case manager. The concurrent care provider must notify the primary case manager in a timely manner regarding: ▪ Changes in the child and/or family situation; ▪ Needs, problems, or progress; ▪ Required referrals; and ▪ Program planning meetings	CM services are the same as those outlined for TCM. As soon as a DHEC intake or service coordinator learns that the child will receive TCM services from more than one agency on the same day, they must contact the other provider to jointly determine who will serve as "primary" and who will serve as "secondary" provider. This determination should be made prior to completion of services to be billed to Medicaid. CM services are the same as those outlined for TCM. As soon as a DHEC intake or service coordinator learns that the child will receive TCM services from more than one agency on the same day, they must contact the other provider to jointly determine who will serve as "primary" and who will serve as "secondary" provider. This determination should be made prior to completion of services to be billed to Medicaid.	Same as for TCM	200

POLICY: PUBLIC AND PRIVATE INSURANCE USE

1) Families whose children are enrolled under public or private insurance plans are required to use their child's benefits to assist in meeting the costs of covered BabyNet services and devices.

2) All qualified personnel are required to bill private insurance and Medicaid, when appropriate, prior to billing BabyNet. The only exceptions are interpreters, transportation contractors, paraprofessionals providing autism spectrum disorder treatment, and certain types of assistive technology.

3) The family, in cooperation with their insurance company, BN Service Coordinator and the service contractor, will verify insurance benefits for the BN Services listed on the IFSP.

4) If the service is not covered by private insurance, the contractor shall submit verification as part of the billing process. One or more of the following items must be obtained by the contractor as documentation of a valid insurance denial:

   A) A written response from the insurance company which includes the child's name and a statement that indicates a specific service or services are not covered;
   B) A written denial from the insurance company in the form of an Explanation of Benefits (EOB) that includes the child's name, the specific service(s) and the reason the service(s) were denied.
   C) Online denials are acceptable if the following information is clearly indicated on the document: child's name, date of service, CPT/BN service code, duration of service, reason for denial, and cost of service.

   Note: Verbal denials are not accepted.

5) If the BN Contractor obtains a valid denial stating a particular service is not covered under a child's insurance plan, the contractor may use that denial for up to one year from the date of service. A copy of this denial must be submitted to BN with each claim for that child and the specific service. If there are any changes in the child's insurance, a new EOB must be obtained. An EOB/denial is specific to the child and may not be used for other children covered under similar insurance plans.

6) As payor of last resort, ALL other resources must be maximized to cover the costs of services prior to utilizing BabyNet funds.

7) BN Service Coordinators are to inform families that if the child's Medicaid or private insurance coverage changes they are to notify the BN Service Coordinator immediately.

PROCEDURE: DETERMINING PROVIDERS

1.0 If the providers that are approved by the family's insurance network are not known to the family, the BN Service Coordinator will assist the family in obtaining a list of approved providers from the insurance carrier and verifying if any of those providers have contracts with BabyNet.

1.1 It may be necessary to contact the insurance provider. Call the number on the family's insurance card. When the insurance company is reached, ask to be connected with Benefits Verification. Identify yourself, say you are representing a customer and would like to verify coverage of particular services. Be prepared to provide the policy holder's identifying information. If the insurance company will not release information, assist policy holder in obtaining the information by making the call during a home or office visit or by placing a conference call with the family and the insurance provider.

1.2 HMO (Health Maintenance Organization): The BN Service Coordinator will assist the family in identifying those providers who are approved by the family's HMO and have contracts with BabyNet. The family should be informed that, under certain circumstances, an HMO may make reimbursements to a provider not in its HMO network. Determination of benefits is established in cooperation between the family, insurance company, and the provider. A determination of reimbursement to a provider not in the HMO network is made with the same parties. If an HMO will not approve reimbursement to an out-of-network provider, that family will be required to accept services from an HMO provider in accordance with applicable BabyNet policies.

1.3 PPO (Preferred Provider Organization): The BN Service Coordinator will assist the family in identifying approved providers, specifically identifying those providers who are approved by the family's PPO and has a contract with BabyNet. The BN Service Coordinator will also advise the family that any of those listed providers would most likely be able to access the insurance, but an actual determination of benefits would be established in cooperation between the family, insurance company, and the provider.

PROCEDURE: CONTRACTOR RESPONSIBILITIES

1.0 The contractor must verify that IFSP services are a covered benefit under an insurance plan. There may be multiple plans. For example, vision related services may be covered in a separate policy.

1.1 It may be necessary to contact the insurance provider. Call the number on the family's insurance card. When the insurance company is reached, ask to be connected with Benefits Verification. Identify yourself, say you are representing a customer and would like to verify coverage of particular services. Be prepared to provide the policy holder's identifying information. If the insurance company will not release information, assist policy holder in obtaining the information by making the call during a home or office visit or by placing a conference call with the family and the insurance provider.

1.2 Contractors must ensure they have a current *BabyNet Payment Authorization* prior to providing services to an eligible child.

1.3 Contractors are responsible for ensuring that BN funds are used only as a last resort after all other possible reimbursement options have been exhausted.

MEDICAID/INSURANCE GUIDELINES

Insurance Guidelines				
Scenario	**Acceptable Documentation**	**Action Required**	**Payor**	**Comments**
A. Service NOT a covered insurance benefit.	1. Written statement from insurer and/or valid denial from insurer.	Provider supplies documentation for submission to BN fiscal agent with invoice.	1. Medicaid 2. BabyNet	
B. Medical necessity requirement.	1. Documentation of medical necessity in accordance with insurer/ Medicaid requirements.	Provider submits documentation in accordance with insurer/ Medicaid requirements.	1. Insurer 2. Medicaid 3. BabyNet	If insurer or Medicaid denies reimbursement after review of submitted material, provider submits valid denial and claim to BabyNet fiscal agent. If provider fails to submit required information, claims will not be reimbursed by BabyNet. This represents a failure to comply with insurance or Medicaid requirements.
C. Pre-Authorization or Pre-Certification required.	Insurer specific.	Provider submits documentation in accordance with insurer/ Medicaid requirements.	1. Insurer 2. Medicaid 3. BabyNet	Insurer pays after the Pre-Authorization/Certification has been approved. BabyNet pays only when claims are submitted with an attached valid denial from the insurer or Medicaid. Denial must not be for failure to obtain Pre-Authorization/ Certification.
D. Insurer limits number of visits.	1. EOB documenting visits exhausted. 2. Written statement from insurer.	Provider submits documentation to BN fiscal agent along with claims.	1. Insurer 2. Medicaid 3. BabyNet	Insurer pays for the pre-established number of visits. Where additional visits are available if authorized by the insurer, the provider must submit required information. BabyNet pays for required services after the established number of insurer visits or Medicaid benefits have been exhausted.

Insurance Guidelines

Scenario	Acceptable Documentation	Action Required	Payor	Comments
E. Maximum payable amount met.	1. EOB denying reimbursement based on maximum payable amount met. 2. Written statement from insurer.	Provider submits documentation to BN fiscal agent along with claims.	1. Insurer 2. Medicaid 3. BabyNet	Insurer pays up to their pre-established maximum amount payable. If insurer has paid maximum and child does NOT have Medicaid, BabyNet funds may be used for required IFSP services.
F. Insurance deductible applies.	EOB denying reimbursement because deductible has not yet been met.	Provider submits documentation to BN fiscal agent along with claims.	1. Medicaid 2. BabyNet	If no Medicaid, BN will pay for the service up to the BN rate. The provider will waive any remaining outstanding amount related to the service.
G. Insurance copayment applies.	EOB indicating copayment.	Provider submits documentation to BabyNet along with claims.	1. Insurer 2. Medicaid 3. BabyNet	COPAYMENT IS NOT COLLECTED BY PROVIDER. If no Medicaid, provider will waive insurance copayment if insurance reimbursement is equal to or greater than the BN rate.
H. Co-insurance applies.	EOB indicating co-insurance.	Provider submits documentation to BabyNet along with claims.	1. Insurer 2. Medicaid 3. BabyNet	Provider will waive co-insurance if insurance reimbursement is equal to or greater than the BN rate. If insurance amount is less than the BabyNet rate, BabyNet will pay for the service up to the BN rate.
I. Requires network provider that does NOT have a BabyNet contract.	1. Written statement from insurer. 2. BN Service Coordination notes of conversations with insurers including dates, times, names and phone numbers of people spoken with.	Refer to a provider with a DHEC/BabyNet contract.	1. Medicaid 2. BabyNet	BN SERVICE COORDINATOR TO OBTAIN PRIOR APPROVAL FROM BN CENTRAL OFFICE.

SERVICE DESCRIPTION: ASSISTIVE TECHNOLOGY - CFR 303.12(d)(1)

1) Definition: Assistive technology means any item, piece of equipment or product system, whether acquired commercially off the shelf or modified or customized, that is used to increase, maintain or improve the developmental capabilities of children with disabilities.

   A) Part C of IDEA deals only with assistive technology that is directly relevant to the developmental needs of the child. Assistive technology devices must assist the child in accomplishing IFSP goals/objectives within their everyday activities and routines.
   B) IDEA specifically excludes services that are surgical in nature and devices necessary to control or treat a medical condition.
   C) Equipment/devices must be developmentally appropriate to be considered eligible for funding.

2) Assistive technology service means a service that directly assists a child with a disability in the selection, acquisition, or use of an assistive technology device. Assistive technology services include:

   A) The evaluation of the needs of a child with a developmental delay, including a functional evaluation of the child in the child's natural environment;
   B) Purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices for children with developmental delays;
   C) Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing or replacing assistive technology devices;
   D) Coordinating and using other therapies, interventions, or services with assistive technology devices such as those associated with existing education and rehabilitation plans and programs;
   E) Training or technical assistance for a child with developmental delays and that child's family or caregiver;
   F) Training or technical assistance for professionals (including individuals providing BN Services) or other individuals who provide services to or are otherwise substantially involved in the major life functions of children with disabilities.

QUALIFICATIONS:

1.0 Assistive technology assessments and services are conducted by SC Licensed/certified therapists and Licensed audiologists.

2.0 All evaluation, assessment and IFSP services must be provided:

   2.1 By qualified personnel having a contract with DHEC/BabyNet;
   2.2 According to practice act and BN Policies and Procedures even if not reimbursed directly by BabyNet.

PROCEDURE:

1.0 An assistive technology assessment must be performed if the IFSP team (including the parent and appropriate professionals) feels that a device may be needed to achieve an IFSP outcome or goal. Information for the AT assessment may be availabe within current evaluation, assessment and intervention information.

2.0 The need for assistive technology devices or services must be assessed functionally within the context of the child's everyday activities and routines and included in the IFSP as an intervention in order to request funding.

Assessments must include:

Child's name, date of birth and diagnosis;
Brief description of child's current functional level (depending on details provided, more information may be requested);
Explanation regarding how the device, including each individual component, will be used during the child's everyday routines and activities and how it relates to outcomes on the IFSP;
Description of options available in the child's Natural Environment(s) that were tried and list results. For example, if a Kaye posterior walker is being requested, the justification must indicate that other options were tried (e.g., push toys) and list the results;
Indicate all other pieces of assistive equipment the child currently has, including equipment that is on order or being considered.

3.0 Obtaining Equipment:

3.1 The provider identifies an AT need through evaluation or ongoing assessment and informs the BabyNet Service Coordinator of the need.

3.2 The BN Service Coordinator convenes an IFSP meeting and if the IFSP team agrees with need, the AT is incorporated into the IFSP. BabyNet Service Coordinator will add the AT on BabyTrac with a Planned Begin Date of the date of the IFSP Review where the AT was identified as a need. Frequency, Duration, and Intensity are the same as the Early Intervention service most closely related to AT need. Setting is ' Home' as this is where the device will be most frequently used.

3.3 The BabyNet Service Coordinator compiles necessary documentation:
a. Assistive Technology Request Form (Appendix);
b. IFSP section related to AT and present levels of development
c. Physician's order (when applicable);
d. Assessment reflecting developmental need, identifying goals and objectives with the utilization of the recommended equipment/service;
e. Picture and description of item including manufacturer pricing;
f. If mail order, include a completed order form and copy of pages that list product(s).
g. Completed 3203, BabyNet Service Fund Authorization.

Special Note: The Service Coordinator with the SC School for the Deaf and Blind will send hearing aide requests directly to the BabyNet Regional Consultant to obtain Baby Net Central Office approval. Once approved, the BabyNet Regional Consultant will respond via email to the SDB Service Coordinator. The SDB Service Coordinator will send all paperwork including the email from BabyNet Central Office to the Fiscal Agent to process the order.
All other requests from Service Coordinators will follow procedures listed below.

3.4 BabyNet reserves the right to request the substitution of a less expensive item of comparable function if a substitution is deemed appropriate. Service Coordinators must make efforts to utilize BabyNet contracted providers in order to maximize SC Medicaid and private insurance and ensure that BabyNet is the payer of last resort.

3.5 The request, including all necessary information listed above is sent to the BabyNet System Manager for review. BabyNet System Manger reviews the required information and determines if the request is appropriate. If additional information is required, a memo of notification identifying what information is needed will be faxed or emailed to the child's BabyNet Service Coordinator. BabyNet System Manager contacts the BabyNet Regional Consultant via email for central office approval indicating that all of the required information is complete. Once request has been received, BabyNet Regional Consultant will review email recommendation and email response to the BabyNet System Manager within 10 days. If the item is approved for purchase, the BabyNet Regional Consultant will add the Actual Begin Date on BabyTrac as the date the AT is approved by BabyNet Central Office.

3.6 Once the email response approval is received by the BabyNet System Manager, all paperwork, including the email approval from BabyNet Central Office will be mailed to the Fiscal Agent. If the request is not approved, the BabyNet System Manager will notify the BN Service Coordinator of the review decision. BabyNet Service Coordinator must inform the family of the review decision.

3.7 Fiscal Agent will process the AT order and return a copy of the 3203 to the BabyNet Service Coordinator with the order date noted.

4.0 Services:

4.1 Listed below are items that are generally found appropriate by BabyNet upon submission of required information. Whether or not an item is covered depends upon the specific needs of the child and the justification for the device. The list below is not exhaustive.

Adapting Switch*	Hearing Aids
Adaptive Clothing*	Reciprocating Walking Brace
Adaptive Eating Utensil*	Specialized Walkers
Adjustable Prone Board/Stander	Speech Prosthetic Device
Ankle Foot Orthosis (AFO)	Tricycle Adaptation Kit
Artificial Voice	Two-Handled Cup*
Bath Seat	Velcro*
Battery Device Adapter*	Wedge
Communication Board	Weighted Spoon*
Corner Chair	Weighted Vest*
Gait-trainer	Wheelchair

*Typically not covered by insurance or Medicaid.

5.0 Special Considerations:

5.1 Assistive technology assessment services rendered by other qualified providers should be billed under the service description for the specific discipline.

6.0 Limitations: The following are examples of devices or services that are generally not considered AT through BabyNet.

6.1 Equipment/services that are prescribed by a physician which are primarily medical in nature and not directly related to a child's developmental needs. Examples include but are not limited to helmets, oxygen, feeding pumps, heart monitors, apnea monitors, intravenous supplies, electrical stimulation units, etc.

6.2 Devices requested for children 2 years, 9 months of age and over, as equipment requested during this time would not be available long enough to achieve identified outcomes;

6.3 Equipment/services for which developmental necessity is not clearly established by the IFSP team;

6.4 Equipment/services covered by another agency, third party payer or Medicaid;

6.5 Equipment/services that are not included in the IFSP;

6.6 Typical equipment, materials and supplies related to infants and toddlers utilized by all children and which require no special adaptation. Examples include clothing, diapers, cribs, high chairs, car seats, infant swings, typical baby/toddler bottles, cups, utensils, dishes, etc. Toys that are not adapted, used by all children and are not specifically designed to increase, maintain, or improve the functional capabilities of children with disabilities include such examples as building blocks, dolls, puzzles, balls, and other play materials;

6.7 Standard equipment used by qualified personnel in the provision of BN Services (regardless of the service delivery setting), such as therapy mats, tables, desks, etc.;

6.8 Replacement equipment if original item has not been returned to BabyNet;

6.9 The following AT is generally not covered.

Ball Bath	Car Seat
Batteries (except hearing aids)	Sensory Tunnel
Bolster	Stroller
Boppy Pillow	Swing
Computer/Software	Theraband
Exersaucer	Thera-putty
Highchair	Therapy Ball
Regular Baby Walker	Trampoline
Eyeglasses	Weighted Blanket

7.0 Returning Equipment: If an item is received and is determined by the IFSP team to not meet the child's needs, the item is to be returned so that appropriate equipment can be obtained.

7.1 The provider contacts the BN Service Coordinator about scheduling an IFSP meeting to discuss the appropriateness of the device;

7.2 If determined by the IFSP team, equipment in question is returned to the vendor by the BN Service Coordinator;

7.3 If a replacement item is needed, the BN Service Coordinator obtains the following information:

a. *Assistive Technology Request* form indicating new equipment and a comment about equipment returned;

b. If new item is significantly different from item returned, a new physician's order (when applicable) should be obtained;

c. Picture and description of new item including manufacturer pricing;

d. Verification from the vendor of return and funding status of the original item;

e. If mail order, include a completed order form and copy of pages that list product(s).

Assistive Technology Fee Schedule – August 22, 2005

HCPCS	Description	Prior Auth.	Order Needed	Maximum Price	Maximum Qty/Days	Examples/ Comments
C1500	Adaptive , utensil, feeding	Y	N	N/A	2/1095	Weighted or built up fork or spoon
C1510	Adaptive, cup, nosey	Y	N	N/A	2/365	
C1599	ADL/Adaptive, miscellaneous	Y	Y	N/A	Calculated Manually	
E0135	Walker, folding pickup	Y	Y	$67.86	1/365	
E0143	Walker, folding, wheeled	Y	Y	$95.06	1/365	
L1902	Ankle foot orthosis, ankle gauntlet, prefabricated, includes fitting and adjustment, each	Y	Y	$55.65	2/365	
L1904	Ankle foot orthosis, molded ankle gauntlet, custom fabricated, each	Y	Y	$318.58	2/365	
L1920	AFO, single upright with static or adjustable stop (Phelps or Peristein type), custom fabricated, each	Y	Y	$236.84	2/365	
L1930	Ankle foot orthosis, plastic or other material, prefabricated, includes fitting and adjustment, each	Y	Y	$160.27	2/365	
L1940	AFO, plastic or other material, custom fabricated	Y	Y	$362.19	2/365	
L1960	Ankle foot orthosis, posterior solid ankle, plastic, custom fabricated, each	Y	Y	$375.52	4/365	
L1970	Ankle foot orthosis, plastic with ankle joing, custom fabricated, each	Y	Y	$555.41	4/365	
L1980	AFO, single upright, free plantar dorsiflexion, solid stirrup, calf band/cuff (single bar “BK” orthosis), custom fabricated, each	Y	Y	$248.64	2/365	
L1990	AFO, double upright, free plantar dorsiflexion, solid stirrup, calf banc/cuff (double bar “BK” orthosis), custom fabricated, each	Y	Y	$319.46	2/365	
L2040	Hip-knee-ankle-foot orthosis (HKAFO) torsion control, bilateral rotation straps, pelvic band/belt, custom fabricated, each	Y	Y	$123.72	2/365	
L2050	HKAFO, torsion control, bilateral torsion cables, hip joint, pelvic band/belt, custom fabricated, each	Y	Y	$329.50	2/365	
L2070	HKAFO, torsion control, unilateral rotation straps, pelvic band/belt, custom fabricated, each	Y	Y	$121.48	2/365	

HCPCS	Description	Prior Auth.	Order Needed	Maximum Price	Maximum Qty/Days	Examples/ Comments
L2080	HKAFO, torsion control, unilateral torsion cable, hip joint, pelvic band/belt, custom fabricated, each	Y	Y	$287.84	2/365	
L2200	Addition to lower extremity, limited ankle motion, each joint	Y	Y	$32.21	8/365	
L2210	Addition to lower extremity, dorsiflexion assist (plantar flexion resist), each joint	Y	Y	$52.27	8/365	
L2220	Addition to lower extremity, dorsiflexion and plantar flexion assist/resist, each joint	Y	Y	$60.01	8/365	
L2230	Addition to lower extremity, split flat caliper stirrups and plate attachment, each	Y	Y	$51.98	4/365	
L2240	Addition to lower extremity, round caliper and plate attachment, each	Y	Y	$51.98	4/365	
L2250	Addition to lower extremity, foot plate, molded to patient model, stirrup attachment, each	Y	Y	$240.73	4/365	
L2270	Addition to lower extremity varus/valgus correction (“T”) strap, padded/lined or malleolus pad, each	Y	Y	$36.39	4/365	
L2275	Addition to lower extremity, varus/valgus correction, plastic modification, padded/lined, each	Y	Y	$88.52	4/365	
L2820	Addition to lower extremity orthosis, soft interface for molded plastic, below knee section, each	Y	Y	$58.83	2/365	
L2999	Lower extremity orthosis, not otherwise specified	Y	Y	$103.05	4/365 days	
L3800	Short Opponens	Y	Y	$138.27	2/365 days	
L3805	Long Opponens	Y	Y	$221.10	2/365 days	
L3999	Upper limb orthosis, not otherwise specified	Y	Y	$38.56	4/365 days	
X1934	Feeder Seat, any size	Y	Y	$280.42	1/1095	
E1399-HA	Floor Sitter, any size	Y	Y	$321.66	1/1095	
X1942	Bath Chair	Y	Y	$354.00	1/1095	Chair, bath support
X1955	Corner Chair	Y	Y	$281.00	1/1095	
V5090	Handling/Dispensing Fee, Unspecified hearing aid	N	N	$4.38	6/365 days	
V5275-RT V5275-LT	Ear Impression (not disposable) RT = Right, LT = Left	N	N	$19.90	6/365	
V5265	RT & LT Ear mold insert, disposable any type	N	N			
V5267	Hearing Aid Supplies	Y	N	Cost	1/1095	Cost

HCPCS	Description	Prior Auth.	Order Needed	Maximum Price	Maximum Qty/Days	Examples/ Comments
V5030	Hearing Aid Monaural, Body Worn, Air Conduction	Y	Y	Up to $900.00	2 per ear/365 days	(Manufacturer list price plus S&H – V5267, manufacturer invoice required)
V5040	Hearing Aid, Monaural, Body Worn, Bone Conduction					
V5050	Hearing Aid, Monaural, in the ear					
V5060	Hearing Aid, Monaural, behind the Ear (CIC and ITC)					
V5011	Hearing Aid Orientation	N	N	$17.68/hr	6/365	
V5014-000	Replace tubing or ear hook	N	N	$05.00	N/A	
V5014-RT V5014-LT	Hearing Aid Repair(s) – RT = Right, LT = Left.	N	N	Actual cost total not to exceed $154.00 (plus S&H-See V5267)	2/365 per ear	Manufacturer invoice required
W7170	Benik knee support	Y	Y	$40.00	N/A	
W7171	Benik hand splint	Y	Y	$32.57	N/A	
W7173	Benik vest	Y	Y	$104.00	N/A	
V5266	Hearing aid, battery, any size, each	N	N	cost	24/365	
W8965	Walker, forearm support, attachment	Y	Y	$66.33	N/A	

KEY:

HCPS – Procedure code for item/service

Prior Authorization Indicator: N = No prior authorization required through BN Central Office
Y = Prior authorization required

Order Needed Indicator: N = No physician's order needed
Y = Physician's order needed

Maximum Price: Maximum allowable purchase price. If N/A is indicated, item is priced individually based on request submitted.

Maximum Qty/Days: If applicable, indicates the maximum quantity that may be dispensed within the number of day shown. Quantities that exceed maximum allowable quantity shown require prior authorization to BN Central Office.

Examples: Example of items that might be described by specific HCPCS code.

NOTE: FOR ITEMS NOT INCLUDED ON LIST THE S.C. MEDICAID MAXIMUM PRICE AND MAXIMUM QUANTITY/DAYS WILL BE USED WHEN APPLICABLE.

SERVICE DESCRIPTION: AUDIOLOGY - CFR 303.12(d)(2)

1) Audiology services include:

   A) Identification of children with auditory impairment using appropriate audiologic screening techniques;
   B) Determination of the range, nature and degree of hearing loss and communication functions by use of audiological evaluation procedures;
   C) Referral for medical and other services necessary for the habilitation or rehabilitation of children with hearing loss;
   D) Attending IFSP meetings;
   E) Provision of auditory training, aural rehabilitation, speech reading and listening device orientation/training and other related services;
   F) Provision of services for prevention of hearing loss;
   G) Determination of the child's need for individual amplification including selecting, fitting, and dispensing appropriate listening and vibrotactile devices;
   H) Evaluating the effectiveness of assistive technology devices.

2) The focus of services is to enhance the child's development in accordance with the IFSP outcomes.

3) Services must include providing families and caregivers with strategies that allow them to maximize intervention opportunities in their daily routines and activities.

4) Referral of children who may benefit from BabyNet services to the local DHEC BabyNet Office within two working days as required by federal regulations (regardless of funding sources).

QUALIFICATIONS:

1.0 Qualified personnel include: Licensed Audiologists and/or Licensed Speech/Language Pathologists.

2.0 All evaluation, assessment and IFSP services must be provided:

   2.1 By qualified personnel having a contract with DHEC/BabyNet;
   2.2 According to practice act and BN regulations, policies and procedures even if not reimbursed directly by BabyNet.

PROCEDURE:

1.0 Protocol: The audiological evaluation (AE) consists of two steps: a hearing screening, and if indicated, a comprehensive diagnostic evaluation. The entire AE (both steps) may be completed within the initial appointment or may require additional appointments to obtain conclusive diagnostic information.

1.1 Screening - Upon initial referral for audiology services, the child should receive a hearing screen and middle ear assessment, if indicated. If the child passes the screening, the child is discharged from audiological follow-up and results are reported in writing to the BN Service Coordinator.

1.2 If the child fails the screening, actions might include:
   a. Referral for medical evaluation (not covered by BN) with re-evaluation after treatment;
   b. Proceed with comprehensive audiologic diagnostic evaluation.

1.3 Comprehensive Diagnostic Evaluation - A comprehensive audiologic diagnostic evaluation should be performed using BabyNet approved billing codes. If the outcome indicates normal hearing, the infant is discharged from audiological follow-up. Results should be reported in writing to the child's BabyNet Service Coordinator.

2.0 Special Considerations:

2.1 Children below the age of 21 who have any form of Medicaid **or** are below 250% of the Federal poverty level and have a hearing loss that requires amplification are eligible for Children's Rehabilitative Services (CRS). CRS will provide hearing aids for eligible children. CRS will also cover ear molds, hearing aid kits, replacement batteries, etc., up to allowable program limits.

2.2 When the child is referred for audiological services, BabyNet will pay for:
   a. One screening (if child passes);
   b. OR one comprehensive audiologic diagnostic evaluation if child fails screening.

2.3 BabyNet does cover routine follow-up visits necessary to monitor a child at risk for progressive or delayed on-set hearing loss when this need is established by the IFSP team and incorporated into the child's IFSP.

2.4 Proof of the manufacturer's invoice price for hearing aids is required prior to BabyNet issuing reimbursement.

2.5 <u>Any costs directly related to cochlear implant use, maintenance, and training is not covered.</u>

2.6 <u>BabyNet will not cost share the price of the hearing aid(s) or services.</u> This means that the total cost of the hearing aids must not exceed the BN established rate.

BILLABLE ACTIVITIES: AUDIOLOGY

Procedure Code	Description	Review Parameters	Unit of Service	Rate
92551	Screening test, pure tone, air only	N/A	Each	$11.00
92552	Pure tone audiometry (threshold); air only	6 units/ 365 days	Each	$15.49
92553	Pure tone audiometry; air and bone	N/A	Each	$21.25
92555	Speech audiometry threshold	N/A	Each	$10.50
92556	Impedance (tympanogram and acoustic reflexes)	6 units/ 365days	Each	$11.58
92556-51	Speech audiometry threshold; with speech recognition	N/A	Each	$18.00
92557	Hearing Evaluation (92553 + 92556)	6 units/ 365 days	Each	$42.06
92557-52	Hearing Re-evaluation	6 units/ 365 days	Each	$21.03
92567	Tympanometry	6 units/ 365 days	Each	$18.49
92579	Visual Reinforcement Audiometry	N/A	1 test	$18.00
92584	Electochleography	1 per implant	1 test	$87.06
92585	Auditory evoked potentials for evoked response/audiometry (Diagnostic)	N/A	1 test	$91.54
92585/52	Auditory evoked potentials for evoked response/audiometry	N/A	1 test	$45.77
92587	Evoked otoaccoustic emissions; limited (single stimulus level)	N/A	1 test	$53.08
92588	Evoked otoaccoustic emissions; Comprehensive	N/A	1 test	$70.90
92590	Hearing aid examination & selection; monaural	6 units/ 365 days	Each	$26.74
92591	Hearing aid examination & selection; binaural	6 units/ 365 days	Each	$98.00
92592	Hearing aid check; monaural	6 units/ 365 days	Each	$10.92
92592/52	Hearing Aid Recheck; Monaural	6 units/ 365 days	Each	$9.23
92593	Hearing aid check; binaural	6 units/ 365 days	Each	$40.00
92594	Electroacoustic evaluation for hearing aid; monaural	6 units/ 365 days	Each	$12.50
92595	Electroacoustic evaluation for hearing aid; binaural	6 units/ 365 days	Each	$25.00
92626	Evaluation of Auditory Rehabilitation Status	10 per year	1 test	$75.35
X2034	Audiological consultation	6 units/ 365 days	Each	$08.75

Review Parameters are based upon the accepted Medicaid guidelines, it is not expected that an IFSP team will exceed these parameters.

Note: BabyNet will not pay for any audiology services related to cochlear implant evaluation, maintenance, training or mapping.

SERVICE DESCRIPTION: INTERPRETER/TRANSLATOR SERVICES

1) The role of the interpreter/translator is to facilitate communication between BN providers and the family when they do not speak the same language.

These services may be required during the rendering of BabyNet services in order to communicate with the child and family.

Interpretation refers to the restating in one language of what has been said in another language. Interpretation involves conveying both the literal meaning and connotations of spoken and unspoken communication.

Translation refers to putting the words of one language into another language, particularly in written form.

QUALIFICATIONS:

1.0 Must be at least 18 years of age.

2.0 Successful completion of DHEC agency interpreter testing and training, within one calendar year of contract initiation, which includes, but is not limited to:

- 2.1 Demonstrating expressive and receptive skills and ethics of interpreting and translating;
- 2.2 Documented evidence of testing levels of skills of both languages and command of the specialized terms and concepts relevant to encounters for which they will be providing interpreter and/or translator services;
- 2.3 Demonstrating knowledge and understanding of Interpreter/Translator Code of Responsibility;
- 2.4 Demonstrating knowledge and understanding of effective communication styles of (Limited English Proficiency) LEP population for which they are providing interpreter or translation services.
- 2.5 Demonstrating Knowledge of small text Translation

3.0 If a provider fails the testing or training, their Provider Contract will be terminated immediately. The Provider may then retake the test or the training. If the Provider becomes qualified the contract may be reinstated.

4.0 Exemptions: Documentation of the following will be accepted as an exemption from the DHEC testing and training as indicated:

Federal Court Interpreter Certification (exempt test and training);
Peace Corps Scores (exempt testing only);
American Translator Association Certification (exempt testing only).

5.0 Interpreters for the deaf must show evidence of being approved by the S.C. Association of the Deaf; National Registry of Interpreters for the Deaf; or have satisfactorily completed training offered through the South Carolina School for the Deaf and the Blind.

6.0 Interpreters must have a contract with DHEC/BabyNet unless providing services through a state agency.

7.0 Any contracted Provider that subcontracts with individuals to provide interpreting services is required under the BabyNet Provider Contract to receive permission from BabyNet Provider Relation's Office prior to the subcontractor providing services. BabyNet Provider Relation's Office must be informed of the subcontractor's information by using the BabyNet Change of Information Form. If the agency directly employs an interpreter, BabyNet Provider Relation's Office must be notified of the individual's name and

address prior to the employee providing BabyNet services. Both subcontractors and employees will be required to meet the DHEC qualification requirements within the one year period.

***RESPONSIBILITIES:**

1.0 Treating all information learned during the interpretation as confidential, not divulging any information obtained through my assignments, including but not limited to information gained through interviews or access to documents and other written materials.

2.0 Transmitting the message in a thorough and faithful manner, giving consideration to linguistic variations in both languages and conveying the tone and spirit of the original message. A word-for-word interpretation may not convey the intended idea. The interpreter/translator must determine the relevant concept and say in it language that is readily understandable and culturally appropriate to the listener.

3.0 During meetings, ask the BN provider and/or family to clarify unfamiliar or confusing words, terms, meanings, etc. The interpreter should not attempt to interpret when he or she is not clear about what is being said.

4.0 Explain cultural differences or practices to the provider(s) and clients when appropriate.

5.0 Interpret everything accurately, even if the interpreter/translator disagrees with what is being said or thinks it is wrong, a lie or immoral.

6.0 Not influencing the opinion of the client(s) by telling them or offering them advice as to what action to take during or after the interpreting/translating assignment.

7.0 Treat each client equally with dignity and respect regardless of race, color, gender, religion, nationality, age, political persuasion or life-style choice.

8.0 Suggest that the BN providers use the same interpreter for all their interactions to promote interpretation consistency and to reduce potential interpreter distortions.

Note: Interpreter's are qualified to translate written text from one language to another only if they have passed the small text translation section of the training.

PROCEDURE: INTERPRETER/TRANSLATOR SERVICES

Sign language interpretation services may be requested through the South Carolina School for the Deaf and the Blind, Division of Outreach Services. For these services, a *BabyNet Payment Authorization* is not required due to a DHEC/BabyNet contract. <u>However, private contractors should be used first prior to requesting services through the South Carolina School for the Deaf and the Blind</u>.

BabyNet Payment Authorizations must be issued in advance of the service being delivered.

2.1 The BN Service Coordinator completes the *BabyNet Payment Authorization* based upon the expected frequency and duration of services to be provided as listed on the IFSP.

2.2 The provider's copies of the *BabyNet Payment Authorization* are given to the provider along with an *Interpretive Services Log* with the top portion of the log completed by the BN Service Coordinator.

2.3 At the end of each service delivery session, the provider will ask the BN provider (i.e., early interventionist, therapist, etc.) for which interpretation is being provided to sign and verify the delivery of the interpretation service.

2.4 At the end of the authorization period, the interpreter will mail a copy of the *BabyNet Payment Authorization* and the *Interpretative Services Log*, signed by the interpreter, to the BabyNet fiscal agent for reimbursement.

2.5 If the service is an offsite service (i.e., telephone conversation, translation of the IFSP, etc.) the interpreter will list the BN provider requesting the service in the professional verification block on the *Interpretative Services Log*.

3.0 Should the need arise for rescheduling an appointment or for immediate communication with the family/caregiver, 30 additional minutes of offsite time per month will be available in addition to the frequency listed on the *BabyNet Payment Authorization*. The BN Service Coordinator does not have to add these minutes onto each *BabyNet Payment Authorization*.

LIMITATIONS:

1.0 Interpreter/Translator services are ONLY to be used in conjunction with BabyNet services listed on IFSP (e.g., interpretation during a physical therapy visit that is listed on the IFSP). Interpreters/Translators must be issued a *BabyNet Payment Authorization* by the BN Service Coordinator prior to providing any services.

2.0 <u>BabyNet will not pay for interpreter/translator services for routine doctor's visits, visits to DSS or other agencies to apply for services, services during hospitalizations, etc.</u>

3.0 Travel time to and from the site where the service is provided may not be counted as billable hours.

4.0 Interpreter/Translator services that would otherwise be provided at no charge to the family or bilingual interpretation by the same person rendering a BN service are not covered

BILLABLE ACTIVITIES: INTERPRETER/TRANSLATOR SERVICES

Procedure Code	Description	Setting	Review Parameters	Unit of Service	Rate
T1013	Interpretation	Onsite (e.g., at place of BabyNet service)	12 units/1 day	15 minutes	$10.00
T1013-D	Interpretation	Offsite (e.g., scheduling of appointments)	12 units/1 day	15 minutes	$5.00
T1013-W	Written Translation	Onsite/Offsite	4units/1 day	15 minutes	$7.00

Note: Billing for telephone calls to schedule visits may not exceed 15 minutes per call.

Written Translation can only be provided by small text qualified interpreters and may not exceed one hour.

SERVICE DESCRIPTION: TRANSPORTATION AND RELATED COSTS - CFR 303.12(d)(15)

1) Transportation services are services that are necessary:

   A) To enable an eligible child and a member of the child's family to travel to and from the location where a BN service is to be provided; and
   B) For the child's family to receive BN Services as documented in the IFSP.

2) Transportation costs include the cost of travel (mileage, taxi, common carrier or other means, bus) and other costs (tolls and parking expenses, etc.) necessary to ensure an eligible child and the child's family receive needed BN Services.

3) BN Service Coordinators should be aware of all possible transportation resources such as church vans, neighbors, family members and friends. Locating family/community resources to assist with transportation should be attempted prior to utilizing *BabyNet Payment Authorizations*.

4) Every possible effort should be made to provide services in the child's natural environments so that transportation is not required.

   A) Since services must be provided in Natural Environments as appropriate to the child's needs, child and family transportation should not be necessary in most cases. As needed, transportation and related costs are to be included in the IFSP.

PROCEDURE:

Need for transportation services must be included in the child's IFSP as a requirement for achieving an outcome. It is the responsibility of the BN Service Coordinator to review policy number 05.05.01 and provide a copy to the parent when transportation and related costs are included in the IFSP. The BN Service Coordinator must also ensure that any transportation request meets these guidelines.

2.0 *BabyNet Payment Authorizations* must be completed prior to the service being provided.

   2.1 The BN Service Coordinator completes the *BabyNet Payment Authorization* based upon the expected frequency and total miles to be traveled during a month.
   2.2 The provider's copies of the *BabyNet Payment Authorization* are given to the parent along with a *BabyNet Transportation Log* with the top portion of the log completed by the BN Service Coordinator.
   2.3 Upon traveling to each service, the parent will ask the professional (i.e., therapist, audiologist, etc.) to sign and verify attendance at the service.
   2.4 At the end of the authorization period, the parent will mail a copy of the *BabyNet Payment Authorization* and the *BabyNet Transportation Log*, signed by the parent, to BabyNet Fiscal Agent for payment.

3.0 Families may receive an IRS 1099 form at the end of the year indicating the total amount of transportation expenses reimbursed. This income may be taxable and may affect eligibility for certain income based programs (e.g., Medicaid).

LIMITATIONS:

When services are available in the child's Natural Environments (e.g., home or childcare setting), BabyNet will not pay for transportation services.

If Natural Environment providers are not available, BabyNet will pay for transportation to the closest available outpatient provider. If the parent/caregiver chooses another provider outside of BabyNet, BabyNet will not cover transportation expenses.

Children with Medicaid must use the Medicaid van or apply for a Medicaid driver.

Child must be in vehicle for mileage to be billed.

Child cannot be transported without a designated responsible adult.

6.0 Services not covered (list not exhaustive):

6.1 Transportation to childcare settings or center-based programs.
6.2 Transportation for sick visits or routine medical appointments.
6.3 Transportation if a parent/caregiver chooses not to secure services through the closest available provider.

Transportation to services not covered by BabyNet.

7.0 Reimbursement requests submitted in accordance with the guidelines stated above will be reimbursed at a rate of 30 cents per mile.

SERVICE DESCRIPTION: HEALTH SERVICES - CFR 303.12(d)(4)

Health services means services necessary to enable a child to benefit from other BabyNet services during the time that the child is receiving the other BN service. Health services include:

1) Services such as clean intermittent catheterization, tracheostomy care, tube feeding, the changing of dressings or colostomy collection bags, and other health services.

2) It also includes consultation by physicians with other BN qualified personnel concerning the special health care needs of eligible children that will need to be addressed in the course of providing other BabyNet services. The physician or nurse practitioner must have provided recent and/or ongoing care to the child.

3) The focus of services is to enhance the child's development in accordance with the IFSP outcomes.

4) Services must include providing families and caregivers with strategies that allow them to maximize intervention opportunities in their daily routines and activities.

5) Referral of children who may benefit from BabyNet services to the local DHEC BabyNet Office within two working days as required by federal regulations (regardless of funding sources).

QUALIFICATIONS:

1.0 Health consultation is provided by a Licensed Physician or nurse practitioner.

2.0 All evaluation, assessment and IFSP services must be provided:

By qualified personnel having a contract with DHEC/BabyNet;
According to practice act and BN regulations, policies and procedures even if not reimbursed directly by BabyNet.

PROCEDURE:

1.0 These services are billed using the Nursing Services Procedure Codes in this guide or the Heath Consultation Code listed on page 2.

2.0 Upon identifying a need for services through the IFSP process, the BN Service Coordinator will forward supporting documentation and a completed *BabyNet Payment Authorization* to BabyNet Central Office.

3.0 Upon reviewing and approving the documentation to ensure it is appropriate, BabyNet Central Office will return the *BN Payment Authorization* form to the BN Service Coordinator.

LIMITATIONS:

1) Consultation by physicians unfamiliar with a child and their IFSP are not covered, nor is medical diagnostic evaluation of unknown conditions or diseases.

2) Health services do not include the following:

2.1 Services that are surgical in nature (i.e., cleft palate surgery, surgery for club foot, shunting of hydrocephalus, etc.);

2.2 Services that are purely medical in nature (i.e., hospitalization for management of congenital heart ailments, prescribing of medicine or drugs for any purpose, etc.);

2.3 Devices necessary to control or treat a medical condition;

2.4 Medical-health services (i.e., immunizations, “well-baby” care, etc.) that are routinely recommended for all children.

BILLABLE ACTIVITIES: HEALTH SERVICES - PRIOR AUTHORIZATION REQUIRED

Physician consultation regarding impact of the child’s medical status on provision of EI services.

BN Procedure Code	Description	Review Parameters	Unit of Service	Rate
99361	Health Consultation	2 units/365 days	Each	$30.00

SERVICE DESCRIPTION: MEDICAL SERVICES - CFR 303.12(d)(5)

1) Medical services are only for diagnostic or evaluation purposes to determine a child's developmental status and need for BabyNet Services.

   Service includes a comprehensive history, physical examination and determination of the child's developmental status. A written statement from the provider confirming diagnosed condition and/or developmental delay and the need for BN Services is provided to assist in eligibility determination for BabyNet. If needed, prescriptions for BN Services (e.g., PT, OT, and ST) are provided. This service is available under the following two circumstances:

   A) When determining initial or continuing eligibility the child does not have an eligible diagnosis, verified developmental delay, or sufficient documentation to support the informed clinical opinion process.
   B) A child does not have a primary care physician or medical insurance and is therefore unable to access BN Services that require a medical prescription.

2) The focus of services is to enhance the child's development in accordance with the IFSP outcomes.

3) Services must include providing families and caregivers with strategies that allow them to maximize intervention opportunities in their daily routines and activities.

4) Referral of children who may benefit from BabyNet services to the local DHEC BabyNet Office within two working days as required by federal regulations (regardless of funding sources).

QUALIFICATIONS:

1.0 Qualified personnel include licensed physicians and pediatric or family nurse practitioners.

2.0 All evaluation, assessment and IFSP services must be provided:

   2.1 By qualified personnel having a contract with DHEC/BabyNet;
   2.2 According to practice act and BN regulations, policies and procedures even if not reimbursed directly by BabyNet.

PROCEDURE:

1.0 Upon identifying a need for services through the IFSP process, the BN Service Coordinator will forward supporting documentation and a completed *BabyNet Payment Authorization* to BabyNet Central Office.

2.0 Upon reviewing and approving the documentation to ensure it is appropriate, BabyNet Central Office will return the *BN Payment Authorization* form to the BN Service Coordinator.

BILLABLE ACTIVITIES: MEDICAL SERVICES - PRIOR AUTHORIZATION REQUIRED

BN Procedure Code	Description	Review Parameters	Unit of Service	Rate
99202	Medical Services	1 unit/365 days	Each	$50.00

SERVICE DESCRIPTION: NURSING - CFR 303.12(d)(6)

1) Nursing services include:

   A) The assessment of the child's health status for the purpose of providing nursing care, including the identification of patterns of human response to actual or potential health problems;
   B) Provision of nursing care to prevent health problems, restore or improve functioning, and promote optimal health and development required nursing care during the time the child is receiving other BN Services;
   C) Administration of medications, treatments, and regimens prescribed by a licensed physician required during the time the child is receiving other BN Services; and
   D) Family training and education.

2) Does not include hospital or home health nursing care required due to surgical or medical intervention or medical-health services such as immunizations and regular well-baby care that are routinely recommended for all children.

3) The focus of services is to enhance the child's development in accordance with the IFSP outcomes.

4) Services must include providing families and caregivers with strategies that allow them to maximize intervention opportunities in their daily routines and activities.

5) Referral of children who may benefit from BabyNet services to the local DHEC BabyNet Office within two working days as required by federal regulations (regardless of funding sources).

QUALIFICATIONS:

Qualified personnel include licensed registered nurses.

2.0 All evaluation, assessment and IFSP services must be provided:

   2.1 By qualified personnel having a contract with DHEC/BabyNet;
   2.2 According to practice act and BN regulations, policies and procedures even if not reimbursed directly by BabyNet.

PROCEDURE:

1.0 Children in need of covered nursing services should be referred to Home Health or appropriate Nursing Provider.

2.0 Upon identifying a need for services through the IFSP process, the BN Service Coordinator will forward supporting documentation and a completed *BabyNet Payment Authorization* to BabyNet Central Office.

3.0 Upon reviewing and approving the documentation to ensure it is appropriate, BabyNet Central Office will return the *BN Payment Authorization* form to the BN Service Coordinator.

BILLABLE ACTIVITIES: NURSING - PRIOR AUTHORIZATION REQUIRED

Billable activities include evaluation/assessment, IFSP meetings, and IFSP services.

BN Procedure Code	Description	Setting	Review Parameters	Unit of Service	Rate
T1001	Evaluation/Assessment	Non-NE	24 units/180 days	15 minutes	$11.39
T1001-D	Evaluation/Assessment	NE	24 units/180 days	15 minutes	$14.73
W8752	Nursing Services	Non-NE	64 units/30 days	15 minutes	$11.39
W8753	Nursing Services	NE	64 units/30 days	15 minutes	$14.73
*W8770	IFSP Team Meeting/Consultation	N/A	8 units/60 days	15 minutes	$11.39

***** See policy number 05.19.00 for billing procedures.

NE = Natural Environment
Non-NE = Non-Natural Environment

SERVICE DESCRIPTION: NUTRITION - CFR 303.12(d)(7)

1) Nutrition services include conducting individual assessments in:

   A) Screening to determine need for nutritional services
   B) Nutritional history and dietary intake;
   C) Anthropometric, biochemical, and clinical variables;
   D) Feeding skills and feeding problems; and
   E) Food habits and food preferences.

2) Developing and monitoring appropriate plans to address the nutritional needs of children based upon individual assessment.

3) Making referrals to appropriate community resources to carry out nutritional outcomes.

4) Nutrition providers do not provide evaluation/assessment services to determine eligibility for BabyNet services.

5) The focus of services is to enhance the child's development in accordance with the IFSP outcomes.

6) Services must include providing families and caregivers with strategies that allow them to maximize intervention opportunities in their daily routines and activities.

7) Referral of children who may benefit from BabyNet services to the local DHEC BabyNet Office within two working days as required by federal regulations (regardless of funding sources).

QUALIFICATIONS:

Qualified personnel include registered dietitians.

2.0 All evaluation, assessment and IFSP services must be provided:

   2.1 By qualified personnel having a contract with DHEC/BabyNet;
   2.2 According to practice act and BN regulations, policies and procedures even if not reimbursed directly by BabyNet.

PROCEDURE:

1.0 Children in need of nutrition services should be referred to DHEC Family Support Services (FSS).

BILLABLE ACTIVITIES: NUTRITION

Billable activities include assessment, IFSP meetings, and IFSP services.

BN Procedure Code	Description	Setting	Review Parameters	Unit of Service	Rate
97802	Nutrition Services	Non-NE	64 units/30 days	15 minutes	$11.39
W8762	Nutrition Services	NE	64 units/30 days	15 minutes	$14.73
W8772	Assessment	Non-NE	24 units/180 days	15 minutes	$11.39
W8773	Assessment	NE	24 units/180 days	15 minutes	$14.73
*W8774	IFSP Team Meeting/Consultation	N/A	8 units/60 days	15 minutes	$11.39

***** See policy number 05.19.00 for billing procedures.

NE = Natural Environment
Non-NE = Non-Natural Environment

SERVICE DESCRIPTION: OCCUPATIONAL THERAPY- CFR 303.12(d)(8)

1) Occupational therapy includes services to address the functional needs of a child related to adaptive development, adaptive behavior, play, sensory motor, and postural development. These services are designed to improve the child's functional ability to perform tasks in home and community settings and include:

   A) Identification, assessment, intervention, family training, education and support;
   B) Adaptation of the environment and selection, design and fabrication of assistive and orthotic devices to facilitate development and promote the acquisition of functional skills;
   C) Prevention or minimization of the impact of initial or future impairment, delay in development, or loss of functional ability; and
   D) Family training and education.

2) Activities also include IFSP meetings, assistive technology assessment, if needed, and environmental consultation to ensure appropriate adaptations and safety issues for the eligible child are incorporated.

3) The focus of services is to enhance the child's development in accordance with the IFSP outcomes.

4) Services must include providing families and caregivers with strategies that allow them to maximize intervention opportunities in their daily routines and activities.

5) Referral of children who may benefit from BabyNet services to the local DHEC BabyNet Office within two working days as required by federal regulations (regardless of funding sources).

QUALIFICATIONS:

1.0 Qualified personnel are licensed occupational therapists or occupational therapy assistants. Assistants must be under the direction of a licensed occupational therapist pursuant to state licensure regulations.

2.0 All evaluation, assessment and IFSP services must be provided:

   2.1 By qualified personnel having a contract with DHEC/BabyNet;
   2.2 According to practice act and BN regulations, policies and procedures even if not reimbursed directly by BabyNet.

PROCEDURE:

1.0 Services should be provided with the parent or other primary caregiver present and actively involved.

2.0 Therapist must document adaptations and interventions provided to the family/caregiver to support the child's participation in activities and routines that occur in home and community settings.

3.0 Ongoing consultation/training to family members, caregivers and other team members will be documented in the child's progress notes by the therapist.

4.0 Services will be provided in accordance with the BabyNet Therapy Guidelines contained in the BabyNet Service/Reimbursement Guide.

LIMITATIONS:

1.0 Aquatic (97113), hippo, and massage therapy (97124) are not covered services.

2.0 Services will be provided as established on the IFSP and as scheduled with the parent/caregiver.

3.0 Direct service should never be provided without consultation to family members, caregivers and other team members.

4.0 Some children have sustained acute injuries that have resulted in developmental delays (i.e., fractured leg, car accident, orthopedic surgery, etc.). Acute rehabilitative therapy is a medically based service outside BabyNet.

BILLABLE ACTIVITIES: OCCUPATIONAL THERAPY

Evaluation/assessment, IFSP meetings, and IFSP services.

BN Procedure Code	Medicaid Code	Description	Review Parameters	Unit of Service	Rate
97003	97003	Evaluation	2 units/365 days	Each	$76.15
97150	97150	Therapeutic procedure(s) group	4 units/per day	15 minutes	$16.47
97530	97530	Individual Services	4 units/ per day	15 minutes	$26.49
99241-GO	99241-99245 (Use modifier GO)	IFSP Team Meeting/Consultation	8 units/60 days	15 minutes	$15.00

** See policy number 05.19.00 for billing procedures.

SERVICE DESCRIPTION: PHYSICAL THERAPY - CFR 303.12(d)(9)

1) Physical therapy includes services to address the promotion of sensorimotor function through enhancement of musculoskeletal status, neurobehavioral organization, perceptual and motor development, cardiopulmonary status, and effective environmental adaptation. These services include:

   A) Screening, evaluation and assessment of infants and toddlers to identify movement dysfunction;
   B) Family training and education;
   C) Obtaining, interpreting, and integrating information appropriate to program planning to prevent, alleviate, or compensate for movement dysfunction and related functional problems; and
   D) Providing individual and consultative services or treatment to prevent, alleviate, or compensate for movement dysfunction and related functional problems.

2) Activities also include IFSP meetings and assistive technology assessment, if needed and environmental consultation to ensure that appropriate adaptations and safety issues for the eligible child are incorporated.

3) The focus of services is to enhance the child's development in accordance with the IFSP outcomes.

4) Services must include providing families and caregivers with strategies that allow them to maximize intervention opportunities in their daily routines and activities.

5) Referral of children who may benefit from BabyNet services to the local DHEC BabyNet Office within two working days as required by federal regulations (regardless of funding sources).

QUALIFICATIONS:

1.0 Qualified personnel are licensed physical therapists or physical therapy assistants. Assistants must be under the direction of a licensed physical therapist pursuant to state licensure regulations.

2.0 All evaluation, assessment and IFSP services must be provided:

   2.1 By qualified personnel having a contract with DHEC/BabyNet;
   2.2 According to practice act and BN regulations, policies and procedures even if not reimbursed directly by BabyNet.

PROCEDURE:

1.0 Services must be provided with the parent or other primary caregiver present and actively involved.

2.0 Therapists must document adaptations and interventions provided to the family/caregiver to support the child's participation in activities and routines that occur in home and community settings.

3.0 Ongoing consultation/training to family members, caregivers and other team members will be documented in the child's progress notes by the therapist.

4.0 Services will be provided in accordance with the BabyNet Therapy Guidelines contained in the BabyNet Service/Reimbursement Guide.

LIMITATIONS:

1.0 Aquatic (97113), hippo, and massage therapy (97124) are not covered services.

2.0 Services will be provided as established on the IFSP and as scheduled with the parent/caregiver.

3.0 Direct service should never be provided without consultation to family members, caregivers and other team members.

4.0 Some children have sustained acute injuries that have resulted in developmental delays (i.e., fractured leg, car accident, orthopedic surgery, etc.). Acute rehabilitative therapy is a medically based service outside BabyNet.

BILLABLE ACTIVITIES: PHYSICAL THERAPY

Evaluation/assessment, IFSP meetings, and IFSP services.

BN Procedure Code	Medicaid Code	Description	Review Parameters	Unit of Service	Rate
97001	97001	Evaluation	2 units/365 days	Each	$71.61
97110	97110	Individual Services	4 units/ per day	15 minutes	$26.49
97150-GP	97150-GP	Therapeutic procedure, one or more areas,	4/units per day	15 minutes	$16.47
99241-GP	99241-99245 (Use modifier GP)	IFSP Team Meeting/Consultation	8 units/60 days	15 minutes	$15.00

** See policy number 05.19.00 for billing procedures.

SERVICE DESCRIPTION: PSYCHOLOGICAL SERVICES - CFR 303.12(d)(10)

1) Psychological and other counseling services include:

   A) Administering psychological and developmental tests and other assessment procedures to determine the need for psychological services;
   B) Interpreting assessment results;
   C) Obtaining, integrating and interpreting information about child behavior and child and family conditions related to learning, mental health and development;
   D) Planning and managing a program of psychological services, including psychological counseling for children and parents, family counseling, consultation on child development, parent training, and education programs; and
   E) Family training.

2) The focus of services is to enhance the child's development in accordance with the IFSP outcomes. Services are provided with the intent to reasonably improve the child's ability to benefit from BabyNet services or to address a specific child related issue included in the IFSP.

3) Services must include providing families and caregivers with strategies that allow them to maximize intervention opportunities in their daily routines and activities.

4) Referral of children who may benefit from BabyNet services to the local DHEC BabyNet Office within two working days as required by federal regulations (regardless of funding sources).

QUALIFICATIONS:

1.0 Qualified personnel include: a) Licensed Clinical Psychologists; b) Licensed Clinical Professional Counselors; c) Licensed Marriage and Family Therapists.

All evaluation, assessment and IFSP services must be provided:

By qualified personnel having a contract with DHEC/BabyNet;
2.2 According to practice act and BN regulations, policies and procedures even if not reimbursed directly by BabyNet.

PROCEDURE:

1.0 Upon identifying a need for psychology services through the IFSP process, the BN Service Coordinator will forward supporting documentation and a completed *BabyNet Payment Authorization* to BabyNet Regional Consultant.

2.0 Upon reviewing and approving the documentation to ensure it is appropriate, BabyNet Regional Consultant will return the *BN Payment Authorization* form to the BN Service Coordinator.

3.0 If the child has Medicaid, BabyNet Regional Consultant will issue a SC Department of Health and Human Services Form 252 to the provider.

LIMITATIONS:

1.0 When requesting psychological testing, evaluation, and treatment BabyNet Central Office must give prior authorization.

BILLABLE ACTIVITIES: PSYCHOLOGICAL SERVICES - PRIOR AUTHORIZATION REQUIRED

Billable activities include evaluation, assessment, IFSP meetings and IFSP services.

BN Procedure Code	Medicaid Code	Description	Review Parameters	Unit of Service	Rate
96100	96101	Psychological Testing/Evaluation	20 units/1095 days	30 minutes	$30.00
99401	99401	Individual Services	2 units/1 day	30 minutes	$30.00
****99241**	99241	IFSP Team Meeting/Consultation	8 units/60 days	15 minutes	$10.00

** See policy number 05.19.00 for billing procedures.

SERVICE DESCRIPTION: BN SERVICE COORDINATION - CFR 303.12(d)(11)

1) BN Service Coordination is an active, ongoing process provided to assist and enable an eligible child and the child's family to receive the rights, procedural safeguards, and services that are authorized to be provided through BabyNet. The responsibilities of the BN Service Coordinator include:

   A) Contacting the enrolled child/family at least one time per month;
   B) Coordinating the performance of initial evaluation and annual assessments;
   C) Facilitating and participating in the development, review and evaluation of IFSP plan in accordance with the BN Policies and Procedures. This includes IFSP updates, six (6) month reviews and the annual IFSP;
   D) Assisting families in identifying credentialed and available qualified personnel with BN contracts;
   E) Serving as the single point of contact in helping parents to obtain the services and assistance they need;
   F) Coordinating and monitoring the delivery of services identified in the child's IFSP;
   G) Informing families of the availability of advocacy services;
   H) Coordinating all services across agency lines;
   I) Helping families to access BabyNet services and other services identified in the IFSP such as WIC, housing, etc.;
   J) Coordinating the provision of BabyNet services and other services (such as medical services for other than diagnostic and evaluation purposes) that the child need or is being provided;
   K) Facilitating the timely delivery of available services;
   L) Continuously seeking the appropriate services and situations necessary to benefit the development of each child being served for the duration of the child's eligibility;
   M) Coordinating with medical and health providers, including sending them copies of their patient's IFSPs;
   N) Facilitating the development and implementation of a Transition Plan to preschool or other services, if appropriate;
   O) Maintaining the child's educational/BabyNet record;
   P) Obtaining evaluation/assessment and six month summary reports from all providers who participate as a member of each child's IFSP team;
   Q) Completing *BabyNet Payment Authorizations* in accordance with established procedures;
   R) Assisting the family in understanding and accessing Medicaid and third party insurance;
   S) Informing families of their rights and procedural safeguards; and
   T) Entering or providing accurate information, in a timely manner, necessary to maintain current BabyTrac data.

2) Referral of children who may benefit from BabyNet services to the local DHEC BabyNet Office within two working days as required by federal regulations (regardless of funding sources).

QUALIFICATIONS:

1) For specific qualifications, see policy 01.30.00.

AUTHORIZATION OF SERVICES: The BN Service Coordinator is responsible for:

1) Ensuring that *BN Payment Authorizations* are issued only as payor of last resort.

2) Ensuring that *BN Payment Authorizations* are written only to qualified personnel and distributed prior to services being delivered or rendered.

3) Ensuring that services being authorized are listed on the IFSP.

4) Ensuring that services requiring prior-authorization are submitted in a timely manner to BabyNet Regional Consultant prior to services being rendered.

BILLABLE ACTIVITIES: BN SERVICE COORDINATION

BN Service Coordination services are provided by BN Service Coordinators who are employed or sub-contracted through a BabyNet participating state agency. Individual providers are unable to bill fee-for-service for BN Service Coordination activities.

SERVICE DESCRIPTION: *SPECIAL INSTRUCTION - CFR 303.12(d)(13)

1) Special instruction includes the design of learning environments and activities that promote the child's acquisition of skills in a variety of developmental areas including cognitive processes and social interaction; and providing families with information, skills and support related to enhancing the skill development of the child; and curriculum planning, including the planned interaction of personnel, materials, and time and space, that lead to achieving the outcomes in the child's IFSP. <u>These activities are coordinated with all other services (i.e., therapists) listed in the IFSP and provide assistance with acquisition, retention or improvement in skills related to activities of daily living.</u>

2) Family training, education, and support are provided to assist the family of a child eligible for services in understanding the special needs of the child related to special instruction and enhancing the child's development. <u>Special instruction focuses on teaching the parent/caregiver skills to enhance the child's development. Documentation in the child's file must support this focus.</u>

3) Special Instruction Providers must use curriculum-based assessments (CBAs) to determine the child's strengths, unique needs and current level of development. The list of approved curriculum-based assessments can be found in Section 03.60.00 of this manual. In addition to these tools, the Responsive Teaching: Parent-Mediated Developmental Intervention curriculum is approved for communication and social/emotional development. Specific assessment responsibilities include:

   A) Using the most appropriate assessment instruments to assess a child's developmental level;
   B) Ensuring that the assessment is current, within 6 months, and updated as needed;
   C) Ensuring the assessment includes:
      - Cognitive development;
      - Gross and fine motor development;
      - Communication;
      - Emotional and social development;
      - Adaptive/self-help skills;
      - Visual and auditory status.
   D) Ensuring that provision of services directly relates to areas identified through the assessment in an outcome on the IFSP.

4) Referral of children who may benefit from BabyNet services to the local DHEC BabyNet Office within two working days as required by federal regulations (regardless of funding sources).

QUALIFICATIONS:

1.0 Personnel must meet qualifications detailed in policy 01.21.00.

*<u>Note:</u> Providers of special instruction are sometimes referred to as early interventionists (EI).

BILLABLE ACTIVITIES: SPECIAL INSTRUCTION

Special Instruction services are provided by or sub-contracted through the South Carolina Department of Disabilities and Special Needs or the South Carolina School for the Deaf and the Blind.

SERVICE DESCRIPTION: SPEECH-LANGUAGE PATHOLOGY - CFR 303.12(d)(14)

Speech-language pathology services include:

A) Identification of children with communicative or oropharyngeal disorders and delays in the development of communication skills including the diagnosis and appraisal of specific disorders and delays in those skills;
B) Referral for medical or other professional services necessary for the habilitation or rehabilitation of children with communicative or oropharyngeal disorders and delays in development of communication skills;
C) IFSP meetings, family training and education; and
D) Provision of services for the habilitation, rehabilitation or prevention of communicative or oropharyngeal disorders and delays in development of communication skills.

2) The focus of services is to enhance the child's development in accordance with the IFSP outcomes.

3) Services must include providing families and caregivers with strategies that allow them to maximize intervention opportunities in their daily routines and activities.

4) Referral of children who may benefit from BabyNet services to the local DHEC BabyNet Office within two working days as required by federal regulations (regardless of funding sources).

QUALIFICATIONS:

1.0 Qualified personnel must be a Licensed Speech/Language Pathologist or Licensed Speech Assistant. Assistant must be supervised in accordance with state licensure regulations.

2.0 All evaluation, assessment and IFSP services must be provided:

2.1 By qualified personnel having a contract with DHEC/BabyNet;
2.2 According to practice act and BN regulations, policies and procedures even if not reimbursed directly by BabyNet.

PROCEDURE:

1.0 Services must be provided with the parent or other primary caregiver present and actively involved.

2.0 Services will be provided in accordance with the BabyNet Therapy Guidelines contained in the BabyNet Service/Reimbursement Guide.

3.0 Therapists must document adaptations and services provided to the family/caregiver to support the child's participation in activities and routines that occur in home and community settings.

4.0 Ongoing consultation/training to family members, caregivers and other team members will be documented in the child's progress notes by the therapist.

LIMITATIONS:

1.0 Services will be provided as established on the IFSP and as scheduled with the parent/caregiver.

2.0 Direct Service should never be provided without consultation to family members, caregivers and other team members.

3.0 Services will only be provided when intervention is necessary.

4.0 Some children have sustained acute injuries that have resulted in developmental delays (i.e., car accident results in TBI and speech delays). Acute rehabilitative therapy is a medically based service outside BabyNet.

BILLABLE ACTIVITIES: SPEECH-LANGUAGE PATHOLOGY

Evaluation/assessment, IFSP meetings, and IFSP services.

Procedure Code	Medicaid Code	Description	Review Parameters	Unit of Service	Rate
92506-HA	92506-HA	Evaluation	1 / per lifetime	Each	$121.03
92506-52	N/A	Re-evaluation/Assessment	2 unit/365 days	Each	$60.52
92507	92507	Individual Services	4 units/per days	15 minutes	$28.79
92508	92508	Group Therapy/treatment of speech, language, voice, communication and or auditory processing	4 units/per day	15 Minutes	$13.63
99241-GN	99241-GN	IFSP Team Meeting/Consultation	8 units/60 days	15 minutes	$15.00

** See policy number 05.19.00 for billing procedures.

POLICY: VISION - CFR 303.12(d)(16)

1) Vision services include evaluation and assessment of visual functioning, including the diagnosis and appraisal of specific visual disorders, delays and abilities and referral for medical or other professional services necessary for the habilitation or rehabilitation of visual functioning disorders.

2) Vision services include:

   A) Orientation and mobility training for all environments;
   B) Family training, education, and support;
   C) Communication skills training;
   D) Visual training;
   E) Independent living skills training; and
   F) Additional training necessary to activate visual motor abilities;

3) The focus of services is to enhance the child's development in accordance with the IFSP outcomes.

4) Services must include providing families and caregivers with strategies that allow them to maximize intervention opportunities in their daily routines and activities.

5) Referral of children who may benefit from BabyNet services to the local DHEC BabyNet Office within two working days as required by federal regulations (regardless of funding sources).

QUALIFICATIONS:

1.0 Qualified personnel include: Licensed Optometrists or Licensed Ophthalmologists.

2.0 Orientation and Mobility services may be provided by an individual who holds a current and valid certification in Orientation and Mobility from the Association for Education and Rehabilitation of Blind and Visually Impaired (AER). Orientation and Mobility services may also be provided through the South Carolina School for the Deaf and the Blind.

3.0 All evaluation, assessment and IFSP services must be provided:

   3.1 By qualified personnel having a contract with DHEC/BabyNet;
   3.2 According to practice act and BN regulations, policies and procedures even if not reimbursed directly by BabyNet.

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BILLABLE ACTIVITIES: VISION

Billable activities with authorization include optometric examination, assessment, IFSP meetings and IFSP services.

BN Procedure Code	Description	Setting	Review Parameters	Unit of Service	Rate
92002	Intermediate medical exam/evaluation with initiation of diagnostic and treatment program, new patient	N/A	1 unit/1 day	Each	$38.28
92004	Comprehensive medical exam/evaluation with initiation of diagnostic and treatment program, new patient	N/A	1 unit/1 day	Each	$121.42
92012	Intermediate medical exam/evaluation with initiation of diagnostic and treatment program, established patient	N/A	1 unit/1 day	Each	$30.82
92014	Comprehensive medical exam/evaluation with initiation of diagnostic and treatment program, established patient	N/A	1 unit/1 day	Each	$89.85
92015	Determination of refractive state	N/A	1 unit/1 day	Each	$05.00
T1024-000	Orientation and Mobility Evaluation/ Assessment	Non-NE	8 units/lifetime	15 minutes	$15.89
T1024-OTS	Orientation and Mobility Instruction	Non-NE	5 units/3x year	15 minutes	$15.89
T1024-OTM	Orientation and Mobility Instruction	NE	Up to 30 Units/week	15 minutes	$15.89

NE = Natural Environment
Non-NE = Non-Natural Environment

POLICY: Autism Services

Children with Autism Spectrum Disorders (ASD) have significant impairments in the areas of socialization, communication and behavior. The purpose of providing early intervention services is to promote the child and family's ability to meet the developmental outcomes the family has chosen as their priorities in the Individualized Family Service Plan.

1. Applied Behavior Analysis is an appropriate service for many children with ASD. Interventions typically include three target areas.

   A. **Behavior**
   Inappropriate behaviors are a defining core characteristic of ASD and may include stereotypic behavior, aggression and disruptive behavior. Reducing inappropriate behaviors is often one of the highest priorities for parents and on of the first targets for interventions.

   B. **Communication**
   Communication is an important element in defining an ASD. Basic communication training for a child with autism often emphasizes functional use of language in everyday settings, nonverbal communication and social aspects of communication such as turn taking. Many behavioral techniques are used in teaching communication and language skills.

   C. **Social Interaction**
   Behavioral techniques are often applied to improve the child's social initiations and appropriate responses. Techniques may include prompting the child to respond appropriately and reinforcing reciprocal social interactions and responses particularly with other children.

All autism services must be provided in accordance with the Babynet Program Guidelines for Autism Treatment.

Qualifications:

Program Consultant:

1.0 Master's Degree or higher.
2.0 Two or more years of experience (tatalling at least 1500 hours) working with children with ASD under the direction of a Program Consultant.
3.0 Possess or apply for a S.C. Infant Toddler Credential.

Lead Program Specialist: (Minimum position requirements)

1.0 400 hours experience working under the supervision of a Lead Program Specialist or Program Consultant.

Basic knowledge of child development with the ability to demonstrate knowledge of similarities and differences in behavior and development between typical and atypical children.

3.0 Basic knowledge of autism spectrum disorders.
4.0 Able to train others in specific instructional techniques being used in the treatment program.
5.0 Able to motivate and interact effectively with young children.
6.0 Possess or apply for S.C. Infant Toddler Credential.

Preferred Position Requirements:

1.0 Bachelor's Degree
2.0 800 hours of experience working under the supervision of a Lead Program
3.0 Specialist or Program Consultant.
4.0 Meets all minimum requirements.

Paraprofessional (Minimum position requirements)

1.0 At least 18 years old with a high school diploma
2.0 Demonstrates the ability to motivate and interact effectively with young children.
3.0 Basic knowledge of ASD.

Preferred position requirements

1.0 Meet minimum requirements and have a basic knowledge of child development with the ability to demonstrate knowledge of similarities and differences in behavior and development between typical and atypical children.

Procedure:

1.0 Children must have a confirmed diagnosis of PPD –NOS or autism by a qualified professional.

2.0 Upon identification of a need for services through the IFSP process, the BN Service Coordinator must contact the DHEC/BN office for assistance in authorizing the services. DHEC/BN staff are required to complete the authorization for ABA services.

Families will be provided a list of available providers. If they have no preference, a matrix will be used. Once a family has selected a provider, the family is responsible for arranging the initial workshop and recruiting the paraprofessional staff.

BILLABLE ACTIVITIES: Autism Services

BN Procedure Code	Description	Setting	Review Parameters	Unit of Service	Rate
X001	Autism Initial Workshop	N/A	1 unit/ 1095 days	Each	$1200.00
X200	Quarterly Reassessment	N/A	2 units/90 days	Each	$600.00
X300	Paraprofessional Treatment	N/A	20 units/week	Each	$8.00

POLICY: IFSP TEAM MEETING

1) BN will pay for BN contracted providers to attend a child's Annual IFSP Meeting or, if required, an IFSP Review Meeting when conducted in accordance with IDEA. Part C regulations and BN Policies and Procedures.

2) Contracted providers attending the IFSP team meeting may bill for the time spent at the meeting in accordance with the BabyNet Service/Reimbursement Guide. Travel time to and from the meeting is not billable.

POLICY: NON-BILLABLE SERVICES

This policy applies to all contracted providers except providers of special instruction and BN Service Coordination. For special instruction and BN Service Coordination providers, billable and non-billable activities are defined in each agency's policies and procedures in accordance with Part C of the Individuals with Disabilities Act (IDEA) regulations.

1) Anything not listed as a billable service in the document entitled "BabyNet Service/Reimbursement Guide";

2) Unauthorized services – All BN Services are pre-authorized. Providers should ONLY provide services when a current BabyNet Payment Authorization is in hand. Services provided prior to receipt of the authorization are not guaranteed for reimbursement;
3) Weekly or daily preparatory activities for direct service sessions;
4) Preparing claims to submit to BabyNet;
5) No shows;
6) Time spent on the phone with a parent who feels the need to talk about non-BabyNet related issues (family may need to be referred to a counselor);
7) Time spent helping the family to identify/access other services/resources that BabyNet does not pay for (e.g., housing, SSI). This service is the responsibility of the BN Service Coordinator;
8) Services over the frequency/intensity that have been identified as a need in the child's IFSP. If service needs require an increase in frequency or intensity, adjustments must be made to the IFSP prior to providing the increased service or billing BabyNet;
9) Services that fall within the frequency/intensity identified on a child's IFSP but were never documented in the child's chart/record or provided;
10) Time or transportation to attend a medical appointment with the family;
11) Time to collect medical documents or other written medical information from physicians, hospitals, nurses, etc. This is the responsibility of the BN Service Coordinator;
12) Interpretation for non BabyNet services;
13) Written translation of non-IFSP documents such as SSI applications, WIC applications, Medicaid applications, etc. This is provided by the sponsoring agency, not BabyNet.
14) Clerical duties such as scheduling/canceling appointments and notifying the provider of such, accessing voice mail, etc;
15) Attendance at an agency personnel meeting. BabyNet only pays for meetings attended as a member of a child's IFSP team;
16) Supervisory time;
17) Travel fees may not be billed if an IFSP service is not provided. For example, if personnel travel to a location; however, the service is not provided, the travel fee is not billable.;
18) Child's lunch/snack time, nap time, etc;
19) Time to attend an appointment with another service provider unless you are the interpreter for the provider/family; and
20) Services by personnel that do not have a BabyNet provider contract except when specifically approved by BabyNet Central Office.
21) Referral of children to BabyNet.

1.0 INTRODUCTION

The focus of these guidelines is to help BN qualified personnel (e.g., evaluators, therapists, service coordinators, parents, early interventionists) and reviewers decide the most appropriate constellation of BabyNet services for an eligible child. Specifically, these guidelines will provide a clinical reasoning process to determine when OT, PT and ST can contribute to a child's participation in activities and routines that occur in home and community settings where the child and family spend time. This reasoning process is based on clinical research, when available, expert clinical opinion from representatives of the different disciplines who work with child development, and review of material used by Part C systems in other states.

To ensure that all eligible children and their families receive appropriate and quality services, a monitoring process is being developed for BabyNet. Reviewers will use these guidelines as one component of the monitoring process. These guidelines will also be used for training. It is the role of the therapist and IFSP team to justify the provision of therapy services under Part C using the guidelines below.

2.0 ROLE OF THERAPIST

BabyNet attempts to achieve outcomes which are important to the family for the development of their child. The family is the primary foundation that supports their child's development in all areas. In order for therapy to be successful, it is essential for families to be involved in the process of identifying desired outcomes and incorporating the use of meaningful interventions into their daily living activities. This means that an important goal of therapist-family collaboration is to support the child's participation in family routines, activities, and places including those that occur outside the home environment. Therapists must document adaptations and interventions provided in natural environments to the family/caregiver to support the child's attainment of outcomes listed in the child's Individualized Family Service Plan.

Parents and caregivers have the greatest opportunity to provide meaningful interventions for their children within the contexts of the routines and activities that children engage in throughout the day. These opportunities for intervention occur when families creatively adapt or integrate therapy suggestions into their child care methods and when therapists work collaboratively with families to design interventions that can be easily incorporated into family activities and routines. Intervention should be considered as a means of achieving the functional outcomes that have been determined by the Individualized Family Service Plan (IFSP) team. Specific strategies should be collaborative among therapists and interdisciplinary, avoiding unnecessary duplication of similar emphasis by multiple therapists. For example, an occupational therapist can provide specific recommendations to facilitate upper extremity performance to the physical therapist that can be incorporated into a single, comprehensive motor plan. In some circumstances, both therapies are needed to provide input about specific adaptations and interventions that contribute to identified outcomes. However, motor intervention with young children often involves non-specific strategies that are used by both disciplines.

3.0 EVALUATION AND ASSESSMENT

Evaluations and assessments are two terms that are used in discussions regarding a child's development. They are often used interchangeably but they actually have different meanings within the context of Part C of the Individuals with Disabilities Education Act (IDEA) (CFR 303.322).

Evaluation in Part C under IDEA means the procedures used by appropriate qualified personnel to determine a child's initial and continuing eligibility including determining the status of the child in each of the developmental areas. Assessment means the ongoing procedures used by appropriate qualified personnel after the child's eligibility has been determined to identify the child's unique strengths and needs and to develop appropriate interventions to address those needs. Optimally, these interventions will be implemented by families and therapists within the context of family routines, activities and places in order to maximize opportunities for child learning and development.

The evaluation/assessment process should begin with an exploration of the family's specific concerns about their child and family and a discussion about their desired outcomes. The family's concerns and outcomes, coupled with the findings from the global evaluation, will determine the specific developmental areas that are in question, and the need for services or additional evaluations/assessments in those areas. In combination with assessment information about the family's routines, activities, and priorities, these developmental or discipline-specific evaluations/assessments are used to develop family-centered outcomes, functional goals, and specific intervention strategies.

Evaluation/assessment includes professional observation and interpretation of the quality of a child's performance of developmental tasks and how these are integrated into the daily routines of the family. This requires family participation throughout the evaluation/assessment process to ensure the therapists' observations are a meaningful reflection of the family's perspective.

Following the evaluation/assessment, an IFSP is usually developed with the required team members present to provide input. The IFSP must be reviewed every six months to assess progress in meeting the established outcomes. During this process, the expected outcomes will be reviewed to determine which services are warranted, and the frequency and duration of those services.

3.1 Evaluation/assessment reports must be provided within 10 working days and include:

a. Child's name and birth date;
b. Date of evaluation;
c. Name and discipline of evaluator;
d. For eligibility determination, evaluation reports must include the tests/methods used, the results of the tests/methods, including a level of delay and/or age equivalency in months for each domain that was tested and a narrative interpretation of the results;
e. Summary of the child's strengths and needs in any of the five developmental domains that were evaluated (adaptive, cognitive, communication, motor, and social emotional);
f. Recommendation for any further assessment in any of the five developmental domains listed above and rationale for that recommendation; and
g. Service recommended. Written justification of the need for the service and the anticipated contribution of that service to a functional outcome.

4.0 DETERMINING IFSP OUTCOMES

4.1 Outcomes are not traditionally- written goal statements. Rather, they reflect the ideas of what the family views as most important for themselves and their child. The family may (or may not) view isolated improvements or changes in their child's developmental skills as most important at a particular point in time. Other needs or concerns may be more important. For example, a family may be concerned about their child's nutrition or about the baby's sleeping patterns. Or, a family's primary concerns may relate to finding quality child care, reasonable housing, or other issues which impact the child's developmental outcome but do not specifically target developmental skill acquisition.

4.2 Outcomes stated by families are more likely to focus on activities and routines (e.g., eat out at a restaurant, be able to participate in bath-time easily) than on isolated developmental skills such as sitting or walking, talking, performing self-care skills such as feeding self, etc. As such, family outcomes may target the context in which developmental skills are used and can be described as "functional" because the contexts require the use of developmental skills for a meaningful or functional purpose.

4.3 Outcomes, including those that focus on performance of isolated developmental skills, may not initially be stated in measurable ways. For example, a family is unlikely to state that they want their baby to wake up during the night only two times or to eat a nutritional meal at breakfast, lunch, and dinner. Families are more likely to state outcomes in global terms such as "sleep through the night" or "eat enough food." Similarly, families are likely to state outcomes such as "talk better," "walk," "eat at a restaurant," "not cry during church services," "be good at the grocery store," or "go to the playground." These global outcomes are translated by the IFSP team into steps. Outcomes are written in measurable terms.

4.4 All BN qualified personnel, including therapists, have the responsibility for communicating effectively with families so that providers understand what families mean and what they want to have happen. In this way, a global outcome statement such as "talk better" is translated into an outcome of "expressing wants in ways that other people understand." The outcome may then be broken down into steps such as "indicating a choice when presented with two choices" or "using words and gestures so that other people understand easily what (the child) wants."

a. Use of open-ended questions. Asking families to describe what happens now and what they would like to see happen can be helpful. For example, if a family says they would like to be able to eat in a restaurant, asking an open-ended question such as "tell me what happens now" or "describe what happens when you take (the child) to a restaurant" can help provide a picture of what is going on within this context. Follow-up questions such as "what would you like to have happen" or "what needs to occur for this to go better or to happen more easily" can help the team determine what to target and how to begin to address issues. For example, if a family describes that the child slides out of the highchair and becomes uncomfortable and starts to cry, the therapist can begin to target improved

positioning in a restaurant as an outcome and can define related steps. One step might relate to devising better ways for a child to be positioned when in a restaurant while a second step might target improved sitting balance or increased trunk tone, etc. – whatever component is identified as preventing the child from sitting well in standard restaurant equipment/chairs.

b. Observational assessment. Sometimes it is difficult to fully understand a situation without being able to observe the specific situation. Therapists may need to accompany a parent and child, for example, to a restaurant to understand what happens when the child is within this context. In this case, the therapist's assessment would target those factors that facilitate the child's success, and those that inhibit or prevent the child's performance, in this environmental setting. Subsequent intervention would likely focus on consultative strategies, perhaps augmented by direct therapy, so that adaptations could result in immediate short-term success and longer term therapy remediation would lead to long-term success in the respective environmental setting.

c. Ecological inventories/Activity analyses. Environmental settings may need to be broken down into component parts. For example, an environmental setting such as a neighborhood playground, may be broken down into slides, swings, see-saws, merry-go-rounds, etc. Each of these sub-settings can then be analyzed in terms of what skills are required for participation. For example, a child would need to go to the swings, sit on (or be placed on) the swing, stay on the swing when being pushed, indicate when they no longer wish to swing, get off (or be taken off) the swing, go to another activity. The therapist can then analyze what the child is currently able to do and not do in relation to each of the steps identified through the activity analysis. The therapist can figure out adaptations that will make an activity, such as swinging, effective (or possible) immediately in the short-term and what skills need to be developed or practiced to make the activity effective in the long-term.

4.5 Meaningful conversations with families on an ongoing basis are necessary to ensure that the outcomes are actually being addressed and that they continue to be important for the family. These conversations should occur at least at the six month and annual reviews of the IFSP. At these times, families should be asked whether the outcome is still important or whether revisions are necessary. Revisions may be necessary because the objectives have been attained or because the family no longer is interested in a particular outcome and/or wishes to state the outcome in a different way.

4.6 Families may state outcomes that may not match the expertise of a therapist. For example, moving to different housing, accessing health or social service resources such as WIC, obtaining respite care, or finding child care may not seem like outcomes for which therapists have particular expertise or which are billable through BabyNet. In these cases, therapists are responsible for notifying the child's BN Service Coordinator who can assist the family in addressing the identified needs.

4.7 Some outcomes may not initially seem as though they may be addressed through the expertise of a therapist. However, therapists may have input to provide in order for the outcome to be addressed successfully. For example, if a family stated an outcome of finding child care, therapy consultation to the child care provider might be helpful to ensure that the provider was knowledgeable about both the child's needs and ways of addressing those needs. Additionally, therapy expertise might be necessary to ensure that a child could participate in the activities taking place in the child care setting. A therapist might do an assessment in order to identify needs for adaptive equipment or to make suggestions for adapting activities or the materials used in those activities.

5.0 THERAPY INTERVENTION OPTIONS

5.1 Direct intervention involves the therapist providing one-on-one interaction with the child and family or with a small group of children. Direct intervention is appropriate when specific approaches and techniques are needed to promote a child's attainment of a particular outcome. These techniques are individualized to the child and require the skills of a trained therapist to administer. In virtually all areas of therapy, direct intervention consists of various components, including:

a. Promotion of opportunities for practice or refinement (e.g., teaching, demonstrating, promoting the use of a skill which the child has the understanding and physical capacity to perform but is not doing so consistently);
b. Remediation or work on improving the child's capacity to do a component of the skill through use of therapeutic techniques (e.g., stretching to improve range of motion, massage to free up joints, changing the environment, providing a sensory stimulus);
c. Expert alteration of the task (e.g., provision of adaptive equipment for mobility or self feeding);
d. Direct intervention provided with another service provider (e.g., collaborative intervention).

All of the intervention modalities depend on the therapists' expert understanding of the foundation of the task, ongoing observation of the response to intervention strategies, and varying the selection and use of intervention strategies depending on the response of the child. <u>Direct intervention should never be provided without consultation to family members and other team members.</u>

5.2 Consultation consists of an evaluation/assessment by a therapist with subsequent direction to the child's parents, caregivers, educators or other professionals, regarding activities or program modifications which can be incorporated into play, self care, and/or family routines and activities. Consultative interventions are designed to enable others to integrate intervention strategies into their interactions with the child and family to address issues that are identified. Consultation may be provided in conjunction with direct intervention or as a separate intervention. Consultation involves the therapist using his or her knowledge and experience to enable another person to interact with the child or group of children more successfully. Consultation may involve directions for positioning, suggesting activities that promote the acquisition of certain functional skills, modifications to an existing program to improve endurance and speed, recommendations for orthotics, and/or making suggestions for environmental changes. Often, consultative intervention

Can be provided when two interventionists work together with the family or through a meeting or phone discussion.

1.0 DETERMINING NEED FOR THERAPY:

Children with developmental delays will generally follow one of three patterns:

1.1 Typical, with global delay (**typical/global)**;
1.2 Typical with uneven severity of the delay (**typical/variable**); or
1.3 **Atypical**.

A child with global delay has delays that are relatively equal in all domains, in contrast to a child with a delay in one or more areas that is more severe than other areas. An example of a child with a typical/global delay is an 18 month old child whose motor, cognitive, social, and adaptive skills are at the 9 month level. An 18 month child whose motor, cognitive, social, and adaptive skills are at 12 months, while language skills are at 6 months is an example of a child with a typical/variable delay. These two scenarios are considerably different from the child whose development is not only delayed, but "atypical" or different in quality when compared with children of any age. Examples of atypical development include toe walking, scissoring of legs during ambulation, a persistent clenched fist or echolalia. The constellation of therapeutic services will be different for each of these children.

Many of the children in BabyNet do not have, and are not likely to have, a medical diagnosis or clear cause for delay. Therefore, many children with global developmental delays may not benefit from direct OT, PT, or ST. Other interventions and supports are available through BabyNet and through other federal, state, and community programs. All of these options should be addressed during the IFSP discussions to help the family understand the array of services which may be available to them.

The inclusion of specific therapies in the IFSP should never be based solely on the presence of a medical diagnosis or delay. For example, all children with cerebral palsy do not need PT just because they have cerebral palsy, and all children with language delays do not need ST just because they have a language delay. Therapy should be linked to specific family established outcomes, regardless of the underlying cause. An important point to remember is that intervention can be either direct or consultative, and occur at varying frequencies -- not just once or twice a week. There are many children who require therapeutic intervention, but only at periodic intervals.

Frequency of therapy should depend on the amount of time necessary for the family to incorporate new techniques into family routines and for the therapist to reevaluate or assess the child's response to therapeutic interventions. If the only time the child is performing functionally relevant therapeutic activities is during the session with the therapist, therapy is not likely to be beneficial and therefore not supported by BabyNet. To extend that premise, if the child is making progress at a rate that requires the therapist to vary the treatment and the home program monthly, multiple weekly visits are not supported by BabyNet.

In general, a need for therapy services depends on the answers to several questions.

1.1 Is a particular skill, like walking, delayed more than the child's general overall development (typical/variable)? If no, therapy is probably not indicated. If yes, is there a reason why (e.g., vision, hearing, poor endurance due to health problems, lack of movement, lack of strength, sensory problems, lack of opportunity to practice)? The answer to that "why" will indicate whether direct intervention may or may not be helpful.

1.2 Are the prerequisites for that skill emerging or present? If so, are they typical? Examples of typical emerging or present prerequisites include: a child is not walking but can assume sitting and coming to stand or a child is not chewing but is munching and lateralizing the tongue. In these instances, direct intervention is likely not needed. If the prerequisite skills are not emerging, is there a reason why (e.g., vision, hearing, endurance, sensory problems, weakness, lack of opportunity to practice)? Can these areas be improved medically, by family education, or environmental change? Direct intervention may be helpful here. Is the major limitation lack of practice or lack of endurance? If so, consultation and development of a program to be carried out by early interventionists and caregivers may be more appropriate.

1.3 Is the reason for the lack of emergence of a skill remediable? If it is, then the focus should be on that remediation. Frequently, remediation is medical and outside the realm of BabyNet services (e.g., surgery, medications, injections, etc.). If, however, the reason for lack of development of a functionally important skill is remediable (e.g., lack of strength of an innervated muscle) then direct intervention is likely to be helpful. If not, therapy should be focused on a different means of establishing the function. For example, the focus of OT in a child with pervasive developmental disorder is to help the child tolerate and learn from sensory stimuli and therefore to be able to tolerate sensorimotor and social exploration, not to “normalize behavior.” If a child is not talking because they are profoundly hearing impaired, the focus of therapy will be on multi-modal communication. If the reason for the lack of development of a functionally important skill is remediable, then therapy is likely to be helpful.

1.4 The flow chart in the **Appendix** details the therapy decision process for BabyNet services.

1.5 In general, for a child to benefit from OT, PT and ST the following should be considered:

a. A child whose development is typical and globally delayed (typical/global) will probably not need extensive PT, OT, ST services. The functional outcomes for a child with global developmental delays can usually be met with a home activity program and periodic monitoring through consultation.

b. A child whose development is delayed with specific areas out of proportion form overall development (an uneven severity of the delay – typical/variable) will likely benefit from direct intervention and consultation in the domains of greater delay.

c. A child with atypical development will generally benefit from direct intervention and consultation in the atypical domain.

d. A child with a specific medical diagnosis will probably benefit from direct intervention and consultation, although the provision of services should be based on functional deficits and functional goals, and not only on the presence of a diagnosis.

e. A child who has delays based solely on the lack of experience or “immaturity” will probably benefit more from special instruction than from other services; although, consultation from a specific therapy service may be helpful in addressing specific issues or to provide examples of intervention strategies.

f. A child for whom any adaptation to a task or for whom adaptive equipment is being considered will probably benefit from consultative OT, PT, ST.

g. Direct intervention must be based on family-centered outcomes and functional goals. OT, PT, or ST is probably not indicated when the only outcome is nonspecific developmental progress or “age-appropriate” development.

   a. Many children with delays in development can acquire competence through practice. Sufficient opportunities for practice are likely to occur not through direct therapy but through maximizing opportunities for using a particular skill within the activities and routines in which a child participates throughout a day. Opportunities for practice depend on individuals such as parents, child care personnel, or other people who spend a portion of time with a child during a day. For example, a child who is able to pull to standing or to stand is likely to acquire competence in these skills through practice. Opportunities for practice include “creating” opportunities, for example, for pulling to standing by holding toys (or other incentives up far enough that a child needs to pull to stand to get the incentive.) Therapists can help create these opportunities by working collaboratively with parents and other caregivers so they understand the importance of creating opportunities.

POLICY:

Generally, professionals/programs (including special instruction/early intervention) are not obligated to make up that time when:

1) A family declines a scheduled service by calling to say that the child is ill or that they will be away;
2) A family is not home at the agreed upon day and time;
3) A family calls to change days/times at the very last minute.

Professionals/programs must document the reason that the family did not receive services that day in the continuation notes.

There may be some situations in which it would be reasonable and beneficial to try to reschedule a cancelled visit. For example, if a physical therapist is scheduled to visit a child once a month after the child has been to his monthly orthopedist appointment, but the orthopedist reschedules the child's appointment to two days later, then it is reasonable that the physical therapist also reschedule his/her visit.

If a visit must be missed due to the professional's absence and the service is listed on the child's IFSP or if a professional/program is proactively planning to provide services knowing that a team member will be absent due to illness, vacation, maternity leave, etc., programs should:

1) Offer to have some team members substitute for other team members;
2) Use someone else who is not usually a part of the child's team to substitute for someone who is part of the team;
3) Offer services on days, including weekends, when services are not normally provided.

There are other creative ways that professionals/programs can use to make-up services, the only three requirements are that in each case:

1) There is documentation that the family is in agreement;
2) BN Payment Authorizations are current and cover the make-up services;
3) The program does not "make up" for one type of service with another type of service that was not included on the IFSP.

1) Authorization – Provider must have been issued a *BabyNet Payment Authorization* (DHEC 3203) before any service can be rendered.

2) Coinsurance - The dollar amount or percentage the policy holder pays. For example, with an "80/20 plan," the health plan would pay 80% of the bill and the policy holder would pay 20%. The 20% is the coinsurance.

3) Concerns – What the family members identify as needs, issues, or problems they want to address as part of the IFSP process.

4) Copayment – A fee paid for each doctor's office visit, medical service or prescription. For example, a health plan may have a $10 copayment for doctor's office visits. This means that for every doctor's visit, the patient would pay just $10.

5) Deductible - The amount of money the patient must pay before the health plan will pay its share. For example, a health plan with a $250 deductible requires the patient to reach that amount before the health plan begins paying.

6) Direct service – Treatment services provided directly to an eligible child or an eligible child's family in accordance with their IFSP.

7) Documentation – A chronological written account kept by the provider of all dates of services provided to or on behalf of a child and family. This includes IFSP meetings time and the results of all diagnostic tests and procedures administered to a child. All documentation must be readable and understandable to families and to persons who will monitor or audit the provider's billing.

8) Evaluation – The procedures used by appropriate qualified personnel to determine a child's initial and continuing eligibility under BN, consistent with the state's definition of eligibility including determining the status of the child in each of the developmental areas listed in the state's definition.

9) HMO – Health Maintenance Organization – A commercial health insurance plan that relies heavily on a network of providers and will typically require documentation and a standardized process to cover providers outside the network.

10) IFSP meetings – Attendance at the initial/annual IFSP meeting as a member of a child/family service team to assist in the completion of a written document on the IFSP form detailing individualized outcomes for the child and family, services based upon the unique needs of the child and family, and transition strategies. This definition includes periodic review of a child's IFSP every six months or more frequently if conditions warrant or if the family requests such a review.

11) Medicaid – A federally assisted program to help with medical expenses of eligible low-income families. It is administered through the S.C. Department of Health and Human Services.

12) Need – A condition or situation in which something is essential, necessary or required.

13) Outcome - A statement of the changes family members want to see for their child or themselves. Outcomes are written in a family-friendly manner that reflects the needs and priorities of the family. Outcomes must focus on useful skills and be measurable, containing criteria, procedures and timelines to help determine when the outcome is met.

14) PPO – Preferred Provider Organization – A commercial health insurance plan that contracts with a network of preferred providers but will reimburse at a lower rate for out-of-network providers.

15) Prior Authorization – Indicates that BabyNet Central Office must first approve the service in order for a BabyNet Payment Authorization to be valid.

16) Priorities – A family's choices and agenda for how BabyNet will be involved in the family life.

17) Private insurance – Group (HMO or PPO) – Group insurance is usually offered through an employer. The employer may purchase a policy from an insurance company or may administer its own (self-insured) plan. Coverage varies with each plan.

18) Private insurance – Individual (HMO or PPO) – Health insurance is purchased out-of-pocket directly from an insurance company to cover one or more members of a family. Coverage varies widely with each plan.

19) Provider - Any individual or group of individuals that provide a service such as physicians, hospitals, therapists, etc.

20) Resources – The strengths, abilities, and formal or informal supports that can be mobilized to meet the family's concerns, needs, or outcomes.

21) Review parameters – High end of the usual range of prescribed intervention for children receiving BabyNet services. If the IFSP team determines that BN Services are needed at a level above the customary review parameter, prior authorization must be submitted to BabyNet Central Office.

22) Valid denial – A written statement from an insurer or an EOB containing the child's name, specific service, date of service, and justification for denial.

23) Under the supervision of - Work performed under the guidance and direction of a supervisor who is responsible for supervision of the work and who plans work and methods.

24) Units of service – Procedures for determining units of service are the same as the established CMS/Medicaid guidelines.

BabyNet Form Codes

Exit Codes	
0	Deceased
1	Moved Out of State
2	Ineligible by Diagnosis or Testing (Referral ONLY)
3	Refusal of Services by Parent
4	Attempts to Contact Unsuccessful
5	Exit at 3, Part B Eligibility Not Determined
6	Exit at 3, Not Eligible for Part B, Exit with No Referrals
7	Exit at 3, Not Eligible for Part B, Exit to Other Programs
8	Exit at 3, Part B Eligible
9	Completion of IFSP Outcomes, Prior to Age 3
10	Non Consent (referral ONLY)
11	Exit at 3, No Referral to Part B – Parent Request ONLY
Late IFSP Reason Codes	
PR	Parent Request (e.g., child hospitalized, child ill, parent ill, scheduling conflict, death in family)
NC	Unable to Contact Family to Initiate IFSP
BN	BNSC Non-compliance (Did not schedule meeting timely, service coordinator unavailable, data not submitted to TECS or entered directly into BabyTrac, waiting for documentation)
Service Delay Reason Codes:	
PRO	Provider Not Available (child cannot be referred for service because there are no BN contracted providers)
NC	Unable to Contact Family to Obtain Consent to Initiate Service
PR	Parent Request (child hospitalized, child ill, parent ill, scheduling conflict, death in family)
EVAL	Waiting for Evaluation or Ongoing Service (e.g., child referred but provider has a waiting list; appointment scheduled but >30 days)
Funding Codes (Record all that apply)	
BN	BabyNet – Use if BN Payment Authorization is being issued for service.
CRS	Children's Rehabilitative Services (CRS)
DDSN	Department of Disabilities and Special Needs
FCP	Family Cost Participation – Use for Autism Services
MED	Medicaid
ORG	Private Organization/Agency
PRI	Private Insurance
PSI	Private Special Instruction Provider
SDB	South Carolina School for the Deaf and the Blind
TRI	TRICARE

Location Codes - Natural Environment	
COM	Community Activity or Place (e.g., library, park, recreation program, play group, etc.)
FCC	Family Child Care (relative/non-relative)
HOM	Home
PTC	Program Designed for Typically Developing Children (majority of children do not have a disability)
Location Codes – Non Natural Environments (Justification Required)	
HOS	Hospital (inpatient)
PDD	Program Designed for Children with Developmental Delays or Disabilities (special purpose facility)
RES	Residential Facility
SPL	Service Provider Location (e.g., office, clinic, outpatient hospital)
Race Codes	
CA	White (not Hispanic)
BL	Black
LA	Hispanic (i.e., Cuban, Mexican, Puerto Rican, South or Central America, Spanish)
AS	Asian/Pacific Islander (i.e., China, India, Japan, Korea, Philippine Islands)
NA	American Indian/Alaskan Native
Relation Codes	
PA	Parent (biological or adoptive)
GP	Grandparent
FP	Foster Parent
REL	Relative (not grandparent)
GU	Guardian
Primary Method Codes (Select One)	
DR	Direct
CO	Consultative

BabyNet Service/Procedure Codes Reference

Service Code	Description	Unit of Service	Review Parameters	Rate	Medicaid
ASSISTIVE TECHNOLOGY (Prior Authorization Required) – for additional codes see BN policy 05.03.00					
V5275-RT V5275-LT	Ear Molds (not disposable) RT=Right , LT=Left	Ea.	6/365	$19.90	YES
AUDIOLOGY - for additional codes see BN policy 05.04.00					
92557	Hearing Evaluation	Ea.	1 unit/365 days	$42.06	YES
92557-52	Hearing Re-evaluation	Ea.	6 units/365 days	$21.03	YES
AUTISM					
X0001	Autism Initial Workshop	Ea.	1 unit/1095 days	$1,200	NO
X0200	Quarterly Reassessment	Ea.	1 unit/90 days	$600	NO
X3000	Paraprofessional Trmt.	Hour	20 units/week	$8.00	NO
HEALTH (Prior Authorization Required)					
99361	Health Consultation	Ea.	2 units/365 days	$30.00	NO
INTERPRETATIVE					
T1013	Interpretation – Onsite	15 min.	12 units/1 day	$10.00	NO
T1013-D	Interpretation/Translation – Offsite	15 min.	12 units/1 day	$5.00	NO
T-1013-W	Written Translation-Offsite/Onsite	15 min.	4 units/1 day	$7.00	No
MEDICAL (Prior Authorization Required)					
99202	Medical Services	Ea.	1 unit/365 days	$50.00	NO
NURSING (Prior Authorization Required)					
T1001	Evaluation/Assessment – Non-NE	15 min.	24 units/180 days	$11.39	If provided by DHEC, Hospital, or Home Health
T1001-D	Evaluation/Assessment – NE	15 min.	24 units/180 days	$14.73	If provided by DHEC, Hospital, or Home Health
W8752	Nursing Services – Non-NE	15 min.	64 units/30 days	$11.39	If provided by DHEC, Hospital, or Home Health
W8753	Nursing Services – NE	15 min.	64 units/30 days	$14.73	If provided by DHEC, Hospital, or Home Health
W8770	IFSP Team Meeting/Consultation	15 min.	8 units/60 days	$11.39	NO
NUTRITION					
W8772	Assessment – Non-NE	15 min.	24 units/180 days	$11.39	If provided by DHEC, Hospital, or Home Health
W8773	Assessment – NE	15 min.	24 units/180 days	$14.73	If provided by DHEC, Hospital, or Home Health
97802	Nutrition Services – Non-NE	15 min.	64 units/30 days	$11.39	If provided by DHEC, Hospital, or Home Health

Service Code	Description	Unit of Service	Review Parameters	Rate	Medicaid
W8762	Nutrition Services – NE	15 min.	64 units/30 days	$14.73	If provided by DHEC, Hospital, or Home Health
W8774	IFSP Team Meeting/ Consultation	15 min.	8 units/60 days	$11.39	NO
OCCUPATIONAL THERAPY					
97003	Evaluation/Re-evaluation	Ea.	2 units/365 days	$76.15	YES
97530	Individual Services	15 min.	4 units/ per day	$26.49	YES
99241-GO	IFSP Team Meeting/ Consultation	15 min.	8 units/60 days	$15.00	NO
PHYSICAL THERAPY					
97001	Evaluation/Re-evaluation	Ea.	2 unit/365 days	$71.61	YES
97110	Individual Services	15 min.	4 units/ per day	$26.49	YES
99241- GP	IFSP Team Meeting/ Consultation	15 min.	4units/ per day	$15.00	NO
PSYCHOLOGICAL (Prior Authorization Required)					
96101	Psychological Testing/Evaluation	30 min.	20 units/1095 days	$30.00	YES
99401	Individual Services	30 min.	2 units/1 day	$30.00	YES
99241	IFSP Team Meeting/ Consultation	15 min.	8 units/60 days	$10.00	NO
SOCIAL WORK					
W8737	Evaluation/Assessment – Non-NE	15 min.	16 units/365 days	$11.25	If provided by DHEC, Hospital, or Home Health
W8738	Evaluation/Assessment – NE	15 min.	16 units/365 days	$14.73	If provided by DHEC, Hospital, or Home Health
W8780	Individual Services – Non-NE	15 min.	8 units/7 days	$11.25	If provided by DHEC, Hospital, or Home Health
W8781	Individual Services – NE	15 min.	8 units/7 days	$14.73	If provided by DHEC, Hospital, or Home Health
W8741	IFSP Team Meeting/ Consultation	15 min.	8 units/60 days	$11.25	NO
SPECIAL INSTRUCTION					
SPI01	Special Instruction	15 min.			YES
SPEECH					
92506-HA	Evaluation	Ea.	1 per lifetime	$121.03	YES
92506-52	Re-evaluation/ Assessment	Ea.	2 unit/365 days	$60.52	YES
92507	Individual Services	15 min.	4 units / per day	$28.79	YES
99241-GN	IFSP Team Meeting/ Consultation	15 min.	8 units/60 days	$15.00	NO

Service Code	Description	Unit of Service	Review Parameters	Rate	Medicaid
TRANSPORTATION					
X8600	Transportation Reimbursement for Parents	Per Mile		$00.30	BN does not pay for transportation when child has Medicaid.
VISION - for additional codes see BN policy 05.17.00					
92004	Comprehensive medical exam/evaluation with initiation of diagnostic and treatment program, new patient	Ea.	1 unit/1 day	$121.42	YES
92014	Comprehensive medical exam/evaluation with initiation of diagnostic and treatment program, established patient	Ea.	1 unit/1 day	$89.85	YES

KEY

NE = Natural Environment
Non-NE = Non-Natural Environment