

Providers and CFCs Questions and Answers for April 2010

Q: *When I bill a claim to insurance sometimes I have to use multiple codes (i.e. 92507 and 92526) for appropriate billing to the insurance company. How should I then bill this to Early Intervention CBO?*

A: Providers are always required to bill insurance in a manner that is acceptable for the insurance company. Providers are also required to bill Early Intervention per specific billing guidelines therefore when applicable changes would be made to the claim in order to adhere to billing rules for both entities. After billing the insurance company, the EOB would indicate both procedure codes and the action taken for each (applied to deductible, paid, denied etc.). Since Early Intervention only authorizes one procedure code for direct service (i.e. 92507) the claim would need to be updated before submitting to the CBO. The only code that would be submitted on the claim form to CBO is the EI authorized procedure code. This code would be billed in one line of service but include the total billed amount for both codes to insurance. If the claim is submitted inappropriately to the CBO, it will be denied as billed amounts does not match. The provider would be required to correct the billed amount on the EI claim to match the total billed amount on the insurance EOB.

Q: *I completed an initial evaluation for an EI participant. The family decided to not have an IFSP meeting and continue on with the Early Intervention program. I am concerned about not being paid for the initial evaluation because it cannot be billed along with the IFSP meeting since one did not occur.*

A: In the event that a family decides to exit the program during the Intake period after initial evals have been completed. The credentialed evaluators can still be paid for the evals as long as the case was closed and no IFSP period was entered by the SC. During the billing process the CBO can verify that the case is closed and no IFSP was entered. As long as all other billing rules were adhered the claim would be paid.

Note: The credentialed evaluator can also be paid for the initial eval under the following scenario. After the initial evals are completed, an IFSP (IM) meeting occurred but then the parent decided to exit the program and then the case is closed. Since the provider actually spent time at an IFSP meeting then they are entitled to be paid for this service. The SC should issue an IM auth that exists during the Intake period. An IFSP period will not be entered. The provider should bill both dates and procedure to the CBO for payment consideration.