

Providers and CFCs Questions and Answers for September 2010

Q: *When waivers are issued do they cover individual direct services as well as group services?*

A: Individual direct services and group services are separate types of services with different procedure codes and rates of pay therefore must be treated separately. Insurance companies sometimes will pay one type of service and not the other. If the insurance is going to pay for one type there would be no need for a waiver to be issued for that service type. In the instances of pre-billing waiver, the Service Coordinators must indicate on the Benefit Verification request if it is for individual only, group only or both. If nothing is indicated and the waiver is applicable, the CBO will issue the waiver to individual only. The waiver form will indicate this. In instances of post billing waivers, depending upon the procedure code billed will determine if the waiver is issued for individual or group services.

Q: *Can providers' bill for time spent completing the Developmental Justification of Need Worksheet?*

A: Yes, this worksheet along with any required Early Intervention report can be billed using IFSP Developmental codes. Please refer to the Early Intervention Codes and Rates Manual for more information on billable and non billable activities for IFSP Development.