Early Intervention FAQ's

from the DMAS-DBHDS

Q: Who do we contact to find out if a new Provider has a signed Participations Agreement?

A: Please contact DMAS Provider Enrollment Services at providerenrollment@dmas.virginia.gov or 888-829-5373.

Q: Is an authorization required for Early Intervention services?

A: The Contractor must not require any additional service authorization beyond what is indicated in the IFSP for EI services, as defined by EI codes, nor delay the EI services authorized in the IFSP, unless the child does not meet EI criteria or the billing provider is not a certified EI provider. This is outlined in section 5.9 of the Medallion 4 Contract pg 79.

Q: With FAMIS Select, does that mean if private insurance does not cover early intervention services, then Medicaid is not billed and Part C funds become payor of last resort?

A: Yes

Q: What is considered reasonable effort when trying to get a PCP signature?

A: The specific efforts will vary depending on the individual situation, but could include multiple attempts to reach the physician, including visiting the physician's office, request for assistance from the family, etc.

Q: Don't goals from IFSP have to be in note as well documenting which ones were addressed?

A: Documentation of an intervention session or a service coordination contact must include the goals that were addressed during that visit or contact. It is not necessary to list goals that are not addressed.

Q: What diagnosis code would we use for EI TCM?

A: The diagnosis code is determined by the provider and should be based on the condition that is being addressed. DMAS cannot provide recommendations about what diagnoses codes should be used.

Q: How do I bill Medicaid for entitled social work services provided by a provider who meets all requirements?

A: Depending on the service that is being provided, the following codes can be used to bill for Part C entitled social work services: T1023, T1024, T1027, T1027 U1, T1015, T1015 U1.

Q: If documentation (contact note) is not completed within 5 business days, will Medicaid reimburse or will TA be provided?

A: The documentation must be completed within 5 days in order for DMAS to provide reimbursement for the services. The 5-business-day timeline applies only to having the note written and does not require that the contact note be placed into the child's early intervention record within that same period of time. If a handwritten note (that is to be transcribed into the electronic health record) is

completed within five business days that meets the requirement even if the note is not entered electronically until after the 5-business-day deadline.

Q: TRICARE says they are payor of last resort, but so does Medicaid. Which is true?

A: Part C always payor of last resort. Between TRICARE and Medicaid, Medicaid is payor of last resort.

Q: If time billed is supposed to be actual time spent with child/family, what is DMAS's position when IFSP says 60 minute session and 50 minutes are spent on intervention and therapist uses last 10 minutes for documentation?

A: Documentation should be part of the flow of the session. You start the session by asking the family how things are going and how the strategies have been working and you document the information from the family; this happens throughout the session (documenting what you did, what you did during session and plan for what you will do in the follow-up to session. This kind of documentation is part of that session.

Q: If a family does not want private insurance billed, does the attachment (Declining Early Intervention Services form) have to be submitted with each claim?

A: Yes