

## 108 Early Intervention Services

Early Intervention (EI) Services are specialty-oriented services delivered to infants/toddlers enrolled in Alabama's Early Intervention System (AEIS). Alabama's eligibility definition for Early Intervention is: a child birth to three years of age with a diagnosed mental or physical condition which has a high probability of resulting in developmental delay or who is experiencing a 25% delay in one or more of the five developmental areas: cognitive, physical to include vision/hearing, communication, social/emotional and adaptive. EI services include the following services provided in the natural environment unless otherwise denoted on the Individualized Family Service Plan (IFSP):

Early Intervention Services include:

Intake Evaluation	Psychological Testing
Basic Living Skills	Speech and Language Pathology
Audiology	Vision Services
Family Support	Treatment Plan Review
Physician Evaluation and Management Services	
Occupational Therapy (OT)	
Physical Therapy (PT)	

Eligible infants/toddlers receive EI Services through providers who contract with Medicaid to provide services to the eligible population.

### 108.1 Enrollment

The Alabama Medicaid Agency fiscal agent enrolls EI providers who meet the licensure and/or certification requirements of the State of Alabama, the Code of Federal Regulations, the *Standards For Serving Young Children With Disabilities and Their Families In Alabama* (EI personnel standards), the *Alabama Medicaid Administrative Code*, and the *Alabama Medicaid Provider Manual*.

Refer to Chapter 2, Becoming a Medicaid Provider, for general enrollment instructions and information. Failure to provide accurate and truthful information or intentional misrepresentation might result in action ranging from denial of application to permanent exclusion.

**National Provider Identifier, Type, and Specialty**

A provider who contracts with Alabama Medicaid as an EI provider is added to the Medicaid system with the National Provider Identifiers provided at the time application is made. Appropriate provider specialty codes are assigned to enable the provider to submit requests and receive reimbursement for EI-related claims.

**NOTE:**

The 10-digit NPI is required when filing a claim.

- EI providers are assigned a provider type of 63 (Services).

Valid providers for Early Intervention through contractual agreements include the following:

- Alabama Institute for Deaf and Blind (AIDB)
- Children's Rehabilitation Services (ADRS/CRS)
- Department of Mental Health (DMH)
- Division of Early Intervention (ADRS/EI)

**NOTE:**

CRS Specialty Clinics are not part of Early Intervention.

**Enrollment Policy**

Providers are qualified personnel who provide services within the natural environment unless otherwise denoted on the IFSP and provide services through a team approach.

Providers must meet recognized standards for infants/toddlers under AEIS and include the following disciplines, at a minimum:

- Audiologists
- Family Therapists
- Nurses
- Registered Dietitians
- Occupational Therapists
- Orientation & Mobility Specialists
- Physical Therapists
- Psychologists
- Social Worker
- Service Coordinators
- Special Instructors
- Speech & Language Pathologists
- Vision Specialists

## 108.2 Benefits and Limitations

All providers must participate in the development of the IFSP. All services must be provided as outlined on the IFSP.

Case management/service coordination is an integral part of Alabama's EI System. Case managers/service coordinators provide services such as evaluation/assessment, IFSP development, and coordination of services. Please see Chapter 106 addressing Targeted Case Management for Handicapped Children.

### IFSP Team

The IFSP teams are usually comprised of family support personnel, parents/family members, and other EI personnel as they relate to the identified needs of the infant/toddler. The team will establish a written IFSP. The IFSP team then implements this plan.

### 108.2.1 Covered Services

EI Services do not include services rendered under other Medicaid programs.

EI Services are covered when provided by a Medicaid-enrolled early intervention provider and are subject to retrospective review, which may result in monies being recouped. Payments are subject to recoupment when the documentation is insufficient to support the services billed (i.e. must be documented "with justification").

Types of covered services provided include, but are not limited to:

- Intake Evaluation
- Basic Living Skills
- Therapy (physical, speech/language, occupational)
- Family Support
- Audiology services
- Physician Evaluation and Management services
- Psychological testing
- Vision services
- Treatment Plan Review

An IFSP is required for each infant/toddler and Family Support Personnel is responsible for arranging specialty and needed services for the family.

The following is a description of each EI service. Please see the EI Services Grid for Billing Unit, Daily Maximum, Maximum Units and Billing Restrictions.

#### **Intake Evaluation (90801 with TL modifier for dates of service prior to 01/01/2013) (T1023 with TL modifier for dates of service 01/01/2013 and thereafter)**

##### Definition

Initial evaluation to determine child's eligibility for EI. Child will undergo an evaluation of all five developmental areas with a second procedure to confirm delay in at least one of the developmental areas. The evaluator(s) will determine child's functioning level and provide written report which will indicate child's functioning level in terms of percentage of delay or no delay. Eligibility determination will be

made by a multidisciplinary team. Ongoing assessment will be conducted to determine the child's continued eligibility for EI.

Key service functions include the following:

- A voluntary family assessment conducted in a personal interview
- Evaluation of the child's functioning level in the five developmental areas: cognitive, physical (includes vision & hearing), communication, social/emotional and adaptive
- Review of pertinent medical records or other developmental information
- Screening of vision and hearing
- Written report

#### Qualified staff

Evaluations & assessments may be performed by individuals who meet the test protocol for administering such tests as the Battelle, Bayley, E-LAP, DAYC, IDA, etc. These individuals include:

- Targeted case manager
- Family Support personnel (completion of the AEIS SI webinar is not required)
- Certified social worker licensed under Alabama law
- Occupational, Physical or Speech therapist licensed under Alabama law
- Audiologist licensed under Alabama law
- Individuals meeting ICC personnel standards for Family Training/Counseling/Home visits
- Registered nurse licensed under Alabama law
- Registered dietitian licensed under Alabama law
- Psychologist licensed under Alabama law
- School psychologist or psychometrist meeting Alabama's ICC personnel standards
- Individuals who have a bachelor's degree in ECSE/VI/HI who meet Alabama's ICC personnel standards (e.g. special instructors, family trainers, home visitors, service coordinators, social workers, etc.)
- Orientation & Mobility specialists as certified by the Association for Education & Rehabilitation of the Blind and Visually Impaired

#### Location

Service may be delivered in the child's natural environment or service provider location.

**Basic Living Skills (H0036 with TL modifier)****Definition**

Functional evaluation of the child in the child's natural environment. The purchasing, leasing or otherwise providing for the acquisition of assistive technology devices. Selecting, designing, adapting, or maintaining an AT device, in order to assist with basic living skills. Any training and/or technical assistance in developing or maintaining basic living skills to improve functional capacity.

Key service functions include the following:

- Evaluating the child's functioning level and determining need of assistive device
- Acquiring the device and providing maintenance or adaptation to the device.
- Providing child, family and providers on the appropriate use of the device so that the child receives the maximum benefit.
- Progress reports and physical participation in IFSP meetings
- Service will be provided per the IFSP

**Qualified staff**

- Occupational, Physical or Speech therapist licensed under Alabama law
- Certified social worker licensed under Alabama law
- Rehabilitation technology specialist
- Other individuals as defined by the ICC Personnel standards

**Location**

Service may be delivered in the child's natural environment or service provider location, with justification.

**Audiology (92507, 92508, 92550, 92552, 92553, 92555, 92556, 92557, 92567, 92568, 92579, 92582, 92583, 92585, 92586, and 92587— all codes must be submitted with TL modifier)**

Definition

Identification of children with auditory impairment. A determination of range, nature and degree of hearing loss and communication functions of the child. The provision of auditory training, aural rehabilitation, speech reading and listening device orientation and training. The determination of the child's need for individual amplification, including selecting, fitting and dispensing appropriate listening and vibrotactile devices and evaluating the effectiveness of those devices.

Key service functions include the following:

- Identifying auditory impairment based on appropriate audiologic screening techniques
- Determining the range and degree of hearing loss and communication functions
- Providing auditory training, aural rehabilitation, speech reading and listening device orientation
- Selecting, fitting and dispensing appropriate listening and vibrotactile devices and evaluating the effectiveness of those devices
- Progress reports and physical participation in IFSP meetings
- Service will be provided per the IFSP

Qualified staff

- Audiologist licensed under Alabama law
- Speech therapist licensed under Alabama law
- Hearing Aid Dealers
- Licensed Doctor of Medicine
- Staff will meet the ICC approved Personnel Standards for AEIS

Location

Service may be delivered in the child's natural environment or service provider location, with justification.

**Family Support (H2027 with TL modifier)****Definition**

Services provided to assist the family of an eligible child in understanding the special needs of the child and enhancing the child's development.

There are 2 distinct areas of service included in Family Support: Service Coordination and Special Instruction.

**Service Coordination**

**(Billable activities under H2027 will begin once a child is determined to be eligible for services)**

- Providing families with a single point of contact for Early Intervention (EI) services
- Development of Individualized Family Service Plan (IFSP)
- Discussion of evaluation results that determine the child is eligible for early intervention services
- Completing all EI procedural safeguard requirements to allow a child (referral) to receive early intervention services
- Review of eight core values and the early intervention vital message
  - Family centered
  - Developmentally appropriate
  - Individualized
  - Natural environment
  - Train/Equip
  - Collaborative
  - Routines based
  - Evidence-Based
- Completion of voluntary family assessment
- Development of IFSP document
- Assisting families in gaining access to the EI services and other services identified in the IFSP
- Ensuring all monthly services are scheduled according to planned services per IFSP
- Review of progress notes and family support notes to ensure that all services are being provided per the IFSP including frequency/duration and location and that current outcomes are being addressed
- Preparing a social/emotional developmental assessment of the child within the family context
- Making home visits to evaluate a child's living conditions and patterns of parent-child interaction

- Working with the family's living situation (home, community and other locations where early intervention services are provided) that affect the child's maximum utilization of early intervention services
- Attending home visits with service providers to ensure that services are being provided per the IFSP (outcomes are addressed, caregiver training, follow-through)
- Identifying and coordinating community resources and services to enable the child and family to receive maximum benefit from EI services
- Facilitating and participating in the review of the IFSP at 6 month and annual intervals
- Update of IFSP planned services at request of parent or guardian
- Communicate information between service providers and caregiver through ongoing contact among various team members via phone, email, or face-to-face contact
- Facilitating the timely delivery of services
- Assisting family in the transition process by facilitating 27 month and 33 month transition meeting. Ensure LEA receives referral in timely manner
- The LEA Referral Meeting CANNOT be billed under the EI Medicaid Option
- Closing a child's case with early intervention through contact with parent, ensuring that they understand EI services are ending and helping to connect the family to other resources when appropriate.
- Service Coordination provided to a child who is in the hospital, etc. CANNOT be billed under the EI Medicaid Option.

### **Qualified Staff for Service Coordinator**

Individuals must meet the ICC approved personnel standards and attend mandatory CPSD trainings.

### **Special Instruction**

- Working with the child and family to enhance the child's development and assure family follow through with routine activities on a daily basis
- Visiting the child in their home environment and addressing specific outcomes with the family/caregivers
- Promoting the child's acquisition of skills in a variety of developmental areas, including cognitive processes and social interaction
- Providing a family support note after each visit
- Providing developmental and functionally appropriate services
- Service will be provided per IFSP:



- Training the family regarding specific information regarding the child's disability
- How to carry out activities as indicated in the IFSP
- Home visits are a support to accomplished activities under the IFSP
- Social/emotional development assessment
- Enhancing the developmental skills of the child
- Providing structured intervention and routine, functional approach to children diagnosed with autism spectrum disorder.

**Qualified Staff for Special Instruction**

Individuals must meet ICC approved personnel standards and attend mandatory CSPD training.

**Location**

Service may be provided in the child's home environment or the service provider's location, with justification.

### **Physician Evaluation and Management Services (99382 with TL modifier)**

#### Definition

Services provided by a physician to determine a child's developmental status and need for early intervention services.

Key services functions include the following:

- To evaluate the child's on-going eligibility for AEIS.
- To determine if the child has a physical or mental condition that would make the child eligible, if no such diagnosis previously existed and the child was no longer experiencing a 25% delay to maintain eligibility for AEIS.
- Progress reports and physical participation in IFSP meetings
- Service will be provided per the IFSP

#### Qualified staff

- Licensed doctor of medicine

#### Location

Service may be provided in the child's natural environment or service provider location, with justification.

**Occupational Therapy (97165, 97166, 97167, 97168, 97110, 97530, 97532, and 97533 — all codes must be submitted with the TL modifier)****Definition**

Services to address the functional needs of the child related to adaptive development, adaptive behavior and play and sensory, motor and postural development. These services are designed to improve the child's functional ability to perform tasks in the home and community settings.

Key service functions include the following:

- Identification, assessment and intervention
- Adaptation of the environment, and selection, design and fabrication of assistive and orthotic devices to facilitate development and promote the acquisition of functional skills
- Prevention or minimization of the impact of initial or future impairment, delay in development or loss of functional ability
- Providing developmental and functionally appropriate services
- Teaming as appropriate with other IFSP team members in achieving the outcomes in the child's IFSP
- Progress reports and physical participation in IFSP meetings
- Service will be provided per the IFSP

**Qualified staff**

- Occupational therapist licensed under Alabama law
- Staff will meet the ICC approved Personnel Standards for AEIS

**Location**

Service may be provided in the child's natural environment or service provider location, with justification.

**Physical Therapy (97161, 97162, 97163, 97164, 97110, 97112, 97530, 97532, 97533, and 97760 — all codes must be submitted with the TL modifier)**

**Definition**

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.

Key service functions include the following:

- Screening, evaluation and assessment of infants and toddlers to identify movement dysfunction
- Obtaining, interpreting and integrating information appropriate to program planning to prevent, alleviate or compensate for movement dysfunction and related functional problems
- Providing individual and group services or treatment to prevent, alleviate or compensate for movement dysfunction and related functional problems
- Providing developmental and functionally appropriate services
- Teaming as appropriate with other IFSP team members in achieving the outcomes in the child's IFSP
- Progress reports and physical participation in IFSP meetings
- Service will be provided per the IFSP

**Qualified staff**

- Physical therapist licensed under Alabama law
- Staff will meet the ICC approved Personnel Standards for AEIS

**Location**

Service may be provided in the child's natural environment or service provider location, with justification.

**Psychological testing (96111 with TL modifier) Definition**

Administering psychological and developmental tests and other assessment procedures. Interpreting assessment results. Obtaining, integrating and interpreting information about the child behavior and child and family conditions related to learning, mental health and development. 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.

Key service functions include the following:

- Administering developmental tests
- Interpreting assessment results
- Planning psychological services and counseling to family related to the child's development
- Progress reports and physical participation in IFSP meetings
- Service will be provided per the IFSP

**Qualified staff**

- Psychologist licensed under Alabama law
- School psychologist certified by the Alabama State Department of Education for AA Certificate and/or holds the National Certification in School Psychology
- School Psychometrics certified by the Alabama State Department of Education for the A Certificate and/or listed in the Alabama Roster of Approved Psychologists and Psychometrics for Testing Children Referred for Placement in Special Education Classes
- Staff will meet the ICC approved Personnel Standards for AEIS

**Location**

Service may be provided in the child's natural environment or service provider location, with justification.

**Speech-Language Pathology (92523, 92507, and 92508 — all codes must be submitted with the TL modifier)**

**Definition**

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. Referral for medical or other professional services necessary for the habilitation or rehabilitation of children with communicative or oropharyngeal disorders and delays in the development of communication skills. Provision of services for the habilitation, rehabilitation or prevention of communicative or oropharyngeal disorders and delays in the development of communication skills.

Key service functions include the following:

- Identifying and evaluating delays in the development of communication skills
- Providing services to address the developmental delays of the child's communication skills
- Speech services include a variety of techniques, to include, but not limited to: speech, cued speech, auditory-verbal therapy, etc.
- Providing developmental and functionally appropriate services
- Teaming as appropriate with other IFSP team members in achieving the outcomes in the child's IFSP
- Progress reports and physical participation in IFSP meetings
- Service will be provided per the IFSP

**Qualified staff**

- Staff will meet the ICC approved Personnel Standards for AEIS

**Location**

Service may be provided in the child's natural environment or service provider location, with justification.

**Vision services (99173 with TL modifier)****Definition**

Evaluation & assessment of visual functioning, including the diagnosis and appraisal of specific visual disorder, delays and abilities. Referral for medical or other professional services necessary for the habilitation and rehabilitation of visual functioning disorders or both. Communication skills training, orientation and mobility training for all environments, visual training, independent living skills training, and additional training necessary to activate visual motor abilities.

Key service functions include the following:

- Determining the visual functioning level of the child
- Orientation and mobility training for all environments
- Visual training
- Independent living skills training
- Providing developmental and functionally appropriate services
- Teaming as appropriate with other IFSP team members in achieving the outcomes in the child's IFSP
- Progress reports and physical participation in IFSP meetings
- Service will be provided per the IFSP

**Qualified staff**

- Individuals with a bachelor's degree in the Education of the Visually Impaired and have an Alabama Class B teacher certificate
- Orientation & Mobility specialists as certified by the Association for Education & Rehabilitation of the Blind and Visually Impaired
- Licensed doctor of Optometry or Ophthalmologist
- Occupational or Physical therapist licensed under Alabama law
- Staff will meet the ICC approved Personnel Standards for AEIS

**Location**

Service may be provided in the child's natural environment or service provider location, with justification.

**Treatment Plan Review (H0032 with TL modifier)****Definition**

Review and/or revision of a client's IFSP by qualified staff members. Treatment outcomes will be written in family friendly terms, based on the family's priorities and concerns. A variety of disciplines may be involved based on the results of the multidisciplinary evaluation and assessment that determined the child's eligibility for EI. The meeting for this review will only occur if the family is present.

- The IFSP is reviewed with the family
- Treatment outcomes are functional in nature
- Modification or revision of treatment outcomes or services are made as necessary and coordinated through the Family Support Personnel
- After the initial IFSP is written, the plan will be reviewed, at a minimum, every six months
- The 6 month review can be done via telephone with the parent by the therapist or special instructor. A sign-in sheet is required as documentation for billing the 6 month review
- IFSP reviews may also be conducted via various videoconference mediums

**Qualified staff**

See staff listed under previous EI services

**Location**

Service may be provided in the child's natural environment or via telephone or various videoconference mediums.

**108.2.2 Reimbursement**

Claims may be submitted for reimbursement for multiple early intervention (EI) services to a recipient on a given day. However, a provider may only submit one claim per day for a particular service to a recipient. For example, an infant may receive service coordination, special instruction, and speech therapy all on date of service. Each face to face contact for speech therapy and special instruction with the infant would constitute an encounter. Each contact for service coordination with the family, whether face-to-face or other would also constitute an encounter.

Each discipline will be able to submit a claim for reimbursement: H2027-family support (service coordination) in the office or other, if justified, and speech therapy in the home or other, if justified. Providers will be able to submit a claim for each individual service to the child per IFSP. If a provider is qualified to provide more than one EI service, then each claim for reimbursement and documentation should clearly distinguish which service was rendered and there should be a clear delineation of types of services provided to the infant/toddler.

\*Covered services are face-to-face contacts during which a professional team member provides an EI service to an infant/toddler. They are identified based on the data from the individual EI records.



\* An exception to face-to-face contacts is the 6 month review of the treatment plan. The 6 month review plan is allowable to be billed when the service plan is reviewed by telephone. It may still be done face-to-face if preferred by the parent.

Face-to-face contact is also defined as utilizing various videoconference mediums.

The definition of a professional team member depends upon the type of service being delivered.

### **108.2.3 Maintenance of Records**

The provider must make available to the Alabama Medicaid Agency at no charge all information regarding claims for services provided to eligible recipients. The provider will permit access to all records and facilities for the purpose of claims audit, program monitoring, and utilization review by duly authorized representatives of federal and state agencies. The provider maintains complete and accurate fiscal records that fully disclose the extent and cost of services.

The provider maintains documentation of progress notes and dates of service.

The provider maintains all records for a period of at least three years plus the current fiscal year. If audit, litigation, or other legal action by or on behalf of the state or federal government has begun but is not completed at the end of the three-year period, the provider retains the records until the legal action is resolved. The provider must keep records in a format that facilitates the establishment of a complete audit trail in the event the items are audited.

## **108.3 Prior Authorization and Referral Requirements**

Early Intervention codes do not require prior authorization. Refer to Chapter 4, Obtaining Prior Authorization, for general guidelines.

When filing claims for recipients enrolled in the Alabama Coordinated Health Network (ACHN) Program, refer to Chapter 40 to determine whether your services require a referral from the Primary Care Physician (PCP).

## **108.4 Cost Sharing (Copayment)**

Copayment does not apply to services provided by EI Providers.

## **108.5 Completing the Claim Form**

To enhance the effectiveness and efficiency of Medicaid processing, providers should bill Medicaid claims electronically.

EI Providers that bill Medicaid claims electronically receive the following benefits:

- Quicker claim processing turnaround
- Immediate claim correction
- Online adjustment functions
- Enhanced access to eligibility information

Refer to Appendix B, Electronic Media Claims Guidelines, for more information about electronic filing.

This section describes program-specific claims information. Refer to Chapter 5, Filing Claims, for general claims filing information and instructions.

### **108.5.1 Time Limit for Filing Claims**

Medicaid requires all claims for EI services to be filed within one year from the date of service. Refer to Section 5.1.5, Filing Limits and Approved Exceptions, for more information regarding timely filing limits and exceptions.

### **108.5.2 Procedure Codes and Modifiers**

Medicaid uses the Healthcare Common Procedure Coding System (HCPCS). HCPCS is composed of the following:

- American Medical Association's Current Procedural Terminology (CPT)
- Nationally assigned codes developed for Medicare

The CPT manual lists most procedure codes required by Medicaid. This manual may be obtained by contacting the Order Department, American Medical Association, 515 North State Street, Chicago, IL 60610-9986. The (837) Professional, Institutional and Dental electronic claims and the paper claim have been modified to accept up to four Procedure Code Modifiers.

The following procedure codes have been approved for billing by Early Intervention providers.

#### **EI Services Grid**

(All these Procedure Codes **require** a TL modifier)

<b>Procedure Code</b>	<b>Billing Unit</b>	<b>Daily Maximum</b>	<b>Maximum Units-Annual</b>	<b>Description</b>	<b>Same Day Services Not Allowed (Billing Restrictions)</b>
T1023	Episode	3	6	Intake Evaluation	All other EI services except TCM and Family Support Personnel NOTE: Two different disciplines may bill for this service on the same day.
H0036	1	2	24	Basic Living Skills	May not be billed by two different disciplines on the same day with the same provider specialty

<b>Procedure Code</b>	<b>Billing Unit</b>	<b>Daily Maximum</b>	<b>Maximum Units-Annual</b>	<b>Description</b>	<b>Same Day Services Not Allowed (Billing Restrictions)</b>
92507	1	1	104	Audiology services	May not be billed by two different disciplines on the same day with the same provider specialty
92508	1	1	104		
92550	1	1	48		
92552	1	1	48		
92553	1	1	48		
92555	1	1	48		
92556	1	1	48		
92557	1	1	48		
92567	1	1	48		
92568	1	1	48		
92579	1	1	48		
92582	1	1	48		
92583	1	1	48		
92585	1	1	48		
92586	1	1	48		
92587	1	1	48		
H2027	15 min	24	600	Family Support	May not be billed by two different disciplines on the same day with the same provider specialty. SW may not be provided in conjunction with services from AL Dept of Human Resources
99382	30 min	4	10	Physician Evaluation and Management Services	May not be billed by two different disciplines on the same day with the same provider specialty
97165	30 min	1	1	Occupational Therapy	May not be billed by two different disciplines on the same day.
97166	45 min	1	1		
97167	60 min	1	1		
97168	30 min	1	192		
97110	15 min	4	192		
97530	15 min	4	192		
97532	15 min	4	192		
97533	15 min	4		Physical Therapy	May not be billed by two different disciplines on the same day.
97161	20 min	1			
97162	30 min	1	1		
97163	45 min	1	1		
97164	20 min	1	1		
97110	15 min	4	1		
97112	15 min	4	192		
97530	15 min	4	192		
97532	15 min	4	192		
97533	15 min	4	192		
97760	15 min	4	192		
96111	1	1	3	Psychological testing	May not be billed by two different disciplines on the same day with the same provider specialty

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<b>Procedure Code</b>	<b>Billing Unit</b>	<b>Daily Maximum</b>	<b>Maximum Units-Annual</b>	<b>Description</b>	<b>Same Day Services Not Allowed (Billing Restrictions)</b>
92507 92508 92523	1 1 1	1 1 1	104 104 6	Speech-Language Pathology	May not be billed by two different disciplines on the same day with the same provider specialty
99173	1	1	52	Vision services	May not be billed by two different disciplines on the same day with the same provider specialty
H0032	30 min	10	40	Treatment Plan Review	Individuals must be part of the IFSP team and only one person per discipline can bill for this service on any given day

### **108.5.3 Place of Service**

Claims should be filed with Place of Service (POS) Code 11 (office), 12 (home) or 99 (daycare).

### **108.5.4 Required Attachments**

To enhance the effectiveness and efficiency of Medicaid processing, your attachments should be limited to the following circumstances:

- Claims With Third Party Denials

Refer to Section 5.8, Required Attachments, for more information on attachments.

## **108.6 Covered Services Eligible for Telemedicine**

Refer to Chapter 112, Telemedicine Services, for general information and limitations.

## **108.7 For More Information**

This section contains a cross-reference to other relevant sections in the manual.

<b>Resource</b>	<b>Where to Find It</b>
CMS-1500 Claim Filing Instructions	Chapter 5
Electronic Media Claims (EMC) Submission Guidelines	Appendix B
AVRS Quick Reference Guide	Appendix L
Alabama Medicaid Contact Information	Appendix N