This drafted Early Childhood Intervention (ECI) medical policy is open for a two-week public comment period. This box is not part of the drafted policy language itself and is intended for use only during the comment period to provide readers with a summary of the new policy.

As mandated by House Bill 4, 87th Legislature, Regular Session, 2021, HHSC is publishing a draft of the new ECI medical policy for the delivery and reimbursement for some Medicaid services delivered using telecommunications or information technology.

The following is a summary of the scope for this policy review:

* Updated references to the Texas Administrative Code (TAC) to align with a 2020 administrative transfer
* Addressed requirements mandated by House Bill 4, 87th Legislature, Regular Session, 2021 by adding language pertaining to telehealth synchronous audio-visual services and exclusions
* Made audio-only specialized skills training allowable only during a Declaration of State of Disaster

The following is out of scope for this review:

* All other sections of the ECI policy outside of telehealth and updates to the Texas Administrative Code

Some policy language that is out of scope for this review is included in this document for context. New policy language has been underlined and deleted language has been struck-through to highlight proposed policy changes.

Note: Once implemented, updated policy language regarding the delivery of telehealth synchronous audio-visual services and exclusions to synchronous audio-visual services will be contained in the [Texas Medicaid Provider Procedures Manual](https://www.tmhp.com/resources/provider-manuals/tmppm) (TMPPM) Vol 2: Children’s Services Handbook.

**Texas Medicaid**

# Early Childhood Intervention (ECI) Services

## Statement of Benefits

**NOTE:** Providers that perform Early Childhood Intervention (ECI) services must follow the 26 Texas Administrative Code (TAC) Part 1, Chapter 350 in its entirety.

1. ECI services covered under this medical policy include specialized rehabilitative services (SRS), which includes occupational therapy (OT), physical therapy (PT), speech therapy (ST), and specialized skills training (SST), and targeted case management (TCM).
2. ECI services of OT, PT, ST, SST and TCM are provided to Medicaid-eligible clients who are birth through 35 months of age and have a documented developmental delay or a medically diagnosed condition as established by HHSC (26 TAC, Part 1, Chapter 350), or an auditory or visual impairment as defined by the Texas Education Agency (19 TAC §89.1040).
3. To the maximum extent appropriate, ECI services are delivered in the client’s natural environment, as defined in 26 TAC, Part 1, Chapter 350, and are family-centered.
4. The interdisciplinary team must document ECI eligibility decisions in accordance with 26 TAC, Part 1, Chapter 350.
	1. The eligibility statement must be in the child’s record and updated when eligibility changes or is re-determined.
5. All documentation of ECI services, including the plan of care specified in the Individualized Family Service Plan (IFSP) must be retained in the client’s record and available upon request.
	1. The IFSP is a written plan of care for providing early childhood intervention services and other medical, health, and social services to an eligible child and the child’s family when necessary to enhance the child’s development.
6. ECI service providers are employees and subcontractors of non-profit entities that have contracts with the State of Texas for the provision of Individuals with Disabilities Education Act (IDEA) Part C Early Childhood Intervention services.
7. Medically necessary services may be provided by other Medicaid-enrolled providers in addition to the services provided by the ECI contractor. For example, the family may choose to receive speech therapy from the ECI contractor and physical therapy from a home health provider. Or, outpatient clinic personnel may have expertise that will enhance the services of the ECI provider resulting in ECI providers and other Medicaid-enrolled providers providing services within the same discipline.
	1. Only the services provided to ECI enrolled children by ECI contracted entities are covered under this medical policy.
	2. Services provided by other Medicaid-enrolled providers, including other providers of physical, occupational, and speech therapy, must comply with the Medicaid medical policies that apply to those provider types (e.g., outpatient rehabilitation facility, home health agency).

## Physical, Occupational, and Speech Therapies and Specialized Skills Training (PT, OT, ST, and SST)

1. ECI services use techniques by which the ECI service provider engages the family or caregiver in activities to meet the developmental needs of the child.
2. ECI services are performed in accordance with this policy and 26 TAC, Part 1, Chapter 350.
3. To the maximum extent possible, ECI services are provided in the client’s natural environment, as defined in 34 CFR Part 303, unless the IFSP team determines the identified outcomes cannot be achieved in a natural environment. Natural environments are defined as settings that are natural or typical for the same-aged infant or toddler without a disability, and may include the home and community settings such as daycare, playgrounds, stores, and restaurants.
	1. Justification for providing services in other settings (e.g., office, clinic, Prescribed Pediatric Extended Care Center [PPECC]) must be documented in the client’s record.
4. PT, OT, ST, and SST are benefits for clients with an acute or a chronic condition when documented on the IFSP.
	1. Documentation on the IFSP is evidence that services are developed and recommended by the child’s interdisciplinary team, including the parent(s), and a licensed practitioner of the healing arts (as defined in 26 TAC, Part 1, Chapter 350).
5. PT, OT, ST, and SST must be performed and delivered as identified in the IFSP.
	1. Missed visits may be rescheduled within the authorization period as long as the total number of visits or units provided does not exceed the amount authorized. The ECI contractor must document the reason for visits outside of the weekly or monthly frequency in the client’s record.
6. A single identified need and treatment goal (outcome on the IFSP) may be addressed by more than one discipline.
7. More than one discipline can evaluate a child at the same time to facilitate compliance with the federal requirement for multidisciplinary evaluation (34 CFR, Part 303).
8. A client may receive a combination of PT, OT, ST, or SST with any other IFSP service when the IFSP indicates necessity for co-visits or co-treatment (i.e., two or more services to be provided at the same time)
9. PT, OT, ST, and SST may be delivered to a client individually or in a group setting according to 26 TAC, Part 1, Chapter 350 and when documented in the IFSP.
10. Documentation of each PT, OT, ST, and SST contact must be entered into the child’s record in accordance with 26 TAC, Part 1, Chapter 350.

## Telehealth Synchronous Audio-visual Services

1. Providers must defer to the needs of the person receiving services, allowing the mode of service delivery to be accessible, person- and family-centered, and primarily driven by the person in service’s choice and not provider convenience.
2. Services identified in section 20 of this policy may be provided via a telehealth service delivered using synchronous audio-visual technology, if:
	1. The provider determines the service is clinically appropriate (the provider is able to comply with the standard of care that would apply to the provision of the same service if delivered in-person);
	2. The provider determines delivering the service using synchronous audio-visual technology is safe; and
	3. The provider delivers the telehealth service in compliance with the requirements and limitations of the Telecommunications Services Handbook (Vol. 2, Provider Handbooks) and standards established by the respective licensing or certifying board of the provider delivering the service.
3. The following services may be provided as a telehealth service delivered using synchronous audio-visual technology:
	1. Targeted Case Management (procedure code T1017)
	2. Specialized Skills Training (procedure code T1027)
	3. Physical Therapy Evaluations- Low, Moderate, and High Complexity and re-evaluation (procedure codes 97161, 97162, 97163, 97164)
	4. Occupational Therapy Evaluations – Low, Moderate, and High Complexity and re-evaluation (procedure codes 97165, 97166, 97167, 97168)
	5. PT or OT Services (individual or group) (procedure codes 97110, 97112, 97150, 97530, 97535)
	6. Speech Evaluations and re-evaluations (procedure codes 92521, 92522, 92523, 92524, 92610, S9152)
	7. ST (individual or group) services (procedure codes 92507, 92508, 92526)
4. Services delivered using synchronous audio-visual technology may require participation of a parent or caregiver to assist with the treatment.
5. Therapy assistants may deliver services and receive supervision using synchronous audio-visual technology in accordance with each discipline’s rules. Providers should refer to state practice rules and national guidelines regarding supervision requirements for each discipline.
6. Providers must use modifier 95 to indicate remote delivery. Providers are reminded to use the required modifiers GP, GO, and GN on all claims except evaluation and re-evaluation procedures for physical, occupational, or speech therapy treatment.
	1. Note: Telehealth services must adhere to documentation, privacy, informed consent, and security requirements as outlined in this handbook and those in the *Telecommunication Services Handbook (Vol. 2, provider handbooks).*

## Telehealth Exclusions

1. All PT, OT, ST, and SST services must be delivered in-person or using synchronous audio-visual technology.
2. Texas Medicaid will not reimburse a provider for delivering any PT, OT, ST, or SST service via synchronous audio-only, including telephone, technology unless specifically permitted by HHSC during a Declaration of State of Disaster.
3. Additionally, certain procedure codes are not allowable as telehealth services. The following procedure codes are in-person only and will not be reimbursed if provided via a telehealth service.
4. Declaration of State of Disaster flexibility. Procedure codes not allowable for telehealth may be authorized for delivery using synchronous audio-visual technology only during a Declaration of State of Disaster.

### Procedure Codes – Not Allowable for Telehealth

* 97542
* 97760
* 97761
* 97763
* 97012
* 97014
* 97016
* 97018
* 97022
* 97024
* 97026
* 97028
* 97032
* 97033
* 97034
* 97035
* 97036
* 97113
* 97124
* 97140

## Specialized Skills Training (SST)

1. SST services are rehabilitative services to promote age-appropriate development by providing skills training to correct deficits and teach compensatory skills for deficits that directly result from medical, developmental, or other health-related conditions.
2. Services must include all the following:
	1. Be designed to create learning environments and activities that promote the client’s acquisition of skills in one or more of the following developmental areas: physical or motor, communication, adaptive, cognitive, and social or emotional.
	2. Include skills training and anticipatory guidance for family members, or other significant caregivers, to ensure effective treatment and to enhance the client’s development.
3. SST services do not require an order from a referring provider.
4. The ECI contractor ensures that SST services are provided by a certified early intervention specialist.
	1. SST services must be provided by an early intervention specialist who meets the criteria established in 26 TAC, Part 1, Chapter 350.
5. Declaration of State of Disaster flexibility. Procedure code T1027 for SST services may be a benefit of Texas Medicaid and are authorized for delivery using synchronous audio-only, including telephone, technology only during a Declaration of State of Disaster.
6. A Declaration of State of Disaster is an executive order or proclamation by the governor declaring a state of disaster in accordance with Section 418.014 of the Texas Government Code.
	1. SST services delivered using synchronous audio-only, including telephone, technology are subject to the policy restrictions outlined in the Telecommunications Services Handbook (Vol. 2, Provider Handbooks).
	2. SST services delivered using synchronous audio-only, including telephone, technology must be billed using the 93 modifier.

Table N: Modifiers—Specialized Skills Training Services Performed for an Individual

|  |  |
| --- | --- |
| Modifier | Description |
| 93 | Services delivered using synchronous audio-only, including telephone, technology. |
| U1 | Medicaid level of care 1, performed for an individual |

## Targeted Case Management Services

1. TCM services are provided to assist an eligible client and his or her family in gaining access to the rights and procedural safeguards under Part C of IDEA, and to needed medical, social, educational, developmental, and other appropriate services.
2. TCM services are performed in accordance with this policy and 26 TAC, Part 1, Chapter 350.
3. TCM services may be delivered in-person, through synchronous audio-visual technology, or by synchronous audio-only, including telephone, technology .
4. TCM Contacts may be made with other individuals when directly related to identifying the eligible client’s needs, helping the eligible client access services, identifying needs and supports to assist the eligible client in obtaining services, providing the service coordinator with useful feedback, and alerting the service coordinator to changes in the eligible client’s needs. These contacts must be documented in the client’s record, but are not submitted as claims to Medicaid if they take place outside of the presence of the client or the client’s parent or routine caregiver(s).
5. TCM services do not require an order from a referring provider.
6. TCM is provided in the natural environment (including home, daycare, and other community locations), outpatient setting, PPECC, and inpatient hospital.
7. The documentation for each TCM contact must be in accordance with 26 TAC, Part 1, Chapter 350.
8. The place of service is the location of the service coordinator at the time of service delivery.
9. The ECI contractor ensures that TCM services are provided by the assigned Service Coordinator who meets the criteria established in in 26 TAC, Part 1, Chapter 350.
10. The procedure codes in the Procedure Codes for TCM table for TCM services may be a benefit of Texas Medicaid and are authorized for delivery using synchronous audio-only, including telephone, technology. TCM services delivered using synchronous audio-only, including telephone, technology are subject to the policy restrictions outlined in the Telecommunication Services Handbook (Vol. 2, Provider Handbooks).
11. TCM services delivered using synchronous audio-only, including telephone, technology must be billed using the 93 modifier.

Table O: Procedure Codes for TCM

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| --- | --- |
| Procedure Code | Description |
| 9-T1017 | Targeted case management, each 15 minutes |

Table P: Modifiers for TCM Provided Face-To-Face

|  |  |
| --- | --- |
| Modifier | Description |
| U1 | Medicaid level of care 1, face-to-face interaction |

Table Q: Modifiers for TCM Provided by Telehealth

|  |  |
| --- | --- |
| Modifier | Description |
| 93 | Services delivered using synchronous audio-only, including telephone, technology. |
| 95 | Services delivered using synchronous audio-visual technology. |

## Reimbursement Guidelines for PT, OT, ST, and SST

1. Claims may be submitted to Medicaid when the interaction is directly with the client and the client’s parent(s) as defined in 20 U.S.C. §1401, or the client and the routine caregiver(s) as defined in 26 TAC, Part 1, Chapter 350.
2. ECI services must be billed under the ECI contractor’s Texas Provider Identifier, National Provider Identifier, and benefit code of EC1 as the insured’s policy group when submitting claims. Refer to: TMPPM Section 6: Claims Filing for more information about benefit codes.
3. Physical therapy, occupational therapy, and speech-language pathology evaluations are performed for the purposes of initial determination of need for rehabilitative services and annually to verify the child’s ongoing need for rehabilitative services. To ensure there are no gaps in rehabilitative services, the annual evaluation should occur prior to the child’s annual IFSP meeting.
4. Physical therapy, occupational therapy, and speech-language pathology re-evaluations may be performed periodically during the child’s annual enrollment in ECI services, and without a physician’s order, to determine if changes to the IFSP are necessary.
5. Evaluations, re-evaluations, and seating assessments are not required to be listed on the IFSP Service Pages.
6. Reimbursement is available to two or more of the ECI contractor’s service providers when the client receives a combination of any Medicaid-covered service identified on the IFSP and the IFSP indicates necessity for co-visits or co-treatments (i.e., two or more services to be provided at the same time). For example, the child may receive both PT and ST at the same time. Another example, the child may receive counseling and SST at the same time.
7. Reimbursement is available to two or more of the ECI contractor’s service providers when they are conducting an evaluation at the same time.
8. When an evaluation and treatment service within the same discipline occur on the same day, only the evaluation will pay.
9. When a re-evaluation and treatment service within the same discipline occur the same day, only the treatment will pay.
10. PT, OT, and ST equipment and supplies used during therapy visits are not reimbursed separately.
11. Reimbursement under this medical policy applies to only the services provided to ECI enrolled children by ECI contracted entities.
	1. Reimbursement for services provided to ECI enrolled children by other Medicaid-enrolled providers (e.g., home health, CORF) is available under the Medicaid medical policies that apply to those provider types.
12. SST is carved out of Medicaid managed care and claims must be submitted to TMHP. If the child is enrolled in a Medicaid managed care organization (MCO), claims for PT, OT, and ST are submitted to the MCO.

## Guidelines for TCM Services Reimbursement

1. Claims may be submitted to Medicaid when the interaction is directly with the client or the client’s parent(s) as defined in 20 U.S.C. §1401, or other routine caregiver(s) as defined in 26 TAC, Part 1, Chapter 350.
2. TCM is carved out of Medicaid managed care and claims must be submitted to TMHP.

Table A: Procedure Codes allowable for Synchronous Audio-Visual Technology

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| --- | --- |
| Service Category | Procedure Codes |
| Physical Therapy Evaluations | 97161, 97162, 97163, 97164 |
| Occupational Therapy Evaluations | 97165, 97166, 97167, 97168 |
| PT or OT Services (individual or group) | 97110, 97112, 97150, 97530, 97535 |
| Speech Evaluations and re-evaluations | 92521, 92522, 92523, 92524, 92610, S9152 |
| Speech Therapy (individual or group) | 92507, 92508, 92526 |
| Targeted Case Management | T1017 |
| Specialized Skills Training | T1027 |

Table B: Modifiers for delivery of Synchronous Telehealth Services

|  |  |
| --- | --- |
| Modifier | Additional Information |
| 95 | Services delivered using synchronous audio-visual technology. |
| 93 | Services delivered using synchronous audio-only, including telephone, technology. |