

Locating the ECI section within the Texas Medicaid Provider Procedures Manual (TMPPM)

1. Go to **tmhp.com**. The first time to visit, you will see a page that reflects "Clients" and "Providers" at green area on the top left side.
2. Select "Providers." It will bring you to an agreement page.
3. Scroll down and mark "Accept," then it will direct you to the "Providers" page.
4. On the left hand side along the green column, click on "Medicaid Provider Manual."
5. Select the format of your choice, either PDF or HTML.

HTML FORMAT:

- Scroll down and select "Children's Services Handbook."
- Select "+ 2 Medicaid Children's Services Comprehensive Care Program."
- Scroll down and select "+ 2.8*Early Childhood Intervention (ECI) Services."

PDF FORMAT:

- Follow steps 1 through 5 above, but rather than selecting HTML, select PDF and follow these steps:
- Select "Individual Chapters."
- Select "Volume 2: Children's Services Handbook" and select "Open" when prompted. It may take a short while to download.
- Scroll down and select "Subsection 2.8, Early Childhood Intervention (ECI) Services."



Texas Medicaid Provider Procedures Manual

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Volume
2

Provider Handbooks

Children's Services Handbook

The Texas Medicaid & Healthcare Partnership (TMHP) is the claims administrator for Texas Medicaid under contract with the Texas Health and Human Services Commission.

2.7.17 Reimbursement

DME and expendable medical supplies are reimbursed in accordance with 1 TAC §355.8441. See the [applicable fee schedule](#) on the TMHP website at www.tmhp.com.

Providers may be reimbursed for DME either by the lesser of the provider's billed charges or the published fee determined by HHSC or through manual pricing. If manual pricing is used, the provider must request prior authorization and submit documentation of either of the following:

- The MSRP or AWP, whichever is applicable.
- The provider's documented invoice cost.

Manually priced items are reimbursed as follows as is appropriate:

- MSRP less 18 percent or AWP less 10.5 percent, whichever is applicable.
- The provider's documented invoice cost.

2.8 Early Childhood Intervention (ECI) Services

The Texas Health and Human Services (HHS) ECI program is available statewide to all children who have been determined to be eligible for ECI services by ECI contractors. To be eligible for ECI services, children must be 35 months of age and younger (i.e., before their third birthday) and have disabilities or developmental delays as defined by ECI criteria. Texas Medicaid covers the ECI claims for children who are Medicaid clients.

All health-care professionals are required by federal and state regulations to refer children who are 35 months of age and younger (i.e., before their third birthday) to the Texas ECI program as soon as possible, but no longer than 7 days after identifying a disability or suspected delay in development. Referrals can be based on professional judgment or a family's concern. A medical diagnosis or a confirmed developmental delay is not required for referrals.

To refer families for services, providers can call their local ECI program, or they can call the HHS Inquiry Line at 1-877-787-8999. For additional ECI information, providers can visit the [Early Childhood Intervention Services page](#) of the HHS website at <https://hhs.texas.gov>. Persons who are hearing-impaired can call the TDD/TTY line at 1-866-581-9328.

2.8.1 Enrollment

The Texas HHS ECI program contracts with local non-profit entities to take referrals, determine clients' eligibility, and provide services to ECI-eligible children and their families. The non-profit entities must contract with the Texas HHS ECI program and must comply with all of the applicable federal and state laws and regulations that govern the Texas HHS ECI program.

ECI contractors are eligible to enroll as Texas Medicaid ECI providers to render services to eligible Medicaid clients. After providers meet the criteria of the Texas HHS ECI program, they must complete a Medicaid application.

To participate in Texas Medicaid, an ECI contractor must submit a copy of the current contract award from the Texas ECI program.

Referto: Subsection 1.1, "Provider Enrollment and Reenrollment" in "Section 1: Provider Enrollment and Responsibilities" (*Vol. 1, General Information*) for more information about the procedures for enrolling as a Medicaid provider.

2.8.2 Services, Benefits, and Limitations, and Prior Authorization

Prior authorization is not required for evaluations, re-evaluations, seating assessments, therapy services, SST, and TCM. The IFSP Services Pages identify the amount, duration, and scope for the provision of SRS treatment services and serves as the prior authorization for ECI services. The IFSP is retained in the client's record and is subject to retrospective review.

ECI services include specialized rehabilitative services (SRS), which includes occupational therapy (OT), physical therapy (PT), speech therapy (ST), and specialized skills training (SST), as well as targeted case management (TCM).

ECI SRS services may be provided in the following places of service (POS): office/facility (POS 1), home (POS 2), outpatient (POS 5 applicable only to ECI services rendered in a Prescribed Pediatric Extended Care Center [PPECC]), and other locations (POS 9). In addition to these places of service, TCM may be provided in inpatient hospital (POS 3) and outpatient hospital (POS 5).

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 HHS (40 TAC, Part 2, Chapter 108), or an auditory or visual impairment as defined by the Texas Education Agency (19 TAC §89.1040).

To the maximum extent appropriate, ECI services are delivered in the client's natural environment, as defined in 40 TAC, Part 2, Chapter 108, and are family-centered.

The interdisciplinary team must document ECI eligibility decisions in accordance with 40 TAC, Part 2, Chapter 108. The eligibility statement must be in the child's record and updated when eligibility changes or is re-determined.

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. 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.

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.

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.

Only the services provided to ECI enrolled children by ECI contracted entities must comply with the Medicaid medical guidelines for ECI services.

Services provided by other Medicaid-enrolled providers, including other providers of physical, occupational, and speech therapy, must comply with Medicaid medical guidelines that apply to those provider types (e.g., outpatient rehabilitation facility, home health agency).

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

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.

ECI services are performed in accordance with 40 TAC, Part 2, Chapter 108.

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.

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.

PT, OT, ST, and SST are benefits for clients with an acute or a chronic condition when documented on the IFSP. Documentation on the IFSP is evidence that services are developed and recommended by the child's interdisciplinary team, including the parents and a licensed practitioner of the healing arts (as defined in 40 TAC, Part 2, Chapter 108).

PT, OT, ST, and SST must be performed and delivered as identified in the IFSP.

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 in the client's IFSP. The ECI contractor must document the reason for visits outside of the weekly or monthly frequency in the client's record.

A single identified need and treatment goal (outcome on the IFSP) may be addressed by more than one discipline.

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).

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).

OT, PT, ST, and SST may be delivered to a client individually or in a group setting according to 40 TAC, Part 2, Chapter 108 and when documented in the IFSP.

Documentation of each OT, PT, ST, and SST contact must be entered into the child's record in accordance with 40 TAC, Part 2, Chapter 108.

2.8.2.2 Physical, Occupational, and Speech Therapy (PT, OT, and ST)

Physical and occupational therapy treatment services require orders from a referring provider once a year.

Speech therapy treatment services do not require an order from a referring provider.

Therapy goals for acute or chronic conditions include, but are not limited to the following:

- Improving function
- Maintaining function
- Slowing the deterioration of function

2.8.2.2.1 Physical Therapy (PT)

PT includes services that address the promotion of sensory and motor function through enhancement of musculoskeletal status, neurobehavioral organization, perceptual and motor development, cardiopulmonary status, and effective environmental adaptation.

All services must be performed in accordance with 42 CFR 440.110.

A PT evaluation, re-evaluation, or seating assessment may be performed without an order from a referring provider as allowed by 22 TAC Part 16, Chapter 322, §322.1(a)(2)(A).

PT services must be provided by one of the following:

- A licensed physical therapist who meets the requirements of 42 CFR 440.110(a)
- A licensed physical therapy assistant (PTA) when the assistant is acting under the direction of a licensed physical therapist in accordance with 42 CFR 440.110 and all other applicable state and federal laws.

2.8.2.2.2 Occupational Therapy (OT)

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

All services must be performed in accordance with 42 CFR 440.110.

An OT evaluation, re-evaluation, or seating assessment may be performed without an order from a referring provider as allowed by §454.213 of the Texas Occupations Code.

OT services must be provided by one of the following:

- A licensed occupational therapist who meets the requirements of 42 CFR 440.110(b)
- A licensed or licensed and certified occupational therapist assistant (OTA) when the assistant is acting under the direction of a licensed occupational therapist in accordance with 42 CFR 440.110 and all other applicable state and federal law

2.8.2.2.3 Speech Therapy (ST)

Speech and language therapy includes services designed to promote rehabilitation and remediation of delays or disabilities in language-related symbolic behaviors, communication, language, speech, emergent literacy, or feeding and swallowing behavior.

All services must be delivered in accordance with 42 CFR 440.110 and §401.001(6) of the Texas Occupations Code.

A ST evaluation, re-evaluation, and treatment service may be performed without a physician order as allowed by Chapter 401 of the Texas Occupations Code.

ST services must be provided by one of the following:

- A licensed speech-language pathologist (SLP) who meets the requirements of 42 CFR 440.110(c) and all other applicable state and federal laws.
- A licensed assistant in SLP when the assistant is acting under the direction of a licensed SLP in accordance with 42 CFR 440.110
- A licensed intern when the intern is acting under the direction of a licensed SLP in accordance with 42 CFR 440.110 and all other applicable state and federal laws.

2.8.2.3 Physical Therapy, Occupational Therapy, and Speech Therapy Procedure Codes

Clients who are eligible for ongoing PT, OT, and ST through the ECI program may request additional therapy under the Early & Periodic Screening, Diagnosis, & Treatment (EPSDT) benefit of Medicaid (also known as Texas Health Steps) when medically necessary.

Referto: Section 5, “Children’s Therapy Services Clients birth through 20 years of age” in the *Physical Therapy, Occupational Therapy, and Speech Therapy Services Handbook (Vol. 2, Provider Handbooks)* for information about physical, occupational, and speech therapy procedure codes outside of the ECI benefit that are not defined in this section.

2.8.2.3.1 Evaluation and Re-evaluation Procedure Codes

The following encounter-based evaluation and re-evaluation procedure codes for PT, OT, and ST are benefits of Texas Medicaid:

Procedure Codes	Description
97165, 97166, or 97167	OT Evaluation
97168	OT Re-evaluation
97161, 97162, or 97163	PT Evaluation
97164	PT Re-Evaluation
92521, 92522, 92523, or 92524	ST Evaluation
S9152	ST Re-Evaluation
92610	ST Evaluation swallowing function

2.8.2.3.2 Time-Based Procedure Codes

The following time-based PT and OT treatment procedure codes may be a benefit of Texas Medicaid and must be billed in 15-minute increments (units).

Procedure Codes									
97032	97033	97034	97035	97036	97110	97112	97113	97116	97124
97140	97530	97535	97542	97750	97760	97761	97762		

2.8.2.3.3 Untimed PT and OT Procedure Codes

The following untimed PT and OT treatment procedure codes representing supervised modalities are limited to one encounter each, per date of service per discipline, must be delivered on the same day as one or more time-based codes listed above, and are subject to the Centers for Medicare and Medicaid Services (CMS) National Correct Coding Initiative (NCCI) relationships.

Procedure Codes							
97012	97014	97016	97018	97022	97024	97026	97028

The following PT and OT group therapy code may be reimbursed as an untimed procedure code, payable per encounter, and reimbursed once per date of service per discipline.

Procedure Codes
97150

2.8.2.3.4 Encounter-Based Speech Therapy Procedure Codes

The following speech therapy individual treatment codes must be billed per encounter and are limited to once per day per provider. Only one ST treatment procedure code 92507 or 92526 may be reimbursed per date of service.

Procedure Codes	
92507	92526

The following ST group treatment code may be reimbursed as an untimed procedure code, payable per encounter, and reimbursed once per date of service.

Procedure Codes
92508

2.8.2.3.5 Modifier Requirements for PT, OT, or ST Services

The following modifiers must be submitted for PT, OT, and ST treatment services:

Modifier	Description
GO	Services delivered under an outpatient occupational therapy plan of care
GP	Services delivered under an outpatient physical therapy plan of care
GN	Services delivered under an outpatient speech therapy plan of care
UB	Services delivered by a therapy assistant under supervision of a licensed therapist
U5	Services delivered by a licensed therapist or a physician

Modifier UB or U5 is required on all claims for therapy treatment procedure codes to designate whether treatment was provided by a licensed therapist or a licensed assistant.

Modifier U3 is not used by an ECI contractor for co-visits or co-treatment services.

Modifier	Description
U3	Not used by an ECI contractor

2.8.2.3.6 Seating Assessments

Seating assessments are reimbursed in 15-minute increments (units). The PT completing the assessment must submit procedure code 97542 with modifiers GP and UC in order to bill for the seating assessment.

Modifier	Description
GP	Services delivered under an outpatient physical therapy plan of care
UC	Assessment performed by an OT or PT



The OT completing the assessment must submit procedure code 97542 with modifiers GO and UC in order to bill for the seating assessment.

Modifier	Description
GO	Services delivered under an outpatient occupational therapy plan of care
UC	Assessment performed by an OT or PT



2.8.2.3.7 Specialized Skills Training (SST) Services

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.

Services must include all the following:

- 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.
- Skills training and anticipatory guidance for family members, or other significant caregivers, to ensure effective treatment and to enhance the client's development.

SST services do not require an order from a referring provider. The ECI contractor ensures that SST services are provided by a certified early intervention specialist. SST services must be provided by an early intervention specialist who meets the criteria established in 40 TAC Part 2, Chapter 108.

Providers must submit procedure code T1027 for SST services, which are billed in 15-minute increments. Providers must submit procedure code T1027 with modifier U1 when services are performed in an individual setting; modifier U1 is not used when services are performed in a group setting.

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

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 40 TAC, Part 2, Chapter 108.

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.

Referto: "Section 6: Claims Filing" (*Vol. 1, General Information*) for more information about benefit codes.

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.

Physical, occupational, and speech therapy evaluation and re-evaluation services are benefits through the ECI Medicaid benefit and do not require an order from a referring provider.

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.

Evaluations, re-evaluations, and seating assessments are not required to be listed on the IFSP Service Pages. A physical or occupational therapist may provide a seating assessment that is required to order a wheeled mobility system. A seating assessment does not require an order from a referring provider.

Referto: Subsection 2.7.9, "Mobility Aids" in this handbook for information about mobility aids.

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.

Reimbursement is available to two or more of the ECI contractor's service providers when they are conducting an evaluation at the same time.

When an evaluation and treatment service within the same discipline occur on the same day, only the evaluation will pay.

When a re-evaluation and treatment service within the same discipline occur the same day, only the treatment will pay.

PT, OT, and ST equipment and supplies used during therapy visits are not reimbursed separately.

Reimbursement under Medicaid benefit guidelines applies to only the services provided to ECI enrolled children by ECI contracted entities.

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.

2.8.2.4 Targeted Case Management (TCM)

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.

TCM services are performed in accordance with the ECI Medicaid benefit guidelines and 40 TAC, Part 2, Chapter 108.

TCM services do not require an order from a referring provider, but must be delivered by a qualified ECI contractor. The ECI contractor ensures that TCM services are provided by the assigned Service Coordinator who meets the criteria established in 40 TAC Part 2, Chapter 108.

TCM is provided in the natural environment (including office, home, daycare, and other community locations), outpatient, PPECC, and inpatient hospital setting.

The documentation for each TCM contact must be in accordance with 40 TAC, Part 2, Chapter 108.

The place of service is the location of the service coordinator at the time of service delivery.

Providers must submit procedure code T1017 when billing for TCM services, which are billed in 15-minute increments.

TCM services may be delivered face-to-face or by telephone. Providers must use procedure code T1017 for telephone interaction and T1017 with modifier U1 for face-to-face interaction.

2.8.2.4.1 Guidelines for TCM Services

Claims may be submitted to Texas Medicaid when the interaction is directly with the client or the client's parent(s) as defined in 20 United States Code (U.S.C.) §1401), or other routine caregiver(s) as defined in 40 TAC, Part 2, Chapter 108.

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 support 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 client's parent or routine caregiver(s).

2.8.2.5 Guidelines for ECI Services Performed in a Prescribed Pediatric Extended Care Center (PPECC)

When ECI services are rendered in a PPECC, the place of service will be outpatient hospital (used for a PPECC). The PPECC's NPI must appear on the claim, in addition to the ECI contractor's NPI. The ECI contractor and PPECC must have a written agreement for the provision of ECI services at the PPECC. The written agreement must address responsibilities of both parties, and how the parties will coordinate related to the client's IFSP or plan of care, which includes documentation of coordination with the PPECC. The written agreement must be maintained in the client's record.

2.8.3 Claims Filing and Reimbursement

2.8.3.1 * Claims Information

Claims for SST and TCM services that have been rendered by an ECI contractor must be submitted to TMHP in an approved electronic format or on the CMS-1500 paper claim form. Contractors may purchase CMS-1500 paper claim forms from the vendor of their choice; TMHP does not supply the forms. When completing a CMS-1500 paper claim form, all required information must be included on the claim, as TMHP does not key any information from claim attachments. Superbills or itemized statements are not accepted as claim supplements.

Referto: "Section 3: TMHP Electronic Data Interchange (EDI)" (*Vol. 1, General Information*) for information on electronic claims submissions.

Subsection 6.1, "Claims Information" in "Section 6: Claims Filing" (*Vol. 1, General Information*) for general information about claims filing.

Subsection 6.5, "CMS-1500 Paper Claim Filing Instructions" in "Section 6: Claims Filing" (*Vol. 1, General Information*) to find the instructions for completing paper claims.

Subsection 2.2, "Fee-for-Service Reimbursement Methodology" in "Section 2: Texas Medicaid Fee-for-Service Reimbursement" (*Vol. 1, General Information*) for more information about reimbursement.

2.8.3.1.1 Billing Units Based on 15 Minutes

All claims for reimbursement are based on the actual amount of billable time associated with the service. For those services for which the unit of service is 15 minutes (1 unit = 15 minutes), partial units should be rounded to the nearest quarter hour.

The following table shows the time intervals for 1 through 8 units:

Units	Number of Minutes
0 units	0 minutes through 7 minutes
1 unit	8 minutes through 22 minutes
2 units	23 minutes through 37 minutes
3 units	38 minutes through 52 minutes
4 units	53 minutes through 67 minutes
5 units	68 minutes through 82 minutes
6 units	83 minutes through 97 minutes
7 units	98 minutes through 112 minutes
8 units	113 minutes through 127 minutes

2.8.3.1.2 Managed Care Clients

If the child is enrolled in a Medicaid managed care organization (MCO), claims for PT, OT, and ST are submitted to the MCO.

TCM services are carved-out of Medicaid managed care and must be billed to TMHP for payment consideration.

SST services are carved-out of Medicaid managed care and claims must be billed to TMHP for payment consideration.

2.8.3.2 Reimbursement

ECI therapy, SST, and TCM services are reimbursed according to a maximum allowable fee established by HHSC. See the applicable fee schedule on the TMHP website at www.tmhp.com.

- ECI therapy services are reimbursed in accordance with 1 TAC §355.8441.
- SST services are reimbursed in accordance with 1 TAC §355.8422.
- TCM services are reimbursed in accordance with 1 TAC §355.8421.

2.9 Health and Behavior Assessment and Intervention

2.9.1 Services, Benefits, and Limitations

Health and Behavior Assessment and Intervention (HBAI) services are a benefit of Texas Medicaid for clients who are 20 years of age and younger when the services are provided by a licensed practitioner of the healing arts (LPHA) who is co-located in the same office or building complex as the physician, PA, NP, or CNS who is treating the client.

In many cases, the treating physician, PA, NP, or CNS will be the client's primary care provider; however, a specialist seeing a client regularly may function in a similar role to a primary care provider and may also make HBAI referrals to a co-located LPHA.

These services are designed to identify the psychological, behavioral, emotional, cognitive and social factors important to prevention, treatment or management of physical health symptoms.

HBAI services are a benefit when the client meets all of the following criteria:

- The client has an underlying physical illness or injury.
- There are indications that biopsychosocial factors may be significantly affecting the treatment or medical management of an illness or an injury.
- The client is alert, oriented, and, depending on the client's age, has the capacity to understand and to respond meaningfully during the in-person evaluation.

Closing Statements

I hope this webinar has been beneficial to you and answered any questions you may have had regarding the updated ECI Medicaid policy section in the TMPPM. If you have additional questions or require clarification on the material presented today please contact Carol Baisdon at Carol.baisdon@hpsc.state.tx.us

Thank you and have a wonderful day.