



STATE OF NEW YORK
DEPARTMENT OF HEALTH

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Early Intervention Memorandum 93-2
Reissued with no Change

To: Early Intervention Officials Other Interested Parties

From: Donna M. Noyes, Ph.D., Director
Early Intervention Program

Date: December 2000

Subject: Medicaid Billing

September 1, 1993 is the effective date of the provision of law governing Medicaid reimbursement for early intervention (EI) services (Public Health Law §2559). As of that date, the Medicaid program will be the primary reimbursement source for EI services provided to Medicaid-eligible children and families. Attached for your information is an excerpt from the current issue of "Medicaid Update" provided as guidance to entities billing Medicaid.

Effective September 1, 1993, approved EI service providers should not bill Medicaid (MMIS) directly for EI services that are contained in an IFSP. Instead, all claims, except for durable medical equipment and ophthalmic services, should be submitted to the municipality and paid at interim levels set by the Early Intervention Official. (Durable medical equipment and ophthalmic services should be claimed using the usual Medicaid procedures.) The payment levels are required to be commensurate with the payment for equivalent services provided to children who receive services pursuant to §236 of the Family Court Act for the same period. Such payment levels set by the Early Intervention official are interim. Final reimbursement levels are being developed by the Department.

After the claims are paid by the municipality at the interim payment levels, and after the State Department of Health establishes final reimbursement levels (i.e. prices) for EI services, the municipality should retroactively bill Medicaid **at the DOH prices** for services back to September 1, 1993. The State Department of Social Services will provide a letter to waive the 90-day billing requirement for EI services until billing can be made current.

Attached for your information are sample billing tools that will correspond to the service categories for which DOH plans to set prices. This is the data municipalities will need to bill Medicaid. The information service providers will need to keep on hand is listed in the enclosed excerpt from "Medicaid Update."

BILLING FOR MEDICALLY RELATED EARLY INTERVENTION SERVICES

Enrolled Medicaid providers, with the exception of approved providers of durable medical equipment and ophthalmic services, who have billed MMIS in the past for medically related services and supplies rendered to children 0 through 2 years of age in conjunction with an approved individualized family services plan (IFSP), will no longer be eligible for direct MMIS reimbursement. Effective September 1, 1993, MMIS will accept claims for Medicaid eligible IFSP services only from designated municipal early intervention agencies.

Providers who contract with municipal early intervention agencies to provide early intervention services as specified in a child's IFSP will be reimbursed directly by them for authorized services provided to both Medicaid and non-Medicaid eligibles. Providers, however, will still be required to maintain and furnish, on request, health records necessary to fully disclose the extent of services, care, and supplies rendered. The minimum content of the recipient record shall include:

- Recipient identification (name, sex, age, etc.);
- A copy of the child's IFSP;
- Nature and extent of services provided and periodic progress notes;
- Dates of service and name, profession and signature of the practitioner providing diagnostic and/or treatment services;
- Physician orders when required.

Nothing in this policy prohibits an enrolled Medicaid provider from claiming MMIS reimbursement for Medicaid eligible services rendered to children outside the scope of an approved IFSP.

Questions on this matter may be directed to the Division of Financial Planning and Policy at 1-800-541-2831, ext. 32160.