

# Provider Update

## No Authorization Required for Early Intervention Services

Date: January 25, 2019

As a reminder, Virginia Premier does not require review of clinical appropriateness to authorize early intervention (EI) services. The following conditions apply for certified EI services providers (i.e., enrolled with the Department of Medical Assistance Services as an early intervention provider) as you must –

- a) Be a network participating provider with Virginia Premier;
- b) Document covered services in Section V. of the Individualized Family Service Plan (IFSP)<sup>1</sup> and;
- c) Bill for covered services using the following HCPCS codes listed below:

T2022	T1027 U1 [modifier]	G0151 U1 [modifier]
T1023	T1026	G0152
T1023 U1 [modifier]	T1026 U1 [modifier]	G0152 U1 [modifier]
T1024	T1015	G0153
T1024 U1 [modifier]	T1015 U1 [modifier]	G0153 U1 [modifier]
T1027	G0151	G0495
G0495 U1 [modifier]		

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Certified EI services providers who are network participating with Virginia Premier and submitting claims for covered EI services are encouraged to adhere to the following instructions so that submitted claims can be processed efficiently (reference Figure 1. below). Accuracy, completeness, and clarity are important. Claims cannot be processed if applicable information is not supplied or illegible.

**Figure 1. Example CMS 1500 Form Excerpt Illustration**

**Field Locator**

**23** Prior Authorization Number field should be blank or null since EI services does not require authorization by the health plan

**24D** Procedures, Services, or Supplies field should contain the covered EI service code and Modifier (if applicable)

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)										ICD Ind.		22. RESUBMISSION CODE		ORIGINAL REF. NO.					
A.	B.	C.	D.	E.	F.	G.	H.	I.	J.	23. PRIOR AUTHORIZATION NUMBER									
Leave this field blank/null										←									
24. A. DATE(S) OF SERVICE		B. PLACE OF SERVICE		C. EMG		D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)		E. DIAGNOSIS POINTER		F. \$ CHARGES		G. DAYS OFF UNITS		H. EPSDT Family Plan		I. ID. QUAL.		J. RENDERING PROVIDER ID. #	
From	To					CPT/HCPCS	MODIFIER												
MM	DD	YY	MM	DD	YY														
01	01	19	01	01	19	11	G0151	U1	A	150	00	4	N	NPI	123456789				

We're here to help, and we continue to support our provider partners in delivering quality healthcare services, quicker claims payments and dedicated local market support. If you have any questions, please contact Provider Services. We are available Monday through Friday from 8:00 am to 6:00 pm at 804-819-5151 or toll-free 800-727-7536, then select option 2 followed by option 6.

Thank you!

Provider Services

1 - The Individualized Family Support Plan (IFSP) is considered an authorizing document for medical necessity and Medicaid reimbursement intended to prevent delay of covered services.