



## COVID-19 Tele-Intervention Billing Guide

Tele-intervention is a time-limited early intervention service provided through the internet with both video and audio features and with the early intervention provider and family both present in real time. During the COVID-19 State of Emergency the following is a guide for the creation of service logs, creating claims, and submitting billing to the TOTS system used by Kentucky's Early Intervention System known as First Steps for the provision of tele-intervention services.

COVID-19 Tele-Intervention services may be billed beginning April 6, 2020. The maximum payment rate for tele-intervention services is \$63.00 for an hour of authorized service, mirroring an office setting for services as outlined in regulations.

Once a provider receives notice that a parent has given verbal consent for tele-intervention the services may start. Keep in mind that if the POE does not receive the parent's original signature on the consent within 10 days, the tele-intervention services must stop until the signed consent form is received.

If an interpreter is needed, the provider will need to work with the interpreter and family to schedule the tele-intervention visit. The provider must also to give the tele-intervention login information to the interpreter so the interpreter can participate virtually as well.

### **Creating a Service log for Tele-intervention**

When creating a service log for a Tele-Intervention service, do the following:

- Select the correct "Service Plan"
- Select "Service" (PT, OT, SLP, DI, etc...)
- Input "Actual or Missed Service Date"
- Select "Service Delivery" Status
- Enter "Start/End Time" (Military time please)
- "Select Setting, COVID-19 Tele-intervention"
- Enter "CPT code" that corresponds with your discipline, the modifier for service
- Enter the "ICD 10" (diagnosis code)
- Enter the "Service Note/ Description of Intervention". Providers must note in the TOTS service log which telecommunicating program [e.g., Zoom for Business] was used for the tele-intervention service
- "Delivery Method", Check boxes for all that apply
- List "Participants in Intervention"
- Enter "Caregiver Report"
- Enter "Response to Intervention"
- Enter "Plan for Next Visit"
- Verify all information is correct and hit "SAVE"



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After the “SAVE” button has been selected, the service log will drop below to the list of service logs. Please review the log. If there are any issues with the service log, please “EDIT” and list your changes in the “Correction/Addendum area” of the service log and select “SAVE”.

All service logs are still subject to the 10 day rule of entry and are subject to be audited by the State Lead Agency (SLA). Just as before, service logs are to be descriptive of the services given by the provider to the family and child.

It is anticipated there may be internet outages and disruptions in service due to the increased volume of individuals working from home nationwide. Troubleshooting technology issues, lost connectivity, and/or poor video/audio quality cannot count as part of the tele-intervention services nor can it be billed. No more than 10 minutes should be spent to determine if the problem can be resolved. Technological issues during a scheduled tele-intervention service should be handled in a fashion similar to when a child is asleep at the scheduled service time or falls asleep during the session. Document an interrupted tele-intervention service in the following ways:

- a. If the issue can be resolved in 10 minutes or less, proceed with the tele-intervention service. The provider and family should agree whether to “stay late” to make-up the missed time, or to adhere to the original end time of the service. The parent must be informed that they will not receive a make-up visit for any time lost. The provider must only bill for the actual amount of time the tele-intervention was provided.
  - i. If the family agrees to “stay late” to make-up the missed time, the provider must document the “Start Time” and “End Time” on the service log for the time the service was supposed to have occurred. In the “Correction/Addendum” box, the provider must document the actual time of service, the time of the break in service, and what the issue was.
    1. For example, the tele-intervention service was scheduled to occur from 12:00-1:00. The service began as scheduled at 12:00, but was interrupted for 5 minutes at 12:25. The family agrees to continue the service until 1:05 to make-up that lost time. The provider must document the following in the service log:
      - a. “Start Time” – 12:00
      - b. “End Time” – 1:00
      - c. “Correction/Addendum” – Tele-intervention services were provided from 12:00-1:05. There was an internet service interruption at 12:25 and the tele-intervention service was able to resume at 12:30. The parent agreed to stay late to make-up the lost time.
  - ii. If the family does not agree to “stay late” to make-up the missed time, the provider must pro-rate the service down to the nearest 15 minute

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increment. The parent must be informed they will not receive a make-up visit for the lost time.

1. For example, the tele-intervention service was scheduled to occur from 12:00-1:00. The service began as scheduled at 12:00, but was interrupted for 5 minutes at 12:25. The family does not agree to stay late and the service ends as scheduled at 1:00. The provider must document the following in the service log:

a. "Start Time" – 12:00

b. "End Time" – 12:45

c. "Correction/Addendum" – Tele-intervention services were provided from 12:00-1:00. There was an internet service interruption at 12:25 and the tele-intervention service was able to resume at 12:30. The parent did not agree to stay late and the service ended as scheduled at 1:00. The parent was informed they will not receive a make-up visit for the lost time.

b. If the issue is not able to be resolved in 10 minutes or less, the tele-intervention service must end. This situation should be handled using one of the following 2 options best suited for the situation:

i. If the tele-intervention service never started or provided than 15 minutes of intervention, the service must be rescheduled and the provider must document this on the service log as a missed visit with a statement of reason. The parent and provider may agree to reschedule this service as another tele-intervention service or wait until in-person services resume. This decision must be documented in the service log for the missed visit.

ii. If 15 minutes or more of intervention was provided before the tele-intervention service had to end, the service cannot be made-up. The service counts as one of the planned services according to the IFSP. The parent must be informed that no make-up can be offered. The provider must only bill for the nearest 15 minutes **down** from actual service time.

1. For example, the tele-intervention service was scheduled to occur from 12:00-1:00. The service began as scheduled at 12:00, but was interrupted at 12:25. The issue could not be corrected in 10 minutes. The provider must document the following in the service log:

a. "Start Time" – 12:00

b. "End Time" – 12:15

c. "Correction/Addendum" – Tele-intervention services were provided from 12:00-12:25. There was an internet service interruption at 12:25 that was not resolved within 10 minutes.



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The parent was informed the service must end and no make-up visit can be offered.

Providers and parents will not be reimbursed for data plans, charges, overage costs, or other costs associated with videoconferencing and data transfer. Equipment will not be purchased by the state lead agency to enable videoconferencing nor will it be reimbursed to providers.

Early intervention providers will not be reimbursed for voice-only calls, text messages, or emails. These types of messages are required to be documented only in the TOTS communication log.

Claims for payment must be submitted within 60 days of date of service as per the signed Service Provider Agreement. Reimbursement will only be issued to those providers who submitted their signed acknowledgement form to the SLA. The SLA will verify that a signed parental consent form was received by the POE before processing for payment.

### **ACCOUNT PAYABLE PAGE:**

Once the service log has been **SAVED** and entered, it will now become a claim on the **ACCOUNT PAYABLE PAGE**. The Provider/Agency Administrator must enter/submit the billed amount for the service provided. The cost for the Tele-intervention service will need to be billed the same as a regular in home visit based on the length of the service in 15 minute increments.

- Enter "Billed Amount"
- Select the "**SAVE**" button
- If the claim does not drop, it will have to be manually approved by the SLA or there is a mistake that needs to be corrected by the provider/agency administrator.

**\*\*Please remember:** The rate billed to private insurance companies must be the same to all who are billed, including First Steps (through TOTS). The Provider/Agency may set its own rate for Tele-intervention services provided they are billing the same rate across the board to all insurance companies and First Steps. Providers will not bill Medicaid directly for a First Steps service, as the SLA bills Medicaid on behalf of the provider/agency.

### **TOTS Insurance Billing System (TIBS) Providers**

Approved claims will be sent electronically via TIBS to the claims clearinghouse. The provider/agency is responsible for the obtaining the Explanation of Benefits (EOB) from the insurance company, the family or Availity and submit the detailed EOB to the SLA for processing and payment, within one (1) year from the actual date of service.



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### **Providers/Agency that bill Private Insurance companies themselves**

Providers/agencies who do not use TIBS are responsible for the submission of the claims to the insurance company for the tele-intervention services. **Contact the specific insurance company covering the child to find out what the process is for submission of claims using the tele-intervention services and the use of the 95 Modifier.**

**It is imperative that to select the location of service on your electronic claim or CMS 1500 as the code 02. This represents the tele-intervention service and is accepted by most if not all insurance companies.**

The provider is responsible for the obtaining the Explanation of Benefits (EOB) from the insurance company, the family or Availity if appropriate and submit the detailed EOB to the SLA for processing and payment, within one (1) Year from the actual date of service.

The SLA processes clean claims from insurance companies and it is the responsibility of the provider to ensure that detailed and complete EOB's are submitted. Please ensure that all EOB's submitted are complete and detailed before submitting.

Denial of tele-intervention is not sufficient justification to change a payor source. The SLA **will not** be making changes to a payor sources during at this time during the state of emergency. All EOB's must be submitted for the processing of private insurance claims.