

Kentucky's Early Intervention System

COVID-19 Tele-Intervention Billing Guide

Rev 10/2021

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. 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 (KEIS) known as First Steps for the provision of tele-intervention services.

The maximum payment rate for tele-intervention services is \$89.00 for an hour of authorized service.

Once a provider receives notice that a parent has given written consent for tele-intervention the services may start.

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 they can participate.

Creating a Service Log for Tele-Intervention

When creating a service log for tele-Intervention, 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 and enter the "Code modifier" for the service (GO, GN, GP)
- Enter the "ICD 10" (diagnosis code)
- Enter the "Service Note/ Description of Intervention". Providers must note in the TOTS service log which tele-communicating 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"

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 any issues with the service log, please select "Edit" and list your changes in the "Correction/Addendum" section of the service log and select "Save".

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All service logs must be entered within ten (10) calendar days of the date of service and are subject to be audited by the State Lead Agency (SLA). Service logs are to be descriptive of the services provided 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 teleintervention 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 increment. The parent must be informed they will not receive a make-up visit for the lost time.

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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 teleintervention 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 teleintervention 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

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interruption at 12:25 that was not resolved within 10 minutes.

The parent was informed the service must end and no makeup visit can be offered.

Providers and parents will not be reimbursed for equipment, data plans, charges, overage costs, or other costs associated with videoconferencing and data transfer.

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

Claims for payment must be submitted within sixty (60) calendar days of date of service as per the signed Service Provider Agreement.

Account Payable Page

Once the service log has been saved and entered, it will now become a claim on the Account Payable page in TOTS. 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 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:** Providers must bill the same rate for services across all entities. 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 an early intervention 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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The SLA processes clean claims from insurance companies and it is the responsibility of the provider to ensure that detailed and complete EOBs are submitted. Please ensure that all EOBs submitted are complete and detailed before submitting.

Denial of tele-intervention is not sufficient justification to change a payor source. All EOBs must be submitted for the processing of private insurance claims.

Provider/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. Providers must bill private health insurance if private health insurance is Payor I. In TOTS all service logs are required to have a CPT code and code modifier (based on licensure: GO, GP, GN). The modifier 95 (synchronous tele-medicine service rendered via a real-time audio and video telecommunications system) must be added by the provider on the electronic claim (CMS 1500) for processing. The location of service on your CMS 1500 must be listed as code 02. This represents the tele-intervention service and is accepted by most if not all insurance companies. If insurance denies payment for lack of modifier, the claim must be corrected and resubmitted by the provider.

The provider is responsible for the obtaining the 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 EOBs are submitted. Please ensure that all EOBs submitted are complete and detailed before submitting.

Denial of tele-intervention is not sufficient justification to change a payor source. All EOBs must be submitted for the processing of private insurance claims.