

Early Step Intervention Services (EIS) Quick Reference Guide

Sunshine Health covers Early Intervention Services (EIS) and Child Health Services Targeted Case Management (TCM) for members receiving services through the Early Steps program. Applicable to children from birth to 36 months of age.

Important Contact Information

Service Name	Product	Phone Number	Hours of operation
Provider Services	All products	1-844-477-8313	Monday-Friday from 8 a.m. to 8 p.m. Eastern
Pharmacy Services	All products	1-800-460-8988 , option 2	24 hours a day, 7 days a week
Member Services	CMS	1-866-799-5321	Monday-Friday from 8 a.m. to 8 p.m. Eastern
Member Services	MMA, SMI, LTC	1-866-796-0530	Monday-Friday from 8 a.m. to 8 p.m. Eastern
Member Services	CWSP	1-855-463-4100	Monday-Friday from 8 a.m. to 8 p.m. Eastern

Verifying Member Eligibility

These suggestions are not a guarantee of coverage.

- Verify member eligibility by using the [Sunshine Health Secure Provider Portal](#).
- Using the portal, any registered provider is able to quickly check member eligibility by indicating the date of service, member name and date of birth or the Medicaid ID number and date of birth.
 - Ensure you're selecting the correct plan type.
- Alternatively, you can call Provider Services at [1-844-477-8313](tel:1-844-477-8313). Supply the member's name and date of birth or the member's Medicaid identification number and date of birth.

Continuity of Care

For all newly enrolled members, Sunshine Health allows for a continuity of care (COC) period for EIS and EIS TCM services, as we do for other services that the member received prior to enrolling with Sunshine Health. The COC periods are:

- 60 days for MMA members
- 90 days for Child Welfare members

This means that a provider can bill Sunshine Health for the EIS and EIS TCM services that a new member was receiving — prior to enrolling in Sunshine Health — without having a contract in place. Sunshine



Health will pay the Medicaid Fee for Service (FFS) rate for these services unless the provider was paid more. Sunshine Health will pay that higher amount for the first 30 days.

- Sunshine Health system has been set up to pay all EIS and EIS TCM claims after the COC period
- EIS services do not require authorization, but a copy of the Individual Family Support Plan should be emailed to: sun_ifsp@centene.com

Authorizations

Sunshine Health does not require prior authorization for EIS screening, evaluation and ongoing follow-up services.

For services outside of EIS Services please always refer to our [Pre-Auth Check Tool](#).

Utilization Management

Utilization Management Phone number: [1-844-477-8313](tel:1-844-477-8313) and follow prompts for services required.

- **Standard hours of operation:** Monday to Friday from 8 a.m. to 8 p.m. Eastern.
- **Weekend and After-Hours On-Call Numbers:** [1-844-477-8313](tel:1-844-477-8313) (all products).

Claims

Covered Services

- Screenings
- Initial Evaluations
- Follow-Up Evaluations
- Individual Sessions
- Group Sessions

Medicaid may reimburse for services under the EIS program for Florida's infants and toddlers from birth to 36 months of age who have EIS services authorized in their Individualized Family Support Plan. For more regarding covered services, refer to AHCA at [Early Intervention Services \(EIS\) \(myflorida.com\)](http://myflorida.com).

Description of the Specialty: Early intervention services (EIS) provide for the early identification and treatment of recipients under the age of three years (36 months) with developmental delays or related conditions. EIS promotes a parent-coaching model intended to support the child in meeting certain developmental milestones.

Early Intervention Services (EIS)

Attached are the Early Intervention codes and modifiers. Please be sure to include the applicable modifier on your claim or that claim may be denied.

- These claims are considered medical claims and should be submitted to the medical payor ID via the claims' addresses noted below.



Targeted Case Management for EIS Members

Attached are the Early Intervention Targeted Case Management codes and modifiers. Please be sure to include the applicable modifier on your claim or the claim may be denied.

- These claims are considered behavioral health claims and should be submitted to the behavioral health payor ID via the claims' addresses noted below.

Electronic Claims Submissions:

Electronic claims can be submitted via Sunshine Health's [Secure Provider Portal](#) or the EDI clearing houses listed. The names and contact information to set up accounts with a clearing house are:

EDI Clearinghouse	Phone Number	Website
Availity	1-800-282-4548	availability.com
Change Healthcare	1-866-371-9066	changehealthcare.com

The Payor ID to use when submitting an EDI claim is 68069.

Paper Claims Submission:

Medical Claims	Behavioral Health Claims
Sunshine Health Plan PO Box 3070 Farmington, MO 63640-3823 Attn: Claims Department	Sunshine Health Plan PO Box 6900 Farmington, MO 63640-3818 Attn: Claims Department

Sunshine Health follows AHCA guidelines. Clean claims will be adjudicated within 15 days of receipt of an electronic claim or 20 days from receipt of a paper claim.

Note: Clean Claims must contain the correct CPT billing code and modifier when appropriate. Additionally, the claim should contain the National Provide Identifier and Correct Taxonomy Code.



Billing: The following codes are included below for informational purposes only and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply subscriber coverage or provider reimbursement. The codes listed below are not a complete list. Please refer to your contract with Sunshine Health to determine all contracted/covered codes for each membership group.

Florida Medicaid Early Intervention Services Fee Schedule

Code	Mod 1	Mod 2	Description of Service and Limits	Maximum Fee
T1023			Screening (Maximum 3 per child)	\$50.00
T1024	GP	UK	Initial Interdisciplinary Psychosocial and Developmental Evaluation rendered by a Physical Therapist (Maximum 1 per lifetime per child)	\$37.50 30 minute unit (Maximum 4 units)
T1024	GN	UK	Initial Interdisciplinary Psychosocial and Developmental Evaluation rendered by a Speech Therapist (Maximum 1 per lifetime per child)	\$37.50 30 minute unit (Maximum 4 units)
T1024	GO	UK	Initial Interdisciplinary Psychosocial and Developmental Evaluation rendered by an Occupational Therapist (Maximum 1 per lifetime per child)	\$37.50 30 minute unit (Maximum 4 units)
T1024	TL		Initial Interdisciplinary Psychosocial and Developmental Evaluation rendered by a Licensed Early Intervention Professional (Maximum 1 per lifetime per child)	\$37.50 30 minute unit (Maximum 4 units)
T1024	HN	UK	Initial Interdisciplinary Psychosocial and Developmental Evaluation rendered by an ITDS (Maximum 1 per lifetime per child)	\$27.75 30 minute unit (Maximum 4 units)
T1024	GP	TS	Follow-up Psychosocial and Developmental Evaluation rendered by a Physical Therapist (Maximum 3 per calendar year per child)	\$37.50 30 minute unit (Maximum 4 units)
T1024	GN	TS	Follow-up Psychosocial and Developmental Evaluation rendered by a Speech Therapist (Maximum 3 per calendar year per child)	\$37.50 30 minute unit (Maximum 4 units)
T1024	GO	TS	Follow-up Psychosocial and Developmental Evaluation rendered by an Occupational Therapist (Maximum 3 per calendar year per child)	\$37.50 30 minute unit (Maximum 4 units)
T1024	TL	TS	Follow-up Psychosocial and Developmental Evaluation rendered by a licensed Early Intervention professional (Maximum 3 per calendar year per child)	\$37.50 30 minute unit (Maximum 4 units)
T1024	TS		Follow-up Psychosocial and Developmental Evaluation rendered by an ITDS (Maximum 3 per calendar year per child)	\$27.75 30 minute unit (Maximum 4 units)
T1027	SC		Early Intervention Individual Session Provided by an EIS professional (Maximum 1 hour per day)	\$12.50 15 minutes (Maximum 4 units per day)



Code	Mod 1	Mod 2	Description of Service and Limits	Maximum Fee
T1027	TT	SC	Early Intervention Group Session Provided by an EIS professional (Maximum 1 hour per day)	\$6.25 15 minutes Maximum (4 units per day)

Child Health Targeted Case Management Services Fee Schedule

Code and Modifier	Description of Service and Limits	Maximum Fee
T1017 TL	Targeted Case Management for Children’s Medical Services Early Steps Providers	\$9.30 per unit
T1017 SE	Targeted Case Management for Children’s Medical Services Medical Foster Care Contractors	\$9.30 per unit

PLEASE NOTE: Effective April 1, 2020, EIS Physical Therapy, Occupation Therapy & Speech Therapy should bill the 90,000 code range with TL Modifier.

Important Links

- [Provider Reimbursement Schedules and Billing Codes](#)
- [Early Intervention Services Fee Schedule \(PDF\)](#)
- [Early Intervention Services Coverage Policy \(PDF\)](#)
- [Sunshine Health Provider Billing Manual](#)

Claim Payment Disputes

(Related to untimely filing, incidental procedure, unlisted procedure code)

Before Oct. 1, 2021	On or after Oct. 1, 2021
WellCare Health Plans Claim Payment Disputes P.O. Box 31370 Tampa, FL 33631-3370	Sunshine Health Attn: Adjustments/Reconsiderations/Disputes P.O. Box 3070 Farmington, MO 63640-3823

Corrected Claims

- Must be submitted within 90 days from the date of payment or denial.

Claim Reconsiderations

- All claim requests for reconsiderations and provider disputes must be received within 90 days from the date of payment or denial.

Provider on Behalf of Self – Medical Appeals

- Providers can request an appeal for the following types of denials:
 - No authorization claims denials.
 - Authorization denials due to member not meeting medical necessity authorization denials and medical necessity, in addition to, benefits exhausted and non-covered procedures.



Before Oct. 1, 2021	On or after Oct. 1, 2021
WellCare Health Plans ATTN: Appeals Department P.O. Box 31368 Tampa, FL 33631-3368	Sunshine Health Attn: Adjustments/Reconsiderations/Disputes P.O. Box 3070 Farmington, MO 63640-3823

Provider Changes

A contracted medical or behavioral health practice can add a practitioner by emailing the appropriate Early Intervention Services (EIS) Provider Engagement Administrator below.

When emailing, please be sure to include the following information:

- Name of EIS Agency
- Medicaid ID
- Group NPI Number
- Group Tax ID number

<u>Regions:</u> 1, 2, 3, 4 Beulah S. Simmons Email: Beulah.S.Simmons@SunshineHealth.com	<u>Regions</u> 5, 6, 7, 8 Sylvia Allen Email: SALLEN@SunshineHealth.com	<u>Regions</u> 9, 10, 11 Frederick McCoy Email: Frederick.D.McCoy@SunshineHealth.com
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Once received, Sunshine Health will validate against the Department of Health’s (DOH) Provider Master List. This list contains DOH-certified early intervention providers, and the list can be located by visiting: [Florida Early Steps - Provider Resources](#).

The list includes, but is not limited to, provider name, provider type, Medicaid ID and the Local Early Steps affiliation. Providers will be notified as soon as their credentials have been verified.

Demographic Updates and Changes

- A contracted medical or behavioral health practice that would like to update or make any changes to their demographic information should direct their request to SunshineProviderRelations@SunshineHealth.com.
- Please include all detailed information to assist in making the appropriate changes.
- Providers can also initiate changes like this by visiting our [Secure Provider Portal](#).
 - Select “Modify Demographic Information about a specific TIN.”
- Providers can also submit their request via the [Contact form](#).

Provider Terminations

Providers should refer to their contracts for specific information about terminating their contracts with Sunshine Health.



In general, providers are required to notify the health plan within 90 days of terminating a provider or providers from a group or contract. Providers who want to terminate an individual practitioner within a practice or group should:

1. Provide the termination information on office letterhead and include the practitioner's name, tax identification number, NPI, termination date and membership transfer information, if applicable; AND
2. Email the request to SunshineProviderRelations@SunshineHealth.com and notify your Provider Engagement Administrator.

Remittances and PaySpan

Access explanation of payment statements (EOPs), change bank account information register for electronic funds transfers.

- The registration for PaySpan is easy and it only takes a few minutes.
- Visit [PaySpan](#) online, call [1-877-331-7154](tel:1-877-331-7154) or email providersupport@payspanhealth.com.
- If your address is incorrect in PaySpan, please update to the correct address. Also, contact Sunshine Health at [1-844-877-8313](tel:1-844-877-8313) to update your address in our systems.

Case Management

Our Case Management team can be reached Monday to Friday from 8 a.m. to 8 p.m. at the phone numbers below. For after hours or weekend assistance, use option 7.

- Children's Medical Services (CMS) Health Plan: [1-866-799-5321](tel:1-866-799-5321), option 2.
- Medicaid (MMA), Serious Mental Illness Specialty Plan (SMI) and Long-Term Care (LTC): [1-866-796-0530](tel:1-866-796-0530), option 2.
- Child Welfare Specialty Plan (CW): [1-855-463-4100](tel:1-855-463-4100), option 2.

24-Hour Nurse Advice Line

The Nurse Advice Line can assist providers with checking member eligibility. It can also connect members to telemedicine for urgent care visits. Hours of operation are 24 hours a day, 7 days a week.

- CMS Health Plan: [1-866-799-5321](tel:1-866-799-5321) and follow prompts for Nurse Advice Line, Option 1, then Option 7.
- MMA, SMI and LTC: [1-866-796-0530](tel:1-866-796-0530) and follow prompts for Nurse Advice Line, Option 1, then Option 3, then Option 7.
- CW: [1-855-463-4100](tel:1-855-463-4100) and follow prompts for Nurse Advice Line, Option 1, then Option 2, then Option 7.

Telemedicine

- Members have 24/7 access to receive services virtually through our telehealth vendor, [Teladoc](#). Members can also download the Teladoc app or call [1-800-TELADOC](tel:1-800-TELADOC).



- Providers may furnish and receive payment for covered, eligible telemedicine services in accordance with this policy and the provider’s scope of practice.

Additional Resources:

Access and Availability Timeframe Standards:

Sunshine Health establishes and assesses compliance with appointment wait times for various types of visits. Please view our [Access and Availability Timeframe Standards \(PDF\)](#).

Find A Provider (FAP) Tool

If you need assistance locating a specialist or facility for a member, please visit our [Find a Provider Tool](#). Here you will be able to search by provider name, NPI and specialty type.

Find My Provider Rep

Locate your [Provider Engagement Administrator](#).

Community Resources

Our [Sunshine Health Community Resource Database](#) connects members and caregivers in need with local programs and supports.

For Providers Page

Stay up to date on provider communication by visiting our [For Providers Landing Page](#) and [Provider News Page](#).

Vendors Page

Contact information for [Sunshine Health’s subcontractors and vendors](#).