***Issues that need to be resolved PRIOR to billing Medicaid***

* EI Providers must be enrolled with DMAS as EI Providers even if they are enrolled as Rehab Providers
* EI Providers must maintain current discipline qualifications and EI certification
* If children are dually enrolled, in Private insurance and Medicaid, and the family declines access to private insurance for covered EI services then a signed *Declining to Bill Private Insurance* form must be attached to the claim form and box 11D must be checked “yes” on the CMS-1500 form.
* For any child with Medicaid, the claim form must include the NPI # of a Medicaid Ordering/ Referring/ Prescribing (ORP) Physician, unless the provider is a CSB or Health Department enrolled with DMAS as an Early Intervention Provider
* DMAS allows only one case management program to be billed during the same time period, therefore if a child is enrolled in Family First/ Therapeutic Foster Care then there must be communication between the case management agencies to confirm who will bill.
* When a child transitions from one local system to another and both systems provide service coordination during that month, only one of the local systems can bill for EI TCM.

***When is it NOT okay to bill Medicaid for EI TCM?***

EI TCM may not be billed……

* for any month in which the child was hospitalized for the entire month. However, EI TCM can be billed if service coordination/case management activities occur when the child is not hospitalized for the entire month and the allowable service coordination/case management activities occur before or after the hospitalization.
* EI SC Plan or IFSP is expired
* No allowable EI TCM activity has occurred
* No family contact has occurred within the last 3 months
* Face to face with the child did not occur during the calendar month that the initial IFSP or Annual IFSP meeting was held
* There has been no request to the physician within the past 7 months for health status indicator info.