


**TIPS FOR NAVIGATING EARLY INTERVENTION BILLING**

MARCH 25, 2021


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**AGENDA**

- ❖ Why must insurance be billed?
- ❖ Getting started
- ❖ Roles and responsibilities
- ❖ Exceptions to insurance billing
- ❖ Important terminology
- ❖ Completing your claim
- ❖ Things to remember

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**WHY MUST WE BILL INSURANCE?**

- ❖ Maximize payment to service providers.
- ❖ Allow for growth of Early Intervention.
- ❖ Early Intervention is payer of last resort.


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**EI SERVICES BILLABLE TO INSURANCE (AND SUBJECT TO FAMILY FEE)**

- ❖ Assistive Technology
- ❖ Aural Rehabilitation
- ❖ Health Services
- ❖ Nursing Services
- ❖ Nutrition Services
- ❖ Occupational Therapy
- ❖ Physical Therapy
- ❖ Psychology
- ❖ Social Work
- ❖ Speech Therapy
- ❖ Vision Services


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**EI SERVICES NOT BILLABLE TO INSURANCE**

- ❖ Assessment Services
- ❖ Audiological Exam
- ❖ Deaf Mentor
- ❖ Developmental Therapy (DT)
- ❖ DT-Hearing
- ❖ DT-Orientation/Mobility
- ❖ DT-Vision
- ❖ Evaluation Services
- ❖ IFSP Development Services
- ❖ Interpretation
- ❖ Medical Services (for diagnostic and/ or evaluation)
- ❖ Parent Liaison
- ❖ Service Coordination
- ❖ Translation
- ❖ Transportation

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**BILLING REQUIREMENTS**

- ❖ Private insurance use is mandatory unless a waiver or exemption has been approved.
- ❖ Must accept insurance and/or EI-CBO payment as payment in full for service.
- ❖ Check insurance information at each visit (to ensure plan has not changed).
- ❖ Notify CFC immediately of any change of insurance for families.
- ❖ EI-CBO pays deductibles and co-pays up to the maximum allowed per visit (this is covered as part of the family fee).
- ❖ The EOB and a completed claim shall be submitted to the EI-CBO for all EI children even if the entire claim was paid by private insurance.
- ❖ Claims must be received within 90 days of the date of service or within 90 days of the most recent insurance correspondence to be considered timely for payment.

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### PLAYERS IN THE SYSTEM

- ❖ Child And Family Connections (CFC)
- ❖ Central Billing Office (EI-CBO)
- ❖ Provider
- ❖ Family

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### CHILD AND FAMILY CONNECTIONS RESPONSIBILITIES

- ❖ Assist family in completing Insurance Affidavit, Assignment and Release Form.
- ❖ Submit copies of the family's insurance card to the providers and EI-CBO.
- ❖ Work with the EI-CBO to obtain pre-billing waivers and exemptions.
- ❖ Update EI-CBO and providers of changes in insurance policy/benefits.

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### PROVIDER RESPONSIBILITIES

- ❖ Verify insurance benefits with all insurance companies covering the family.
- ❖ Verify that insurance coverage has not changed before each service is performed.
- ❖ Bill the insurance company and EI-CBO appropriately and in a timely manner.
- ❖ Update CFC and EI-CBO of changes in insurance.
- ❖ Follow all of the rules and guidelines of the insurance carrier.
- ❖ Follow up with insurance company per EI-CBO instructions.
- ❖ Verify associate level providers are properly licensed and credentialed.

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### FAMILY RESPONSIBILITIES

- ❖ Provide a copy of current insurance card to CFC/SC.
- ❖ Assist the CFC/SC and provider in determining insurance benefits and obtaining required documentation, if necessary.
- ❖ Provide timely notification of changes in insurance policy/benefits to CFC/SC, EI-CBO, and/or provider.
- ❖ Turn over recouped payments to the provider as appropriate.

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### EI-CBO RESPONSIBILITIES

- ❖ Conduct a basic benefit verification.
- ❖ Forward insurance data to CFC/SC.
- ❖ Approval/denial of pre-billing waiver and exemption requests.
- ❖ Provide technical assistance to providers to help maximize insurance benefits.

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### WHAT DOES THE PROCESS LOOK LIKE?

- ❖ When you receive a referral where the family is covered by private insurance:
  - ❖ CFC/SC will have completed the Insurance Affidavit, Assignment and Release Form.
  - ❖ CFC/SC will have provided copies of insurance card & affidavit to provider.
  - ❖ EI-CBO will conduct a basic benefit verification.
  - ❖ Simultaneously, the provider will be conducting their own benefit verification.
  - ❖ Prior to start of services, verify all documentation is on file and all the rules of the insurance have been followed (e.g. precertification, evals, treatment plans).

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WHAT DOES THE PROCESS LOOK LIKE? CONT.

- ❖ Provide services and bill Insurance ASAP.
- ❖ Wait for EOB or other response, review.
- ❖ If Insurance billing is finalized, produce a claim to CBO and submit along with an EOB  
**OR**
- ❖ Follow-up with insurance company

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BENEFIT VERIFICATION

- ❖ Is this a Covered Service?
- ❖ Deductible – Individual or Family?
- ❖ Co-Pay?
- ❖ Lifetime or Annual Caps for Services?
- ❖ Are there precertification requirements?
- ❖ What is the benefit year?
- ❖ When was the policy effective?
- ❖ Where do I send claims?
- ❖ Are there any policy restrictions?
- ❖ Are there place of service restrictions?

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EXCEPTIONS TO BILLING INSURANCE

- ❖ Pre-Billing Waivers

1. An insurance provider is not available to receive the referral and begin services.
2. No insurance enrolled providers are credentialed in EI.
3. Travel to insurance required provider would be a hardship for the family.

*Pre-billing waivers are effective as of the date that EI-CBO issues/approves the waiver and are void if/when there is a change in insurance.*

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EXCEPTIONS TO BILLING INSURANCE

- ❖ Post-Billing Waivers

1. Service is not covered.
  - ❖ Issued by EI-CBO when claim is received with EOB denial reason
  - ❖ Effective for benefit plan year
  - ❖ Must bill insurance again when new benefit year begins
2. Maximum has been met.
  - ❖ Issued by EI-CBO when claim is received with EOB denial reason
  - ❖ Begins on date of EOB showing the max was met

*Post-billing waivers are void if/when there is a change in insurance.*

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EXCEPTIONS TO BILLING INSURANCE

- ❖ Insurance Exemptions

1. Privately purchased/non-group plans
2. Lifetime cap may be reached (overall or service specific)
3. Auto-withdrawn tax savings account(HRA/HSA)

**Effective for the IFSP Period  
Void if insurance changes**

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INSURANCE TERMS TO KNOW

- ❖ HCPCS - Also known as a procedure code
- ❖ CMS 1500 - Billing form used to bill insurance companies and EI-CBO
- ❖ CPT - Also know as a diagnosis code
- ❖ EOB -Explanation of Benefits- Outcome of a claim processed by an insurance company
- ❖ ERA - Electronic version of an EOB
- ❖ HMO - Health Maintenance Organization
- ❖ PPO – Preferred Provider Organization
- ❖ Deductible
- ❖ Co-Insurance
- ❖ Co-Pay
- ❖ Pre-Certification
- ❖ Authorization
- ❖ Out of Network
- ❖ In Network

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## COMPLETING YOUR INSURANCE CLAIM

- ❖ Correct Place of Service.
- ❖ Accurate HCPCS code - EI has a limited code set, Insurance does not.
- ❖ Total Amount Billed (Usual and Customary Rate) must be the same for Insurance and EI.
- ❖ Accurate Number of units for your service for who you are billing - Insurance vs EI.
- ❖ Rendering Provider Information in box 24 J.
- ❖ Billing Provider Information in Box 33.

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## COMPLETING YOUR INSURANCE CLAIM CONT.

- ❖ Be sure you are registered with the insurance company you want to bill prior to submitting your claim. Each company has different requirements to register and take different amounts of time to register.
- ❖ Registering is not the same as becoming in-network. It just means that you are in the system so that your claims can be processed.
- ❖ You will need to purchase HCFA 1500 forms if you want to mail your forms in. You can find these at most office supply stores. Or you can explore different electronic billing software options.
- ❖ Early Intervention offers a free Insurance Billing Unit for providers. Please visit the website for more information.

<https://eicbo.info/providers/insurance-billing-unit/>

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## COMPLETING YOUR EI-CBO CLAIM

- ❖ Once you receive your EOB via mail or access it online, you will need to prepare an EI-CBO appropriate claim.
- ❖ Claim form must be typed. Handwritten claims will be rejected.
- ❖ Only 6 lines of service per claim and in chronological order.
- ❖ Child's EI number must appear in Box 1A.
- ❖ You may need to change your HCPCS code to the EI appropriate code.
- ❖ You may need to change your units to the EI appropriate per 15-minute billing.
- ❖ You will need to attach your EOB to the claim and mail it to the EI-CBO for processing. This is required for every claim, regardless of the insurance determination. You must do this within 90 days of the processing date on the EOB for the claim to be considered timely. Be sure to allow time for your claim to reach the office when accounting for the 90-day timely filing limit.

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## COMPLETING YOUR EI-CBO CLAIM CONT.

- ❖ Claims not required to be billed to insurance can be submitted direct to the EI-CBO
  - ❖ Via US mail
  - ❖ Electronically Via QClaims (link on the EI-CBO website)
- ❖ Claims not billed to insurance must be submitted to the EI-CBO within 90 days of the date of service to be considered timely. Be sure to allow time for your claim to reach the office when accounting for the 90-day timely filing limit.

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## THINGS TO REMEMBER

- ❖ Must bill EI-CBO within 90 days of date of service or most recent communication with the insurance company for claim to be timely.
- ❖ Must accept insurance and/or EI-CBO payment as payment in full for services rendered and agree not to bill the family.
- ❖ Check and double check the status of insurance with the family-making a habit of doing so monthly is a good idea.
- ❖ EI-CBO is responsible for paying claims that are applied to family deductibles and co-pays.
- ❖ You MUST BILL EI for ALL services, even if you are paid by the insurance company. This is a requirement of your Early Intervention Provider Agreement.

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## QUESTIONS?

- If you have questions after you leave today, please visit the Early Intervention website at <https://eicbo.info/> as it has a lot of helpful information on it.
- If you need further assistance, please contact the EI-CBO Help Desk at : **(800)634-8540**.

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