



**Early Intervention Services and Targeted Case Management (EIS and TCM):**

**Overview:** United Healthcare Community Plan was awarded Regions 3, 4, 6 and 11 by the Agency for Healthcare Administration (AHCA) to deliver comprehensive services to Medicaid recipients in Region 11 (12/1/18), Region 6 (1/1/19) and Regions 3 and 4 (2/1/19).

**Early Intervention Services (EIS) and Targeted Case Management (TCM) Services:** These services will be offered through United HealthCare Community Plan. Optum Behavioral and Optum Physical Health will contract with all EIS and TCM providers who are active with the Agency for Health Care Administration as listed on the Provider Master Listing.

**Continuity of Care:** Until such time as contracts are executed, UnitedHealthcare and Optum will follow Coordination of Care guidelines set by AHCA. Reimbursement will be made at the applicable Medicaid Allowable for these services.

**Prior Authorization:** Prior authorization is not required during the coordination of care period for EIS or TCM specified services. Coverage limitations as per the guidelines in the applicable Medicaid coverage and limitations handbooks will be administered.

**Reimbursement information:** Reimbursement for services referenced above through the Coordination of Care period and going forward will be made at the applicable Medicaid Allowable for these services. The applicable fee schedule is located at the following link: [http://ahca.myflorida.com/medicaid/review/Reimbursement/2018-01-01\\_Fee\\_Schedules/EIS\\_Fee\\_Schedule\\_2018.pdf](http://ahca.myflorida.com/medicaid/review/Reimbursement/2018-01-01_Fee_Schedules/EIS_Fee_Schedule_2018.pdf).

**EIS and TCM Codes Crosswalk:** Please see page 2 of this document for services crosswalk.

**Submission of Electronic and Paper Claims, Contacts for Related Inquiries, Training References, and Contracting Information:**

	EIS Services delivered by PT/OT/ST	EIS services <u>not</u> delivered by PT/OT/ST, and all TCM services
Paper Claim Submission	UnitedHealthcare Community Plan PO Box 31362 Salt Lake City, UT 84131	OPTUM PO Box 5270 Kingston NY 12402
Electronic Claims Submission Payer ID 87726 EDI Support: (800) 210-8315	UnitedHealthcare Community Plan UHCPProvider.com> Link > claimsLink	OPTUM www.providerexpress.com
Claims Payment/Inquiries	UnitedHealthcare Community Plan (877) 842-3210	OPTUM (866) 673-6315
Training Materials – Please visit regularly for updates	www.myoptumhealthphysicalhealth.com	www.providerexpress.com/content/opeprovexpr/us/en/training.html
Network Contracting & Participation	(800) 873-4575 or <a href="mailto:netdevpubsec@optum.com">netdevpubsec@optum.com</a>	(877) 614-0484 or <a href="mailto:amv.rice@optum.com">amv.rice@optum.com</a>

**FLORIDA MEDICAID**  
**EARLY INTERVENTION SERVICES FEE SCHEDULE**

<b>CODE</b>	<b>MOD 1</b>	<b>MOD 2</b>	<b>DESCRIPTION OF SERVICE AND LIMITS</b>	<b>MAXIMUM FEE</b>
T1023			Screening (Maximum 3 per calendar year 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
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**

<b>CODE AND MODIFIER</b>	<b>DESCRIPTION OF SERVICE</b>	<b>MAXIMUM FEE</b>
T1017 TL	Targeted Case Management for Children's Medical Services Early Steps Providers	\$9.25/unit
T1017 SE	Targeted Case Management for Children's Medical Services Medical Foster Care Contractors	\$9.25/unit