

	<h1 style="margin: 0;">MENTAL RETARDATION BULLETIN</h1> <p style="margin: 0;">COMMONWEALTH OF PENNSYLVANIA · DEPARTMENT OF PUBLIC WELFARE</p>	
	Date of Issue: <p style="text-align: center;">January 2, 2004</p>	Effective Date: <p style="text-align: center;">March 1, 2004</p>
SUBJECT: <p>Procedure Codes for Early Intervention Base Services FY 2003-2004</p>		BY: <div style="text-align: center;">  Kevin T. Casey Deputy Secretary for Mental Retardation </div>

SCOPE:

County MH/MR Program Administrators
 Early Intervention Providers

PURPOSE:

The purpose of this Bulletin is to advise County MH/MR Programs and Early Intervention Providers that the attached procedure codes for Base Early Intervention Services must be used for all transactions beginning with the effective date of this Bulletin.

BACKGROUND:

Effective October 16, 2003, under the provisions of the Health Insurance Portability and Accountability Act (HIPAA), all healthcare payors, providers and clearinghouses must use nationally recognized formats to transmit electronic healthcare transactions. HIPAA also will eliminate state-specific local procedure codes for healthcare services. Prior to HIPAA, Medicaid programs were allowed to create and use state-specific local procedure codes.

The Centers for Medicare and Medicaid Services (CMS) has recently determined that local healthcare procedure codes developed by state Medicaid programs may be used until March 1, 2004, even though standard transactions were required by October 16, 2003.

DISCUSSION:

The Office of Mental Retardation is aware that Counties and their contracted Early Intervention providers who utilize electronic transfers need time to program their billing systems to account for the crosswalk of the previous codes to the national HIPAA procedure codes. The codes attached to this Bulletin must be used effective March 1, 2004 to be in

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 The Appropriate Regional Program Manager**

compliance with HIPAA. These codes have been cross-walked from the previous Early Intervention Program fee schedule. To be reimbursed, **all** Early Intervention transactions must be billed with the accompanying codes as of the effective date of this Bulletin.

The accompanying crosswalk includes the following: Previous procedure codes, previous modifiers, previous location codes, HIPAA compliant procedure codes, new informational and pricing modifier(s), new location codes and the unit of service fee.

Informational Modifier TL will be used when billing for all Early Intervention funded services. Certain procedure codes will also require the use of Pricing Modifier(s) U7, U8, U9 or UB in addition to the Informational Modifier(s) TL, TD or TE, as indicated with each service.

The following location/place of service codes must be used when billing the new HIPAA compliant procedure codes:

- 11 Office or center based services
- 12 Child's home
- 99 Community
- 21 Inpatient Hospital

All rates are based upon 15 minutes of service and the unit fee on this schedule is the maximum amount permitted by the Department.

The procedure codes for Early Intervention Waiver Services can be found in Mental Retardation Bulletin #00-04-03. Procedure codes for Medical Assistance Early Intervention Services can be found in Mental Retardation Bulletin #00-04-02.

Because each bulletin is unique to the particular funding source, the Office of Mental Retardation recommends that the County MH/MR Program Offices and all Early Intervention providers retain each of the three Early Intervention services bulletins.

Early Intervention Base Funds Fee Schedule