



# **EPSDT HEALTH AND IDEA, PART C EARLYSTEPS**

***Chapter Forty-Seven of the Medicaid Services Manual***

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**State of Louisiana  
Bureau of Health Services Financing**

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## **Overview**

### **Early and Periodic Screening, Diagnostics and Treatment**

Early and periodic screening, diagnostics and treatment (EPSDT) is the component of the Louisiana Medicaid program that provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid. These services are designed to provide a framework for routine health, mental health, and developmental screening of children from birth through age 20, plus evaluation and treatment for illnesses, conditions, or disabilities.

### **Individuals with Disabilities Education Improvement Act**

The coordination of Medicaid with state special education programs and EarlySteps, Louisiana's early intervention system, dates from the enactment of the Individuals with Disabilities Education Improvement Act (IDEA) Public Law 101-476. This legislation was originally passed in 1975 as Public Law 94-142, the Education of the Handicapped Act.

### **IDEA Part C**

IDEA, Part C, is administered by the Louisiana Department of Health (LDH), Office for Citizens with Developmental Disabilities (OCDD). The EarlySteps program meets the Part C requirements for the State's early intervention system.

EarlySteps provides services to families with infants and toddlers aged birth through 2 years who have a medical condition likely to result in a developmental delay, or who have developmental delays. Children with delays in cognitive, motor, vision, hearing, communication, social-emotional, and/or adaptive development may be eligible for services.

EarlySteps services are designed to improve the family's capacity to enhance their child's development and are provided in the child's natural environment, such as the child's home, child care, or any other community setting typical for children aged birth through two years.

Eligibility for EarlySteps and a child's and family's needs to support the child's development are identified on and provided through an Individualized Family Services Plan (IFSP).

### **Omnibus Budget Reconciliation Act '89**

The Omnibus Budget Reconciliation Act (OBRA) '89 changes in Sections 1902 and 1905 of the Social Security Act greatly expanded EPSDT's role as a financing mechanism of health services for Medicaid eligible children. OBRA '89 added a new required EPSDT services component of "other necessary health, diagnostic, treatment, and other measures needed to ameliorate defects,

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physical and mental illnesses and conditions discovered by the screening services, whether or not such services are covered under the state Medicaid plan.” These EPSDT changes mean that health related services identified in an IFSP may be reimbursable for a Medicaid enrolled child.

The screening component of EPSDT for medical, vision, hearing, and screening services, is provided through Healthy Louisiana, the new health care delivery model in Louisiana. For children exempt from enrollment in Healthy Louisiana, these services shall be provided by their primary care physician (PCP).

### **Coordinated System of Care – Behavior Health Services**

Effective March 1, 2012, Louisiana implemented a comprehensive and coordinated system of care (CSoC) for behavioral health services. School-based behavioral health services were included in the State Plan and provide a much wider range of services than previously allowed. These services are administered under the authority of the Office of Behavioral Health (OBH), in collaboration with Magellan Health Services, to ensure adequate service coordination and delivery. For more information on school-based behavioral health services, local education authorities (LEAs) should contact Magellan Health Services at [www.magellanoflouisiana.com](http://www.magellanoflouisiana.com).

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## **COVERED SERVICES**

### **The Direct Service Model**

The direct service model consists of individual treatment provided to an eligible child as follows:

1. Intervention of an indirect nature that does not directly involve the eligible child/family, and service provider is not billable as a Medicaid health service;
2. Medicaid reimburses only for direct patient contact services billed as units of time. With the exception of occupational therapy as required by the Occupational Therapy Practice Act, services provided through an Individualized Family Service Plan (IFSP) do not require a physician's order for reimbursement. However, the services must be documented on the IFSP as the authorization for the service to be paid through the Medicaid program; and
3. The evaluation procedure may only be reimbursed once in a 180-day period by the same provider. The procedures for all Medicaid-reimbursed evaluations and services, including codes, descriptions, and maximum reimbursements, are listed in Section 47.5.1 – Procedure Codes and Rates.

Tracking/monitoring consists of directly observing the eligible child, consulting with parents and IFSP team members, conducting any needed assessments, and interaction between the service provider and the eligible child.

Only direct observation and hands-on intervention are Medicaid billable as services. Case colleague or system consultation cannot be billed as a service.

### **Audiology Services**

Audiology services are for the identification of children with auditory impairment, using at risk criteria and appropriate audiology screening, evaluation, and treatment techniques. These services include the following:

1. Determination of the range, nature, and degree of hearing loss and communication functions, by use of audiological evaluation procedures in appropriate sound treated setting as necessary;
2. Referral for medical and other services necessary for the rehabilitation of children

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with auditory impairment; and

3. Provision of auditory training, aural rehabilitation, speech reading and listening device orientation and training, and other services.

**Professional Requirements**

Audiology services must be provided by, or under, the direction of a qualified, licensed audiologist or a physician in Louisiana, in accordance with the licensing standards of the Louisiana Board of Examiners for Speech-Language Pathology and Audiology (LBESPA). A qualified audiologist is an individual with a master's or doctoral degree in audiology with a current Louisiana license from LBESPA.

Federal regulations also require that the audiologist have one of the following:

1. A certificate of clinical competence from the American Speech, Language, and Hearing Association (ASHA);
2. Completion of the equivalent educational requirements and work experience necessary for the certification; or
3. Completion of the academic program and is acquiring supervised work experience to qualify for the certificate.

**Audiological Evaluation**

Audiological evaluation is the determination of the range, nature, and degree of a child's hearing loss and communication functions for modifying communicative behavior.

**Occupational Therapy Services**

Occupational therapy services address the functional needs of a child related to the performance of self-help skills, adaptive behavior, play and sensory, and motor and postural development.

Occupational therapy services include the following:

1. Identification, assessment, and intervention;
2. Adaptation of the environment;

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3. Selection, design, and fabrication of assistive and orthotic devices to facilitate development and promote the acquisition of functional skills; and
4. Prevention or reducing the impact of initial or future impairment, delays in development, or loss of functional ability.

Medicaid reimburses only for direct, one-to-one patient contact services, billed as units of time, for both physical and occupational therapy.

**Professional Requirements**

Occupational therapy must be provided to a child by, or under, the direction of a qualified occupational therapist licensed in Louisiana to provide these services in accordance with the licensing standards of the Louisiana State Board of Medical Examiners. For additional information, refer to La. R.S. 37:2650 – R.S. 37:2666.

Services provided by an occupational therapy assistant certified by the American Occupational Therapy Association (AOTA) who is licensed to assist in the practice of occupational therapy, must be provided under the direction and supervision of an occupational therapist licensed in Louisiana. Supervision of assistants must be in accordance with the supervisory requirements of the Louisiana State Board of Medical Examiners.

Occupational therapy treatment services require a written referral or an initial and/or annually updated prescription by a physician licensed in Louisiana. An initial evaluation may be done without such a referral or prescription.

**Occupational Therapy Evaluation**

Occupational therapy evaluations determine the Medicaid-eligible child's level of functioning and competencies through professionally accepted techniques. Evaluations must include assessment of the functional abilities and deficits as related to the child's needs in the following areas:

1. Muscle tone, movement patterns, reflexes, and fine motor/perceptual motor development;
2. Daily living skills, including self-feeding, dressing, and toileting. (Informal assessment tools may be used);
3. Sensory integration;



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4. Prosthetic evaluation, when appropriate;
5. Orthotic (splint) evaluation, when appropriate; and
6. Need for positioning/seating equipment and other adaptive equipment.

All evaluation methods must be appropriate to the child's age, developmental level, cultural and ethnic background, medical status, and functional ability. The evaluation method may include observation, interview, record review, and the use of appropriate nationally approved evaluation techniques or tools.

Evaluation data must be analyzed and documented in summary form to document the child's status. The specific evaluation tools and methods used must also be documented.

The evaluation must be conducted by a licensed occupational therapist. An occupational therapy assistant may not perform an evaluation.

**Physical Therapy Services**

Physical therapy (PT) services are designed to improve the child's movement dysfunction. These services include the following:

1. Screening and assessment of infants and toddlers to identify movement dysfunction;
2. Obtaining, interpreting, and integrating information appropriate to program planning; and
3. Services to prevent or alleviate movement dysfunction and related functional problems.

**Professional Requirements**

Services must be provided by or under the direction of a qualified physical therapist in accordance with the state licensing standards of the Louisiana Physical Therapy Board. For additional information, refer to La. RS 37:2401 – R.S. 37:2424.

**Physical Therapy Evaluation**

PT evaluation includes testing of gross motor skills and orthotic and/or prosthetic, neuromuscular,

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musculoskeletal, cardiovascular, respiratory, and sensorimotor functions. These services must include the following:

1. Muscle, manual, extremity, or trunk testing, with report;
2. Total PT evaluation;
3. Range-of-motion measurements and report on each extremity excluding hand; and
4. Range of motion measurements and report.

Information methods, including observation of behavior during the evaluation and supplemental testing, may be used.

**Speech-Language Pathology Services**

Speech-language pathology services are for the identification of children with communicative or oropharyngeal disorders and delays in development of communication skills including diagnosis and appraisal of specific disorders and delays in those skills. These services include the following:

1. Referral for medical or other professional services necessary for the rehabilitation of children with communication or oropharyngeal disorders and delays in development of communication skills; and
2. Rehabilitation or prevention of communication or oropharyngeal disorders and delays in development of communication skills.

**Professional Requirements**

Speech pathology services must be provided by, or under, the direction of a licensed speech pathologist, and in accordance with the licensing standards of the Louisiana Board of Examiners for Speech-Language Pathology and Audiology (LBESPA). For additional information, refer to La. R.S. 37:2650 – R.S. 37:2666.

Licensed speech-language pathology assistants may also provide services under the supervision of a certified licensed speech-language pathologist. Supervision of assistants must be in accordance with the supervisory requirements of the LBESPA.

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**Speech/Language Evaluation**

A speech/language evaluation includes tests used to determine a child's ability to understand and use appropriate verbal communication, identify communication impairments, and assess the following:

1. Speech sound production/phonology and language;
2. Voice and fluency;
3. Oral structure; and
4. Oral mechanism and functioning.

These services must include the following:

1. Oral motor examination/consultation;
2. Velopharyngeal examination/consultation;
3. Child language consultation; and
4. Observations of feeding dysphagia, when appropriate.

**Speech/Language Therapy**

Speech/language therapy services include the provision of services for the prevention of or rehabilitation of communication, oral pharyngeal disorders, dysphagia disorders, and delays in development of communication. Speech, language, and hearing therapy include the following services, as appropriate and medically necessary:

1. Speech/language or hearing therapy;
2. Stuttering therapy;
3. Speech reading/aural rehabilitation;
4. Voice therapy;
5. Feeding/dysphagia training; and

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6. Esophageal speech training therapy.

**Psychology Services**

Psychology services include administering psychological and developmental tests and other assessment procedures and providing psychological counseling for children and families, family counseling, consultation on child development, and family coaching. These services include the following:

1. Planning and managing a program of psychological services;
2. Psychological counseling; and
3. Behavior management counseling and treatment.

**Professional Requirements**

Psychology services must be provided by a psychologist possessing a Doctorate in Psychology and valid licensure by the State Board of Examiners of Psychologists.

**Psychological Evaluation**

Psychological evaluation includes the following:

1. Administering psychological and developmental tests and other assessment procedures;
2. Interpreting assessment results; and
3. Obtaining, integrating, and interpreting information about child behavior and child and family conditions related to learning, mental health, and development.

**Other Early and Periodic Screening, Diagnostics, and Treatment Covered Services**

Medicaid covers all medically necessary diagnostic and treatment services in addition to Early and Periodic Screening, Diagnostics, and Treatment (EPSDT) health services for children with disabilities for beneficiaries under age 21. The Louisiana Medicaid program may require determination of medical necessity of the services.

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**Durable Medical Equipment**

Medicaid-covered services include purchase of medical supplies or rental/purchase of durable medical equipment (DME) and appliances for children with disabilities. These services are only covered if authorized in advance by the Prior Authorization Unit (PAU). A licensed physician must recommend the equipment, in writing. Equipment must be medically necessary and not a convenience item. Equipment cannot be investigational or experimental. A Medicaid-enrolled vendor must make the request for payment. The request is submitted to the PAU, at on a form PA-01, with appropriate medical documentation attached. Non-emergency requests must be acted upon within 25 calendar days or the equipment is automatically approved.

The DME provider manual chapter contains detailed information on covered items, requirements for approval, and request procedures. This manual chapter can be found at: <https://www.lamedicaid.com/provweb1/providermanuals/manuals/DME/DME.pdf>

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**SECTION 47.2: ELIGIBILITY CRITERIA****PAGE(S) 1**

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**ELIGIBILITY CRITERIA**

All Medicaid eligible children from birth through age 20, are eligible for Early and Periodic Screening, Diagnostics, and Treatment (EPSDT) services. **Medicaid eligible children aged birth to 3 years may receive EPSDT services through EarlySteps.** All EPSDT health services must be furnished through a child's Individualized Family Services Plan (IFSP). Any services not listed in the IFSP may not be billed to Medicaid under the EPSDT health services program.

If a Medicaid eligible child does not meet the eligibility requirements for the EPSDT health services through the Individuals with Disabilities Education Act (IDEA), Part C, these medically necessary, Medicaid covered services are available through Medicaid. Medically necessary services must be prescribed by a physician and prior authorization (PA) is required.

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**SECTION 47.3: PROVIDER REQUIREMENTS****PAGE(S) 1**

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**PROVIDER REQUIREMENTS**

To provide services and receive Medicaid reimbursement for children ages birth to 3 years, providers must be enrolled as a Medicaid Early and Periodic Screening, Diagnostics, and Treatment (EPSDT) Health Services provider and with the EarlySteps program. All Medicaid providers are enrolled in accordance with applicable requirements for the provider's designated type (Provider Type 29) and specialty. Medicaid provider enrollment is performed by Medicaid's fiscal intermediary (FI). EarlySteps enrollment is accomplished with the appropriate regional coordinator and the Central Finance Office FI. Information regarding provider enrollment with EarlySteps can be found at: <http://www.earlysteps.dhh.louisiana.gov>.

Medical, vision, and hearing and screening services are provided through Healthy Louisiana. For children exempt from enrollment in Healthy Louisiana, these services shall be provided by their primary care physician (PCP).

**Rendering Provider**

The rendering provider must meet Medicaid-qualified provider criteria if the EarlySteps provider bills Medicaid for the services performed. These criteria include state licensure, and in some cases, certification, registration or other professional or academic credentials. In addition, the rendering provider must provide services within the scope of their professional licensure or certification and, if applicable, be supervised as required by professional practice acts. Practitioners providing individualized family services plan (IFSP) services must not appear on the U.S. Department of Health and Human Services (DHHS) Office of Inspector General's (OIG's) "List of Excluded Individuals and Entities." The list is available online. (Refer to Section 47.5.3 for contact information).

As stated above, for IFSP covered services, the rendering provider must be enrolled with Medicaid.

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### **PROGRAM REQUIREMENTS**

The Louisiana Department of Health (LDH) requires that all providers of Early and Periodic Screening, Diagnostics, and Treatment (EPSDT) Health Services for Children with Disabilities, enrolled in Medicaid, give the following statement, in writing, to each Medicaid eligible beneficiary and/or caregiver at the time that the individualized family services plan (IFSP) is developed.

If your child is Medicaid eligible and is eligible to receive the following:

1. Audiological evaluation and services;
2. Occupational therapy evaluations and treatment services;
3. Physical therapy (PT) evaluations and therapy;
4. Speech and language evaluations and therapy;
5. Psychological evaluations and therapy; and
6. Applied Behavior Analysis (ABA).

For Individuals with Disabilities Education Improvement Act (IDEA), Part C, services may be obtained either through the EarlySteps program for an eligible child, or another Medicaid enrolled provider of these services.

Children who do not qualify for these services for early intervention purposes may still be eligible for them through Medicaid. Services provided outside of the IDEA Part C programs must be ordered by a physician. Once the services are ordered by a physician, the service provider must request approval from Medicaid. To locate a provider other than the EarlySteps system point of entry office (SPOE) or early intervention provider, please contact your family support coordinator, physician, or call the Healthy Louisiana hotline. (See Section 47.5.3 for Contact Information).

EPSDT health services program requirements for reimbursement are:

1. All services must be furnished through a child's IFSP. Only services provided through an IFSP may be billed to Medicaid under the EPSDT health and IDEA-related services program;
2. If providing early intervention services to infants and toddlers, use the approved IFSP forms available from EarlySteps. No other forms are allowable;



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3. Early intervention providers enroll directly with Medicaid as providers of these services for infants and toddlers under age 3. These services must be coordinated with other age appropriate preventive health services, including screenings and immunizations with Healthy Louisiana;
4. Professional staff must meet state and Medicaid practitioner standards regarding certification, licensure, and supervision. Documentation of staff qualifications must be provided to Medicaid as part of the enrollment and monitoring process. Refer to Section 20.1 of the EPSDT Health and IDEA Related Services manual chapter for applicable qualifications; and
5. A written referral or prescription must be obtained from a licensed physician to furnish occupational therapy. This must be done at least annually. The written referral or prescription is not required to conduct an initial evaluation.

**CHAPTER 20: EPSDT HEALTH AND IDEA, Part C – EarlySteps****SECTION 47.5.1: PROCEDURE CODES AND RATES****PAGE(S) 4****PROCEDURE CODES AND RATES**

Louisiana Medicaid follows the current American Medical Association's Current Procedural Terminology (CPT) coding and guidelines. If nationally approved changes occur to CPT codes at a future date, providers are to follow the most accurate coding available for covered services for that particular date of service, unless otherwise directed.

The following chart lists the codes most commonly billed by Early and Periodic Screening, Diagnostics, and Treatment (EPSDT) Health and Individuals with Disabilities Education Improvement Act (IDEA), Part C service providers:

<b>Procedure Code</b>	<b>Description</b>
<b>Psychology Services</b>	
90846	Family psychotherapy( w/o patient)
90847	Family psychotherapy (conjoint psychotherapy) (with patient present)
<b>Audiology and Speech-Language Pathology Evaluation and Therapy</b>	
92521	Evaluation of speech fluency
92522	Evaluation of speech sound production
92523	Evaluation of speech sound/language comprehension
92524	Evaluation of behavioral qualitative analysis of the voice
92507	Treatment of speech, language, voice, communication and/or auditory processing disorder (includes aural rehabilitation); individual
92508	Treatment of speech, language, voice, communication and/or auditory processing disorder (includes aural rehabilitation); group, 2 or more individuals
<b>Hearing Testing Codes for Audiology and/or Speech-Language Pathology for EarlySteps</b>	
92551	Screening test, pure tone, air only
92552	Pure tone audiometry (threshold), air only
92553	Pure tone audiometry (threshold), air and bone
92555	Speech audiometry threshold
92556	Speech audiometry threshold; with speech recognition
92557	Comprehensive audiometry, threshold evaluation and speech recognition
92563	Tone decay test
92565	Stenger test, pure tone
92567	Tympanometry (impedance testing)
92568	Acoustic reflex testing; threshold

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<b>Procedure Code</b>	<b>Description</b>
<b>Hearing Testing Codes for Audiology and/or Speech-Language Pathology for EarlySteps (cont'd)</b>	
92571	Filtered speech test
92572	Staggered spondaic word test
92575	Sensorineural acuity level test
92576	Synthetic sentence identification test
92577	Stenger test, speech
92582	Conditioning play audiometry
92583	Select picture audiometry
92584	Electrocochleography
92587	Evoked otoacoustic emissions; limited (single stimulus level, either transient or distortion products)
92588	Comprehensive or diagnostic evaluation (comparison of transient and/or distortion product otoacoustic emissions at multiple levels and frequencies)
92590	Hearing aid exam and selection, monaural
92591	Hearing aid exam and selection, binaural
92592	Hearing aid check, monaural
92593	Hearing aid check, binaural
92594	Electroacoustic evaluation for hearing aid, monaural
92595	Electroacoustic evaluation for hearing aid, binaural

<b>Physical Therapy (PT) Codes for EarlySteps</b>	
97032	Application of modality to one or more areas; electrical stimulation (manual), each 15 minutes
97110	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility
97112	Therapeutic procedure, one or more areas, each 15 minutes; neuromuscular re-education of movement, balance, coordination, kinesthetic sense, posture and/or proprioception for sitting and/or standing activities
97116	Therapeutic procedure, one or more areas, each 15 minutes; gait training (includes stair climbing)
97124	Therapeutic procedure, one or more areas, each 15 minutes; massage, including effleurage, petrissage, and/or tapotement (stroking, compression, percussion, etc.)

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97161	PT evaluation: low complexity
<b>PT Codes for EarlySteps (cont'd)</b>	
97162	PT evaluation: moderate complexity
97163	PT evaluation: high complexity
97164	PT: re-evaluation
97750	Physical performance test
97760	Orthotic management and training
<b>Occupational Therapy Codes for EarlySteps</b>	
97530	Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance); each 15 minutes
97750	Physical performance test or measurement (e.g., musculoskeletal, functional capacity), with written report, each 15 minutes
97760	Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(s), lower extremity(s), lower extremity(s) and/or trunk, each 15 minutes
97165	Occupational therapy evaluation: low complexity
97166	Occupational therapy evaluation: moderated complexity
97167	Occupational therapy evaluation: high complexity
97168	Re-evaluation of occupational therapy
97750	Physical performance test
97760	Orthotic management and training

For the most current reimbursement fees and a complete list of codes visit [https://www.lamedicaid.com/Provweb1/fee\\_schedules/OCDD\\_Fee.htm](https://www.lamedicaid.com/Provweb1/fee_schedules/OCDD_Fee.htm) or [Medicaid | Department of Health | State of Louisiana | \(lamedicaid.com\)](#).

In addition to the procedure codes listed above, EarlySteps providers must also add the appropriate procedure modifier. Both *Type of Service* (TOS) and *Place of Service* (POS) modifiers apply. Listed below is an explanation of TOS modifiers found on this schedule. A combination of a POS code and a valid procedure modifier determine the TOS.

**TOS 22**

For services rendered in the natural environment (home and community). "*Community*": *environment where children of same age with no disabilities or special needs participate such as childcare centers, agencies, libraries, and other community settings*. Services can be provided via "teletherapy" specific POS/modifier combinations.

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POS/modifier combination must be one of the 3 choices below:

1. POS 12 (Home) and Procedure Modifier U8;
2. POS 99 (Other Place of Service) and Procedure Modifier U8; or
3. POS 02 (Teletherapy\_) and Procedure Modifiers 95 and U\*

**TOS 27**

For services rendered in a special purpose facility/inclusive childcare: childcare center, nursery schools, preschools with at least 50 percent with no disabilities or developmental delays.

POS/modifier combination must be:

1. POS 99 and Procedure Modifier TJ.

**TOS 28**

For services rendered in a center based special purpose facility: center where only children with disabilities or developmental delays are served.

POS/modifier combination must be:

1. POS 99 and Procedure Modifier SE.

**759 Denial Codes**

The National Correct Coding Initiative (NCCI), also known as simply Correct Coding Initiative (CCI), was implemented by the Centers for Medicare and Medicaid Services (CMS) to promote national correct coding methodologies and to control improper coding leading to inappropriate payment. NCCI code pair edits are automated prepayment edits that prevent improper payment when certain codes are submitted together for covered services by a single provider.

Modifier 59 indicates that a procedure or service was distinct or independent from other services performed on the same day by the same provider (local education agency (LEA)). Modifier 59 is used to identify procedures/services that are not normally reported together, but are appropriate under the circumstances. This may represent a different session or student encounter, a different type of therapy or procedure performed on the same day by the same LEA provider.

## DEFINITIONS AND ACRONYMS

**Abuse** – The inappropriate use of public funds by either a provider or beneficiary.

**AOTA** - American Occupational Therapy Association, Inc.

**ASHA** - American Speech-Language-Hearing Association.

**Assessment** - The collection and synthesis of information and activities to determine the state of a child's health and/or the developmental status of the child's cognitive, social, emotional, and physical development.

**Assistive Technology Device** - Any item, piece of equipment, or product system used to increase, maintain, or improve the functional capabilities of a child with a disability. This does not include convenience items but covers medically necessary assistance achieved through the use of assistive technology. The term does not include a medical device that is surgically implanted, or the replacement of such device.

**At Risk** - An individual under 3 years of age who is more likely to experience a substantial development delay if early intervention services were not provided to the individual.

**Audiology Services** – Diagnostic, screening, preventive, or corrective services for the identification of children with auditory impairment using at-risk criteria and appropriate screening techniques.

**Beneficiary** - A Medicaid eligible individual.

**Bureau of Health Services Financing (BHSF)** – The Bureau within the Louisiana Department of Health (DLH) responsible for the administration of the Louisiana Medicaid program.

**Case Management/Support Coordination** - Services provided to an eligible beneficiary to assist and enable the beneficiary and the beneficiary's family to gain access to, and to coordinate the provision of, the full range of needed Early Intervention services, including medical, social, educational, and other support services. In EarlySteps, this service is referred to as family service coordination (FSC).

**Centers for Medicare and Medicaid Services (CMS)** – The federal agency charged with overseeing and approving Louisiana's implementation and administration of the Medicaid program.

**CMS-1500** - The universal claim form used to bill Medicaid services.

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**Cost Avoidance** - Term referring to avoiding the payment of Medicaid claims when other insurance resources are available to the Medicaid beneficiary.

**COTA** - Certified Occupational Therapy Assistant.

**Developmental Disability** - A severe, chronic disability of a person attributed to a mental and/or physical impairment, not attributed solely to mental illness, that is manifested before the person reaches age 22, is likely to continue indefinitely, and results in substantial functional limitation in three or more of areas of major life activities. Developmental disability includes a substantial developmental delay or specific congenital or acquired condition in a person from birth through age 9 which, without services and support, has a high probability of resulting in such a severe, chronic disability of a person. In the EarlySteps program, eligibility for children is determined by delays in a child's development.

**Diagnosis** - The determination and identification of the nature and cause of the condition requiring attention by examination of the symptoms.

**Diagnostic Services** - Any medical procedure recommended by a physician or other licensed practitioner to identify the existence, nature, or extent of illness, injury, or other health deviation in a beneficiary.

**Early Intervention Services** – Developmental services provided to children under 3 years of age who are experiencing developmental delays or have diagnosed physical or mental conditions that have a high probability of resulting in developmental delay. The services are designed to meet the developmental needs of each child and are provided under public supervision by qualified personnel in conformity with an individualized family services plan. In Louisiana, these services are provided through the EarlySteps program with LDH.

**Early and Periodic Screening, Diagnostics and Treatment (EPSDT)** - Federally mandated screening and diagnostic services to determine physical or mental defects for Medicaid eligible children under age 21; and the health care, treatment, and other measures to correct or ameliorate any defects and chronic conditions so discovered.

**EarlySteps (Infants and Toddlers with Disabilities)** – The program in Louisiana under the Individuals with Disabilities Education Act (IDEA), Part C to deliver Early Intervention services to individuals under 3 years of age who need Early Intervention services because they are experiencing developmental delays or have a diagnosed physical or mental condition that has a high probability of resulting in developmental delay.

**Evaluation** - The process of collecting and interpreting data obtained through observation, interview, record review, or testing. Children in EarlySteps participate in an evaluation as part of the process to determine eligibility.

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**EMC** - Electronic Media Claim.

**Family Service Coordination (FSC)** - Case management services that assist with gaining access to needed medical, social, educational, and other services identified by the Individualized Family Service Plan (IFSP) of an eligible beneficiary that promotes and supports a family's capacities and competencies to identify, obtain, coordinate, monitor, and evaluate resources and services to meet needs. This service is provided through an enrolled agency and may also be called support coordination.

**Federal Poverty Level** - A measure used by the federal government to denote a survival level of family income. It varies by family size. The figures are revised annually. The poverty income guidelines are used for administrative purposes as a set standard to determine eligibility for public assistance.

**Fiscal Intermediary (FI)** - The private fiscal agent with which LDH contracts to operate the Medicaid Management Information System. It processes the Title XIX (Medicaid) claims for services provided under the Medical Assistance program and issues appropriate payment(s). Claims for EarlySteps services for Medicaid-eligible children are processed and paid through the FI.

**Fraud** - A matter of state law. The definition that governs acts of fraud between citizens and state agencies is found in Louisiana R.S. 14:67, Louisiana R.S. 14:70.01, and Louisiana R.S. 14:70.09. For further explanation, see Chapter 1 of the Medicaid Manual for further information.

**ICN** - Internal Claim Number.

**Individual Education Program (IEP)** - Program that meets all the requirements of IDEA and Louisiana Department of Education Bulletin 1706 that includes all special education and related services necessary to accomplish comparability of educational opportunity for children who are eligible for special education. IEPs are used for children ages 3 to 22.

**Individualized Family Service Plan (IFSP)** - A written plan meeting the requirements of Louisiana R.S. 28:465 and developed jointly by the family and service providers which identifies the necessary Early Intervention services to enhance the development of the child eligible under IDEA, Part C as well as the family's capacity to meet the needs of their child are through the EarlySteps program.

**Individuals with Disabilities Education Act (IDEA)** - The Federal law that provides for services for children with disabilities. IDEA, Part C addresses services provided through local education agency's (LEAs), originally known as the Education of the Handicapped Act. Part C addresses services provided through EarlySteps.



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**Local Education Agency (LEA)** - The public board of education or other public authority legally constituted within Louisiana for administrative control or direction of public elementary schools or secondary schools in a city, parish, school district, or other political subdivision of Louisiana.

**Louisiana Department of Health (LDH)** – The state agency responsible for administering the Medicaid program and other health-related services including public health, behavioral health and developmental disabilities, including the EarlySteps program, in Louisiana.

**Major Life Activities** – Daily living activities that include self-care, receptive and expressive language, learning, mobility, self-direction, capacity for individual living, and economic self-sufficiency.

**Medicaid** - A federal-state Medical Assistance entitlement program provided under an approved State Plan authorized under Title XIX of the Social Security Act.

**Medicaid Agency** - The single state agency responsible for the administration of the Medical Assistance Program (Title XIX). In Louisiana, the BHSF within LDH is the single state Medicaid agency. It is sometimes referred to as the Louisiana Medicaid Program.

**Medicaid Management Information System (MMIS)** - The computerized claims processing and information retrieval system for Louisiana Medicaid Program. This system is an organized method for payment for claims for all Medicaid covered services. It includes all Medicaid providers and eligible beneficiaries.

**OBRA '89** - Omnibus Budget Reconciliation Act of 1989 (Public Law 101-239) that expanded Medicaid eligibility and EPSDT services.

**Occupational Therapy Services** - Services to improve or restore a function that has been impaired by illness or injury, or when the function has been permanently lost or reduced by illness or injury, to improve the ability to perform those tasks required for independent functioning.

**OTA** - Occupational Therapy Assistant.

**OTR** - Registered Occupational Therapist.

**Pay and Chase** - Method of payment where Medicaid will pay the charges for services for a single beneficiary from a single provider and then seek reimbursement from liable health insurance company(s) and other liable third parties.

**PCA** - Personal Care Attendant.

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**Primary Care Case Management (PCCM)** - Case management related services that include location, coordination, and monitoring of primary health care services; and are provided under a contract between the State and either a PCCM who is a physician or may, at State option, be a physician assistant (PA), nurse practitioner (NP), or certified nurse-midwife and/or a physician group practice, or an entity that employs or arranges with physicians to furnish the services.

**Physical Therapy (PT) Services** – Rehabilitative services necessary for the treatment of illness or injury or for the restoration and maintenance of function affected by illness or injury.

**Preventive Services** - Services provided by a physician or other licensed practitioner to prevent disease, disability, or other health conditions or their progression and to prolong life. These services include screening and immunizations.

**Primary Care Physician (PCP)** - The physician that serves as the beneficiary's family doctor, providing basic primary care, referral, and after-hours coverage.

**Prior Authorization (PA)** - A request for approval for payment of a medically necessary service that must be made by the provider before rendering the service.

**Provider** - Any individual or entity enrolled in Medicaid under an agreement with the Medicaid agency who performs and/or delivers medically necessary health care services and/or supplies for eligible Medicaid beneficiaries.

**Psychological Services** – Obtaining, integrating, and interpreting information about child behavior and child and family conditions related to learning, mental health, and development and planning, and managing a program of psychological counseling or therapy for children and family based on the results of that information.

**Related Services** - Such developmental, corrective, and other supportive services provided in the education system based on the student's needs as are required to assist a child with a disability to benefit from the education program. These services include, but are not limited to, applied behavior analysis, interpreter services, orientation and mobility training, audiological services, health services, speech language therapy, counseling, occupational therapy, and physical therapy. Medicaid reimburses for applied behavior analysis, speech language therapy, occupational therapy, PT, audiology, and psychology services through the EPSDT Health Services Program.

**Remittance Advice (RA)** – A control document that informs the provider of the current status of submitted claims.

**REOMB** – Beneficiary's/Recipient's Explanation of Medical Benefits.

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**Screening Services** - The use of standardized tests given through an individual or mass examination of a designated population to detect the existence of one or more particular diseases, health deviations, or developmental delays, or to identify individuals suspected of having certain diseases for more definitive studies.

**Speech/Language Pathology** – The assessment and treatment of communicative or oropharyngeal disorders and delays in development of communication skills, including the diagnosis and appraisal of specific disorders and delays in those skills.

**Speech Therapy** - Services necessary for the diagnosis and treatment of communicative or oropharyngeal disorders and delays in development of communication skills, including diagnosis and appraisal of specific disorders and delays in those skills.

**State Plan** - Documents submitted by Louisiana setting forth how it will use federal funds and conform to federal regulations of the Medical Assistance program. The plan must be approved by CMS.

**SURS** - Surveillance Utilization Review System procedures and regulations under LAC 50:I.Chapter 41.

**Title XIX** - See Medicaid.

**TPL** - Third-Party Liability procedures and regulations under LAC 50:I.Chapter 83.

**Treatment** - The provision of medically necessary services to control, treat, correct, or ameliorate a diagnosed physical or mental condition.

**CHAPTER 47: EPSDT HEALTH AND IDEA, Part C – EarlySteps****SECTION 47.5.3: CONTACT/REFERRAL INFORMATION PAGE(S) 5****CONTACT/REFERRAL INFORMATION****Gainwell Technologies**

The Medicaid Program's fiscal intermediary, Gainwell Technologies can be contacted for assistance with the following:

TYPE OF ASSISTANCE	CONTACT INFORMATION
<b><u>CMS-1500 Claims</u></b> <ol style="list-style-type: none"> <li>1. Case Management</li> <li>2. Chiropractic</li> <li>3. Durable Medical Equipment (DME)</li> <li>4. Early and Periodic Screening, Diagnostics, and Treatment (EPSDT) Health and Individuals with Disabilities Education Act (IDEA)-Related Services</li> <li>5. Federally Qualified Health Clinics (FQHC)</li> <li>6. Hemodialysis Professional Services Independent Laboratories</li> <li>7. Mental Health Rehabilitation</li> <li>8. Personal Care Services (PCS)</li> <li>9. Professional Services</li> <li>10. Rural Health Clinics (RHC)</li> <li>11. Substance Abuse and Mental Health Clinic</li> <li>12. Waiver Services</li> </ol>	<p>P.O. Box 91020 Baton Rouge, LA 70821</p>
Inpatient and Outpatient Hospitals, Freestanding Psychiatric Hospitals, Hemodialysis Facility, Hospice, Long-Term Care	<p>P.O. Box 91021 Baton Rouge, LA 70821</p>
Dental, Home Health, Rehabilitation, Transportation (Ambulance and Non-ambulance)	<p>P.O. Box 91022 Baton Rouge, LA 70821</p>
All Medicare Crossovers and All Medicare Adjustments and Voids	<p>P.O. Box 91023 Baton Rouge, LA 70821</p>
<b>e-CDI technical support</b> <i>Web Technical Support</i>	<p>Gainwell Technologies (877) 598-8753</p>

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TYPE OF ASSISTANCE	CONTACT INFORMATION
<b>Electronic Data Interchange (EDI)</b> <i>Electronic claims sign up and testing</i>	P.O. Box 91025 Baton Rouge, LA 70898-0159 Phone: (225) 216-6303 Fax: (225) 216-6335
<b>Pharmacy</b>	P.O. Box 91019 Baton Rouge, LA 70821
<b>Prior Authorization Unit (PAU)</b> <i>*See LSU School of Dentistry below in “Other Helpful Contact Information” for more information.</i>	Gainwell Technologies – Prior Authorization P.O. Box 14919 Baton Rouge, LA 70898-4919 (800) 263-6534 ( <i>Dental</i> ) (800) 488-6334 ( <i>DME &amp; All Other</i> ) (800) 877-0666, <i>Option 2 (Hospice)</i> Fax: (225) 216-6476
<b>Provider Enrollment Unit (PEU)</b>	Gainwell Technologies – Provider Enrollment P. O. Box 80159 Baton Rouge, LA 70898-0159 (225) 216-6370 (225) 216-6392 Fax
<b>Provider Relations Unit (PR)</b>	Gainwell Technologies – Provider Relations Unit P. O. Box 91024 Baton Rouge, LA 70821 Phone: (225) 924-5040 or (800) 473-2783 Fax: (225) 216-6334
<b>Recipient Eligibility Verification (REVS)</b>	Phone: (800) 766-6323 (Toll Free) Phone: (225) 216-7387 (Local)

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## Louisiana Department of Health (LDH)

TYPE OF ASSISTANCE	CONTACT INFORMATION
Healthy Louisiana	Healthy Louisiana Customer Service Hotline Phone: 1-888-342-6207 (Toll Free)
Durable Medical Equipment (DME)	628 N. Fourth Street Baton Rouge, LA 70802 Phone: 225-342-3935 Fax: 225-342-9462
EarlySteps	P.O. Box 3117 Baton Rouge, LA 70821-3117 Phone: 866-EarlySteps (Toll Free)
General Medicaid Hotline	(888) 342-6207 (Toll Free)
Louisiana Children's Health Insurance Program (LaCHIP)	(225) 342-0555 (Local) (877) 252-2447 (Toll Free) <a href="https://ldh.la.gov/page/lachip">https://ldh.la.gov/page/lachip</a>
Louisiana Medicaid Website	<a href="http://www.lamedicaid.com">www.lamedicaid.com</a>
Medicaid Card Questions	Phone: 800-834-3333 (Toll Free) <a href="http://new.dhh.louisiana.gov/index.cfm/faq/category/72">http://new.dhh.louisiana.gov/index.cfm/faq/category/72</a>
Office of Behavioral Health (OBH)	P.O. Box 91030 Baton Rouge, LA 70821-9030 Phone: 225-342-2540 Fax: 225-342-1972 or 225-342-1973 Toll-free fax: 1-866-427-2148 <a href="http://www.mbhs-la.org">http://www.mbhs-la.org</a> <i>* See web MBHS website for additional contact information</i>

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TYPE OF ASSISTANCE	CONTACT INFORMATION
<b>Office for Citizens with Developmental Disabilities (OCDD)</b>	P.O. Box 3117 Baton Rouge, LA 70821-3117 Phone: (225) 342-0095 (Local) Phone: (866) 783-5553 (Toll-free) Fax: 342-8823 E-mail: <a href="mailto:ocddinfo@la.gov">ocddinfo@la.gov</a>
<b>Office of Management and Finance Bureau of Health Services Financing (BHSF) – MEDICAID</b>	P.O. Box 91030 Baton Rouge, LA 70821-9030 Phone: 225-342-5774 Fax: 225-342-3893 E-mail: <a href="mailto:medweb@la.gov">medweb@la.gov</a> <a href="http://new.dhh.louisiana.gov/index.cfm/subhome/1">http://new.dhh.louisiana.gov/index.cfm/subhome/1</a>
<b>Rate Setting and Audit Hospital Services</b>	P.O. Box 91030 Baton Rouge, LA 70821-9030 Phone: 225-342-0127 225-342-9462
<b>Third Party Liability (TPL)</b> TPL Recovery, Trauma	453 Spanish Town Road Baton Rouge, LA 70802 Phone: (225) 342-1376 Fax: (225) 342-5292

**Fraud Hotline**

TYPE OF ASSISTANCE	CONTACT INFORMATION
To report fraud	Program Integrity (PI) Section P.O. Box 91030 Baton Rouge, LA 70821-9030 Fraud and Abuse Hotline: (800) 488-2917 Fax: (225) 219-4155 <a href="https://ldh.la.gov/page/reporting-fraud">https://ldh.la.gov/page/reporting-fraud</a>

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**Other Helpful Contact Information:**

TYPE OF ASSISTANCE	CONTACT INFORMATION
Centers for Medicare and Medicaid (CMS) Services	<a href="http://www.cms.hhs.gov">www.cms.hhs.gov</a>
Governor's Office of Homeland Security and Emergency Preparedness (GOHSEP)	<a href="http://www.gohsep.la.gov">http://www.gohsep.la.gov</a>
Office of Population Affairs (OPA) Clearinghouse	P.O. Box 30686 Bethesda, MD 20824-0686 Phone: (866)-640-7827 Fax: (866)-592-3299 E-mail: <a href="mailto:Info@OPAClearinghouse.org">Info@OPAClearinghouse.org</a>
Superintendent of Documents Forms	<a href="http://www.gpo.gov/">http://www.gpo.gov/</a> Phone: (202) 512-1800