

# BabyNet Policy and Procedure Manual

## Appendix 5: Service Guide rev. January 2010

### I. BabyNet Service Providers

- A. "Service providers" include all non-governmental entity or individual with a current SCSF contract for provision of IDEA Part C services through the BabyNet system. Reimbursement will be made only for services provided in accordance with applicable federal and state laws, regulations and guidelines, including those outlined in the BabyNet policy and procedure manual.

The provider is an independent contractor for whom no Federal or State income tax will be deducted by BabyNet and for whom no retirement benefits, worker's compensation protection, survivor benefit insurance, group life insurance, vacation and sick leave, liability protection, and similar benefits available to state employees will accrue.

### B. Procedures for executing a SCSF BabyNet contract:

1. Provider requests application form (*BabyNet Provider Enrollment Form*) from the SCSF BabyNet Central Office or on the web at <http://www.scfirststeps.org/BabyNet.html>
2. Provider completes the application and returns to the SCSF BabyNet Central Office with required supporting documentation.
3. SCSF BabyNet Central Office reviews, approves, and signs application.
4. Contract is not fully executed until SCSF BabyNet Central Office sends a copy of the signed contract to the provider.
5. SCSF BabyNet Central Office adds the provider to the list of approved providers. Reimbursement is made only to contractors on the approved provider list.
6. If the application is denied, the requesting provider will be notified in writing within 20 working days of receipt of a complete and accurate application. Contract may be denied due to:
7. Provider enrollment requests will be denied if the requesting provider:
  - a. Failed to complete application according to instructions;
  - b. Failed to meet CSDP qualifications (see Appendix 7);
  - c. No providers are needed for the service in question in the geographic area in which the provider would work;
  - d. Was terminated from previous employment due to Medicaid or financial fraud;
  - e. Has prior ethical or criminal convictions;
  - f. Was previously termination of a BN Contract resulting from non-compliance with contract requirements; and/or
  - g. There is other evidence of the provider's inability to meet the contract requirements or unsuitability for working with BabyNet children and families as determined by the BabyNet program manager.

### D. Provider Change

- a. Provider has a change of address or a name change they must fill out the *Change of Provider Information* form and a *W-9* form and mail the forms to Central Office.
- b. Provider has a change of services or adds additional Provider to the contract they will need to fill out the *Change of Provider Information* form and mail the form to Central Office.

These form's can be found on the BabyNet website at <http://www.scfirststeps.org/BabyNet.html> .

E. Reporting misconduct

Any individual participating in provision of BabyNet services is required to report misconduct to a BabyNet supervisor, DHEC System Manager or designee, SCSF Regional Consultant or BabyNet Central Office within five (5) working days by way of a written complaint. If at any point, any individual who reasonably believes that a BabyNet provider is posing an imminent risk of danger to children, parents, or staff, they shall report the information to a local law enforcement agency or SC Department of Social Services, and then to BabyNet Central Office within twenty-four (24) hours.

F. Investigation and resolution of reported non-compliance with the terms of the contract.

“Noncompliance” is any contractor action not consistent with applicable federal and state laws, regulations and guidelines, including those outlined in the BabyNet policy and procedure manual. Such actions may be reported by family members, providers, and/or qualified personnel, who reasonably believes a BabyNet provider to be out of compliance with the BabyNet contract requirements, and/or applicable Federal and State laws or regulations.

When noncompliance is reported:

1. The regional DHEC system manager or designee will:

- a. Contact the provider to discuss the complaint and, if needed, clarify the expectations/requirements of ongoing participation in the BabyNet System and ensure commitment for corrective actions as required.
- b. Contact the complainant to report findings.
- c. Document all actions related to the complaint for submission to the SCSF BabyNet program manager (or designee) monthly or as requested. The report must include the provider's name, address, and details regarding the complaint/resolution. This information will be maintained in the provider's file at BN Central Office.
- d. If further non-compliance is reported and confirmed by the BN System Manager, the BN System Manager will issue a formal letter to the provider specifying the area of non-compliance and immediate actions required to meet contract standards. The provider will have fifteen (15) working days to meet all contract requirements. A copy of the letter will be submitted to BN Central Office and maintained in the provider's file at BN Central Office.
- e. All written communications by both parties will occur by Certified Mail, Return Receipt Requested.
- f. Formal Investigation Initiated (see section below for additional information): If the provider does not agree to meet the requirements or the provider continues to demonstrate noncompliance with contract requirements, the DHEC system manager or designee will notify BN Central Office in writing. This notification shall include the provider's name, descriptions of the issues including dates, times and methods of attempts to resolve concerns, and other relevant history information. BN Central Office will initiate an investigation of non-compliance (see below for additional information).

2. Upon receipt of provider non-compliance complaint, the SCSF BabyNet program manager (or designee) will:

- a. Conduct an investigation that includes interviews with all parties, record reviews, discussions with families, and/or other actions as necessary.
- b. Identify deficiencies or violations of State and Federal law or regulations; and
- c. Determine whether contract termination or immediate corrective actions are necessary to address deficiencies or violations.
- d. Send a written summary of findings to the provider and explanation of decisions made based on the investigation.

8. When immediate corrective actions are indicated the provider (and/or others as necessary) will be asked to reply to the SCSF BabyNet central office within 15 working days with written notification and a plan for corrective actions. Any plan for corrective actions must be approved by SCSF.
  9. If the plan for corrective actions is not submitted, or is not approved by the BabyNet program manager, SCSF will:
    - a. Notify the provider in writing that payment for the related service unit will be withheld;
    - b. Terminate the provider's BabyNet contract;
    - c. Remove the provider from the list BabyNet contractors approved for payment; and
    - d. Notify all BabyNet service coordination agencies within two working days.
  10. Upon this action, the BabyNet service coordination agencies shall ensure, that notifications to the parents of any child receiving services from the provider are sent in writing immediately. The Service Coordinator will work with the parents who together will make arrangements for the delivery of services by an alternate qualified provider and an IFSP meeting will be conducted when needed or required.
  11. Authorized services by the terminated contractor shall cease immediately upon the date of notification of such termination and no payments shall be sought or made for any services provided beyond the termination date.
  12. A record of each investigation and contract termination shall be maintained by the State office of the BabyNet Early Intervention System and shall be retained. The record shall be available for public inspection and copying.
  13. If an individual(s) reasonably believes that a BabyNet provider is posing an imminent risk of danger to children, parents, or staff, they shall report the information to a local law enforcement agency or SC Department of Social Services, and then to BabyNet Central Office within twenty-four (24) hours.

Upon receipt of such notification, BabyNet Central Office shall immediately conduct an investigation.

Until completion of the investigation, BN Central Office may temporarily remove the provider from the BN provider list. Upon completion of investigation, if required, relevant procedures for contract termination will be followed.
  14. Discontinuance or violation of original requirements of BabyNet contract constitutes grounds for automatic termination.
- G. All contractors are subject to professional conduct guidelines included in the BabyNet policy and procedure manual.

II. Payment procedures for SCSF BabyNet contractors

- A. The Service Coordinator authorizes all services to be reimbursed by BabyNet based on the IFSP using the *BabyNet Payment Authorization* form as follows:
1. Completes and signs the form. Authorizations must be completed by the Service Coordinator prior to services being rendered (up to three months in advance).
  2. Sends two copies of the *BabyNet Payment Authorization* to the approved BabyNet service provider.
  3. Sends one copy to the fiscal agent.
  4. Retains one copy for the child's file.

Although several services can be listed on an authorization, a separate form must be completed for each contractor and for each month of service.

B. Fiscal Agent

1. Reviews the copy of the authorization form upon receipt to see that the necessary information has been entered.
2. If any information is incomplete or inaccurate, the *BabyNet Payment Authorization* is returned to the Service Coordinator with a cover letter stating what is necessary to complete or correct the authorization.

C. The contracted BabyNet service provider delivers authorized services and sends the following to the fiscal agent:

1. A copy of the authorization;
2. A detailed itemized invoice, listing the services that have been provided, including the CPT code. Refer to BabyNet Service/Reimbursement Guide Section 9.00.00 procedure 5.60.00 for BN Service Codes (all must agree with the service(s) authorized, including the frequency and duration of on-going services and the dates of service);
3. An Explanation of Benefits or denial if the child has private health insurance. After reviewing the documents, if criteria have been met and appropriate documentation included, the fiscal agent prepares the invoices/authorizations for reimbursement.

D. The fiscal agent will release funds after receipt of a properly prepared and signed authorization from a Service Coordinator and receipt of an invoice and appropriate documentation from the contractor. Reimbursement will be determined by:

1. BabyNet Service/Reimbursement Guide – The fiscal agent calculates the amount of reimbursement based on the BabyNet Service/Reimbursement Guide.
2. Hospital Contract Rate – If the child is not covered by private health insurance or documentation is provided to the fiscal agent that the services are not covered by the child's insurance policy, the fiscal agent calculates the percentage of the actual charges for contractors that fall under one of the MCH Hospital Contracts.
3. Co-payment/Deductible/Co-insurance – The fiscal agent calculates the amount of reimbursement based on the Explanation of Benefits obtained by the contractor. If the insurance company pays the contractor up to or more than the BabyNet allowable amount, the contractor receives no further reimbursement.

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**POLICY: PUBLIC AND PRIVATE INSURANCE USE**

- 1) Families whose children are enrolled under public or private insurance plans are required to use their child's benefits to assist in meeting the costs of covered BabyNet services and devices.
- 2) All qualified personnel are required to bill private insurance and Medicaid, when appropriate, prior to billing BabyNet. The only exceptions are interpreters, transportation contractors, paraprofessionals providing autism spectrum disorder treatment, and certain types of assistive technology.
- 3) The family, in cooperation with their insurance company, BN Service Coordinator and the service contractor, will verify insurance benefits for the BN Services listed on the IFSP.
- 4) If the service is not covered by private insurance, the contractor shall submit verification as part of the billing process. One or more of the following items must be obtained by the contractor as documentation of a valid insurance denial:
  - A) A written response from the insurance company which includes the child's name and a statement that indicates a specific service or services are not covered;
  - B) A written denial from the insurance company in the form of an Explanation of Benefits (EOB) that includes the child's name, the specific service(s) and the reason the service(s) were denied.
  - C) Online denials are acceptable if the following information is clearly indicated on the document: child's name, date of service, CPT/BN service code, duration of service, reason for denial, and cost of service.

Note: Verbal denials are not accepted.

- 5) If the BN Contractor obtains a valid denial stating a particular service is not covered under a child's insurance plan, the contractor may use that denial for up to one year from the date of service. A copy of this denial must be submitted to BN with each claim for that child and the specific service. If there are any changes in the child's insurance, a new EOB must be obtained. An EOB/denial is specific to the child and may not be used for other children covered under similar insurance plans.
- 6) As payor of last resort, ALL other resources must be maximized to cover the costs of services prior to utilizing BabyNet funds.
- 7) BN Service Coordinators are to inform families that if the child's Medicaid or private insurance coverage changes they are to notify the BN Service Coordinator immediately.

**PROCEDURE: DETERMINING PROVIDERS**

- 1.0 If the providers that are approved by the family's insurance network are not known to the family, the BN Service Coordinator will assist the family in obtaining a list of approved providers from the insurance carrier and verifying if any of those providers have contracts with BabyNet.

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- 1.1 It may be necessary to contact the insurance provider. Call the number on the family's insurance card. When the insurance company is reached, ask to be connected with Benefits Verification. Identify yourself, say you are representing a customer and would like to verify coverage of particular services. Be prepared to provide the policy holder's identifying information. If the insurance company will not release information, assist policy holder in obtaining the information by making the call during a home or office visit or by placing a conference call with the family and the insurance provider.
- 1.2 HMO (Health Maintenance Organization): The BN Service Coordinator will assist the family in identifying those providers who are approved by the family's HMO and have contracts with BabyNet. The family should be informed that, under certain circumstances, an HMO may make reimbursements to a provider not in its HMO network. Determination of benefits is established in cooperation between the family, insurance company, and the provider. A determination of reimbursement to a provider not in the HMO network is made with the same parties. If an HMO will not approve reimbursement to an out-of-network provider, that family will be required to accept services from an HMO provider in accordance with applicable BabyNet policies.
- 1.3 PPO (Preferred Provider Organization): The BN Service Coordinator will assist the family in identifying approved providers, specifically identifying those providers who are approved by the family's PPO and has a contract with BabyNet. The BN Service Coordinator will also advise the family that any of those listed providers would most likely be able to access the insurance, but an actual determination of benefits would be established in cooperation between the family, insurance company, and the provider.

**PROCEDURE: CONTRACTOR RESPONSIBILITIES**

- 1.0 The contractor must verify that IFSP services are a covered benefit under an insurance plan. There may be multiple plans. For example, vision related services may be covered in a separate policy.
  - 1.1 It may be necessary to contact the insurance provider. Call the number on the family's insurance card. When the insurance company is reached, ask to be connected with Benefits Verification. Identify yourself, say you are representing a customer and would like to verify coverage of particular services. Be prepared to provide the policy holder's identifying information. If the insurance company will not release information, assist policy holder in obtaining the information by making the call during a home or office visit or by placing a conference call with the family and the insurance provider.
  - 1.2 Contractors must ensure they have a current *BabyNet Payment Authorization* prior to providing services to an eligible child.
  - 1.3 Contractors are responsible for ensuring that BN funds are used only as a last resort after all other possible reimbursement options have been exhausted.

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**MEDICAID/INSURANCE GUIDELINES**

<b>Insurance Guidelines</b>				
<b>Scenario</b>	<b>Acceptable Documentation</b>	<b>Action Required</b>	<b>Payor</b>	<b>Comments</b>
A. Service NOT a covered insurance benefit.	1. Written statement from insurer and/or valid denial from insurer.	Provider supplies documentation for submission to BN fiscal agent with invoice.	1. Medicaid 2. BabyNet	
B. Medical necessity requirement.	1. Documentation of medical necessity in accordance with insurer/ Medicaid requirements.	Provider submits documentation in accordance with insurer/ Medicaid requirements.	1. Insurer 2. Medicaid 3. BabyNet	If insurer or Medicaid denies reimbursement after review of submitted material, provider submits valid denial and claim to BabyNet fiscal agent.  If provider fails to submit required information, claims will not be reimbursed by BabyNet. This represents a failure to comply with insurance or Medicaid requirements.
C. Pre-Authorization or Pre-Certification required.	Insurer specific.	Provider submits documentation in accordance with insurer/ Medicaid requirements.	1. Insurer 2. Medicaid 3. BabyNet	Insurer pays after the Pre-Authorization/Certification has been approved. BabyNet pays only when claims are submitted with an attached valid denial from the insurer or Medicaid. Denial must not be for failure to obtain Pre-Authorization/ Certification.
D. Insurer limits number of visits.	1. EOB documenting visits exhausted. 2. Written statement from insurer.	Provider submits documentation to BN fiscal agent along with claims.	1. Insurer 2. Medicaid 3. BabyNet	Insurer pays for the pre-established number of visits. Where additional visits are available if authorized by the insurer, the provider must submit required information.  BabyNet pays for required services after the established number of insurer visits or Medicaid benefits have been exhausted.

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<b>Insurance Guidelines</b>				
<b>Scenario</b>	<b>Acceptable Documentation</b>	<b>Action Required</b>	<b>Payor</b>	<b>Comments</b>
E. Maximum payable amount met.	<ol style="list-style-type: none"> <li>EOB denying reimbursement based on maximum payable amount met.</li> <li>Written statement from insurer.</li> </ol>	Provider submits documentation to BN fiscal agent along with claims.	<ol style="list-style-type: none"> <li>Insurer</li> <li>Medicaid</li> <li>BabyNet</li> </ol>	<p>Insurer pays up to their pre-established maximum amount payable.</p> <p>If insurer has paid maximum and child does NOT have Medicaid, BabyNet funds may be used for required IFSP services.</p>
F. Insurance deductible applies.	EOB denying reimbursement because deductible has not yet been met.	Provider submits documentation to BN fiscal agent along with claims.	<ol style="list-style-type: none"> <li>Medicaid</li> <li>BabyNet</li> </ol>	If no Medicaid, BN will pay for the service up to the BN rate. The provider will waive any remaining outstanding amount related to the service.
G. Insurance copayment applies.	EOB indicating copayment.	Provider submits documentation to BabyNet along with claims.	<ol style="list-style-type: none"> <li>Insurer</li> <li>Medicaid</li> <li>BabyNet</li> </ol>	<p><b>COPAYMENT IS NOT COLLECTED BY PROVIDER.</b></p> <p>If no Medicaid, provider will waive insurance copayment if insurance reimbursement is equal to or greater than the BN rate.</p>
H. Co-insurance applies.	EOB indicating co-insurance.	Provider submits documentation to BabyNet along with claims.	<ol style="list-style-type: none"> <li>Insurer</li> <li>Medicaid</li> <li>BabyNet</li> </ol>	Provider will waive co-insurance if insurance reimbursement is equal to or greater than the BN rate. If insurance amount is less than the BabyNet rate, BabyNet will pay for the service up to the BN rate.
I. Requires network provider that does NOT have a BabyNet contract.	<ol style="list-style-type: none"> <li>Written statement from insurer.</li> <li>BN Service Coordination notes of conversations with insurers including dates, times, names and phone numbers of people spoken with.</li> </ol>	Refer to a provider with a SCSF/BabyNet contract.	<ol style="list-style-type: none"> <li>Medicaid</li> <li>BabyNet</li> </ol>	<p><b>BN SERVICE COORDINATOR TO OBTAIN PRIOR APPROVAL FROM BN CENTRAL OFFICE.</b></p>

**Assistive Technology Fee Schedule – August 22, 2005**

<b>HPCPS</b>	<b>Description</b>	<b>Prior Auth.</b>	<b>Order Needed</b>	<b>Maximum Price</b>	<b>Maximum Qty/Days</b>	<b>Examples/ Comments</b>
C1500	Adaptive , utensil, feeding	Y	N	N/A	2/1095	Weighted or built up fork or spoon
C1510	Adaptive, cup, nose	Y	N	N/A	2/365	
C1599	ADL/Adaptive, miscellaneous	Y	Y	N/A	Calculated Manually	
E0135	Walker, folding pickup	Y	Y	\$67.86	1/365	
E0143	Walker, folding, wheeled	Y	Y	\$95.06	1/365	
L1902	Ankle foot orthosis, ankle gauntlet, prefabricated, includes fitting and adjustment, each	Y	Y	\$55.65	2/365	
L1904	Ankle foot orthosis, molded ankle gauntlet, custom fabricated, each	Y	Y	\$318.58	2/365	
L1920	AFO, single upright with static or adjustable stop (Phelps or Peristein type), custom fabricated, each	Y	Y	\$236.84	2/365	
L1930	Ankle foot orthosis, plastic or other material, prefabricated, includes fitting and adjustment, each	Y	Y	\$160.27	2/365	
L1940	AFO, plastic or other material, custom fabricated	Y	Y	\$362.19	2/365	
L1960	Ankle foot orthosis, posterior solid ankle, plastic, custom fabricated, each	Y	Y	\$375.52	4/365	
L1970	Ankle foot orthosis, plastic with ankle joint, custom fabricated, each	Y	Y	\$555.41	4/365	
L1980	AFO, single upright, free plantar dorsiflexion, solid stirrup, calf band/cuff (single bar "BK" orthosis), custom fabricated, each	Y	Y	\$248.64	2/365	
L1990	AFO, double upright, free plantar dorsiflexion, solid stirrup, calf band/cuff (double bar "BK" orthosis), custom fabricated, each	Y	Y	\$319.46	2/365	
L2040	Hip-knee-ankle-foot orthosis (HKAFO) torsion control, bilateral rotation straps, pelvic band/belt, custom fabricated, each	Y	Y	\$123.72	2/365	
L2050	HKAFO, torsion control, bilateral torsion cables, hip joint, pelvic band/belt, custom fabricated, each	Y	Y	\$329.50	2/365	
L2070	HKAFO, torsion control, unilateral rotation straps, pelvic band/belt, custom fabricated, each	Y	Y	\$121.48	2/365	

HCPCS	Description	Prior Auth.	Order Needed	Maximum Price	Maximum Qty/Days	Examples/ Comments
L2080	HKAFO, torsion control, unilateral torsion cable, hip joint, pelvic band/belt, custom fabricated, each	Y	Y	\$287.84	2/365	
L2200	Addition to lower extremity, limited ankle motion, each joint	Y	Y	\$32.21	8/365	
L2210	Addition to lower extremity, dorsiflexion assist (plantar flexion resist), each joint	Y	Y	\$52.27	8/365	
L2220	Addition to lower extremity, dorsiflexion and plantar flexion assist/resist, each joint	Y	Y	\$60.01	8/365	
L2230	Addition to lower extremity, split flat caliper stirrups and plate attachment, each	Y	Y	\$51.98	4/365	
L2240	Addition to lower extremity, round caliper and plate attachment, each	Y	Y	\$51.98	4/365	
L2250	Addition to lower extremity, foot plate, molded to patient model, stirrup attachment, each	Y	Y	\$240.73	4/365	
L2270	Addition to lower extremity varus/valgus correction ("T") strap, padded/lined or malleolus pad, each	Y	Y	\$36.39	4/365	
L2275	Addition to lower extremity, varus/valgus correction, plastic modification, padded/lined, each	Y	Y	\$88.52	4/365	
L2820	Addition to lower extremity orthosis, soft interface for molded plastic, below knee section, each	Y	Y	\$58.83	2/365	
L2999	Lower extremity orthosis, not otherwise specified	Y	Y	\$103.05	4/365 days	
L3800	Short Opponens	Y	Y	\$138.27	2/365 days	
L3805	Long Opponens	Y	Y	\$221.10	2/365 days	
L3999	Upper limb orthosis, not otherwise specified	Y	Y	\$38.56	4/365 days	
X1934	Feeder Seat, any size	Y	Y	\$280.42	1/1095	
E1399-HA	Floor Sitter, any size	Y	Y	\$321.66	1/1095	
X1942	Bath Chair	Y	Y	\$354.00	1/1095	Chair, bath support
X1955	Corner Chair	Y	Y	\$281.00	1/1095	
V5090	Handling/Dispensing Fee, Unspecified hearing aid	N	N	\$4.38	6/365 days	
V5275-RT V5275-LT	Ear Impression (not disposable) RT = Right, LT = Left	N	N	\$19.90	6/365	
V5265	RT & LT Ear mold insert, disposable any type	N	N			
V5267	Hearing Aid Supplies	Y	N	Cost	1/1095	Cost

HCPCS	Description	Prior Auth.	Order Needed	Maximum Price	Maximum Qty/Days	Examples/ Comments
V5030	Hearing Aid Monaural, Body Worn, Air Conduction	Y	Y	Up to \$900.00	2 per ear/365 days	(Manufacturer list price plus S&H – V5267, manufacturer invoice required)
V5040	Hearing Aid, Monaural, Body Worn, Bone Conduction					
V5050	Hearing Aid, Monaural, in the ear					
V5060	Hearing Aid, Monaural, behind the Ear (CIC and ITC)					
V5011	Hearing Aid Orientation	N	N	\$17.68/hr	6/365	
V5014-000	Replace tubing or ear hook	N	N	\$05.00	N/A	
V5014-RT V5014-LT	Hearing Aid Repair(s) – RT = Right, LT = Left.	N	N	Actual cost total not to exceed \$154.00 (plus S&H- See V5267)	2/365 per ear	Manufacturer invoice required
W7170	Benik knee support	Y	Y	\$40.00	N/A	
W7171	Benik hand splint	Y	Y	\$32.57	N/A	
W7173	Benik vest	Y	Y	\$104.00	N/A	
V5266	Hearing aid, battery, any size, each	N	N	cost	24/365	
W8965	Walker, forearm support, attachment	Y	Y	\$66.33	N/A	

**KEY:**

HCPS – Procedure code for item/service

Prior Authorization Indicator: N = No prior authorization required through BN Central Office  
Y = Prior authorization required

Order Needed Indicator: N = No physician's order needed  
Y = Physician's order needed

Maximum Price: Maximum allowable purchase price. If N/A is indicated, item is priced individually based on request submitted.

Maximum Qty/Days: If applicable, indicates the maximum quantity that may be dispensed within the number of day shown. Quantities that exceed maximum allowable quantity shown require prior authorization to BN Central Office.

Examples: Example of items that might be described by specific HCPCS code.

**NOTE: FOR ITEMS NOT INCLUDED ON LIST THE S.C. MEDICAID MAXIMUM PRICE AND MAXIMUM QUANTITY/DAYS WILL BE USED WHEN APPLICABLE.**

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Sub-Section: Audiology	Effective Date: August 1, 2006	
Procedure:	Revision Date: January 1, 2010	

**SERVICE DESCRIPTION:** AUDIOLOGY - CFR 303.12(d)(2)

- 1) Audiology services include:
  - A) Identification of children with auditory impairment using appropriate audiologic screening techniques;
  - B) Determination of the range, nature and degree of hearing loss and communication functions by use of audiological evaluation procedures;
  - C) Referral for medical and other services necessary for the habilitation or rehabilitation of children with hearing loss;
  - D) Attending IFSP meetings;
  - E) Provision of auditory training, aural rehabilitation, speech reading and listening device orientation/training and other related services;
  - F) Provision of services for prevention of hearing loss;
  - G) Determination of the child's need for individual amplification including selecting, fitting, and dispensing appropriate listening and vibrotactile devices;
  - H) Evaluating the effectiveness of assistive technology devices.
- 2) The focus of services is to enhance the child's development in accordance with the IFSP outcomes.
- 3) Services must include providing families and caregivers with strategies that allow them to maximize intervention opportunities in their daily routines and activities.
- 4) Referral of children who may benefit from BabyNet services to the local SCSF BabyNet Office within two working days as required by federal regulations (regardless of funding sources).

**QUALIFICATIONS:** ALL SERVICE PROVIDERS WITH A CURRENT SCSF CONTRACT FOR PROVISION OF IDEA PART C SERVICES THROUGH THE BABYNET SYSTEM MUST MEET THE REQUIREMENTS OF THE SOUTH CAROLINA PART C CREDENTIAL AS DESCRIBED IN APPENDIX 7 OF THIS POLICY MANUAL.

- 1.0 Qualified personnel include: Licensed Audiologists and/or Licensed Speech/Language Pathologists.
- 2.0 All evaluation, assessment and IFSP services must be provided:
  - 2.1 By qualified personnel having a contract with SCSF/BabyNet;
  - 2.2 According to practice act and BN regulations, policies and procedures even if not reimbursed directly by BabyNet.

**PROCEDURE:**

- 1.0 Protocol: The audiological evaluation (AE) consists of two steps: a hearing screening, and if indicated, a comprehensive diagnostic evaluation. The entire AE (both steps) may be completed within the initial appointment or may require additional appointments to obtain conclusive diagnostic information.

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- 1.1 Screening - Upon initial referral for audiology services, the child should receive a hearing screen and middle ear assessment, if indicated. If the child passes the screening, the child is discharged from audiological follow-up and results are reported in writing to the BN Service Coordinator.
- 1.2 If the child fails the screening, actions might include:
  - a. Referral for medical evaluation (not covered by BN) with re-evaluation after treatment;
  - b. Proceed with comprehensive audiologic diagnostic evaluation.
- 1.3 Comprehensive Diagnostic Evaluation - A comprehensive audiologic diagnostic evaluation should be performed using BabyNet approved billing codes. If the outcome indicates normal hearing, the infant is discharged from audiological follow-up. Results should be reported in writing to the child's BabyNet Service Coordinator.

2.0 Special Considerations:

- 2.1 Children below the age of 21 who have any form of Medicaid **or** are below 250% of the Federal poverty level and have a hearing loss that requires amplification are eligible for Children's Rehabilitative Services (CRS). CRS will provide hearing aids for eligible children. CRS will also cover ear molds, hearing aid kits, replacement batteries, etc., up to allowable program limits.
- 2.2 When the child is referred for audiological services, BabyNet will pay for:
  - a. One screening (if child passes);
  - b. OR one comprehensive audiologic diagnostic evaluation if child fails screening.
- 2.3 BabyNet does cover routine follow-up visits necessary to monitor a child at risk for progressive or delayed on-set hearing loss when this need is established by the IFSP team and incorporated into the child's IFSP.
- 2.4 Proof of the manufacturer's invoice price for hearing aids is required prior to BabyNet issuing reimbursement.
- 2.5 Any costs directly related to cochlear implant use, maintenance, and training is not covered.
- 2.6 BabyNet will not cost share the price of the hearing aid(s) or services. This means that the total cost of the hearing aids must not exceed the BN established rate.

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Sub-Section: Audiology	Effective Date: August 1, 2006	
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**BILLABLE ACTIVITIES: AUDIOLOGY**

Procedure Code	Description	Review Parameters	Unit of Service	Rate
92551	Screening test, pure tone, air only	N/A	Each	\$11.00
92552	Pure tone audiometry (threshold); air only	6 units/ 365 days	Each	\$15.49
92553	Pure tone audiometry; air and bone	N/A	Each	\$21.25
92555	Speech audiometry threshold	N/A	Each	\$10.50
92556	Impedance (tympanogram and acoustic reflexes)	6 units/ 365days	Each	\$11.58
92556-51	Speech audiometry threshold; with speech recognition	N/A	Each	\$18.00
92557	Hearing Evaluation (92553 + 92556)	6 units/ 365 days	Each	\$42.06
92557-52	Hearing Re-evaluation	6 units/ 365 days	Each	\$21.03
92567	Tympanometry	6 units/ 365 days	Each	\$18.49
92579	Visual Reinforcement Audiometry	N/A	1 test	\$18.00
92584	Electochleography	1 per implant	1 test	\$87.06
92585	Auditory evoked potentials for evoked response/audiometry (Diagnostic)	N/A	1 test	\$91.54
92585/52	Auditory evoked potentials for evoked response/audiometry	N/A	1 test	\$45.77
92587	Evoked otoacoustic emissions; limited (single stimulus level)	N/A	1 test	\$53.08
92588	Evoked otoacoustic emissions; Comprehensive	N/A	1 test	\$70.90
92590	Hearing aid examination & selection; monaural	6 units/ 365 days	Each	\$26.74
92591	Hearing aid examination & selection; binaural	6 units/ 365 days	Each	\$98.00
92592	Hearing aid check; monaural	6 units/ 365 days	Each	\$10.92
92592/52	Hearing Aid Recheck; Monaural	6 units/ 365 days	Each	\$9.23
92593	Hearing aid check; binaural	6 units/ 365 days	Each	\$40.00
92594	Electroacoustic evaluation for hearing aid; monaural	6 units/ 365 days	Each	\$12.50
92595	Electroacoustic evaluation for hearing aid; binaural	6 units/ 365 days	Each	\$25.00
92626	Evaluation of Auditory Rehabilitation Status	10 per year	1 test	\$75.35
X2034	Audiological consultation	6 units/ 365 days	Each	\$08.75

Review Parameters are based upon the accepted Medicaid guidelines, it is not expected that an IFSP team will exceed these parameters.

Note: BabyNet will not pay for any audiology services related to cochlear implant evaluation, maintenance, training or mapping.

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Sub-Section: Family Support	Effective Date: August 1, 2006	
Procedure: Interpreter/Translator Services	Revision Date: January 1, 2010	

**SERVICE DESCRIPTION: INTERPRETER/TRANSLATOR SERVICES**

- 1) The role of the interpreter/translator is to facilitate communication between BN providers and the family when they do not speak the same language.

These services may be required during the rendering of BabyNet services in order to communicate with the child and family.

Interpretation refers to the restating in one language of what has been said in another language. Interpretation involves conveying both the literal meaning and connotations of spoken and unspoken communication.

Translation refers to putting the words of one language into another language, particularly in written form.

**QUALIFICATIONS:** ALL SERVICE PROVIDERS WITH A CURRENT SCSF CONTRACT FOR PROVISION OF IDEA PART C SERVICES THROUGH THE BABYNET SYSTEM MUST MEET THE REQUIREMENTS OF THE SOUTH CAROLINA PART C CREDENTIAL AS DESCRIBED IN APPENDIX 7 OF THIS POLICY MANUAL.

- 1.0 Must be at least 18 years of age.
- 2.0 Successful completion of SCSF agency interpreter testing and training, within one calendar year of contract initiation, which includes, but is not limited to:
  - 2.1 Demonstrating expressive and receptive skills and ethics of interpreting and translating;
  - 2.2 Documented evidence of testing levels of skills of both languages and command of the specialized terms and concepts relevant to encounters for which they will be providing interpreter and/or translator services;
  - 2.3 Demonstrating knowledge and understanding of Interpreter/Translator Code of Responsibility;
  - 2.4 Demonstrating knowledge and understanding of effective communication styles of (Limited English Proficiency) LEP population for which they are providing interpreter or translation services.
  - 2.5 Demonstrating Knowledge of small text Translation
- 3.0 If a provider fails the testing or training, their Provider Contract will be terminated immediately. The Provider may then retake the test or the training. If the Provider becomes qualified the contract may be reinstated.
- 4.0 Exemptions: Documentation of the following will be accepted as an exemption from the SCSF testing and training as indicated:
  - Federal Court Interpreter Certification (exempt test and training);
  - Peace Corps Scores (exempt testing only);
  - American Translator Association Certification (exempt testing only).
- 5.0 Interpreters for the deaf must show evidence of being approved by the S.C. Association of the Deaf; National Registry of Interpreters for the Deaf; or have satisfactorily completed training offered through the South Carolina School for the Deaf and the Blind.
- 6.0 Interpreters must have a contract with SCSF/BabyNet unless providing services through a state agency.
- 7.0 Any contracted Provider that subcontracts with individuals to provide interpreting services is required under the BabyNet Provider Contract to receive permission from BabyNet Provider Relation's Office prior to the subcontractor providing services. BabyNet Provider Relation's Office must be informed of the

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subcontractor's information by using the BabyNet Change of Information Form. If the agency directly employs an interpreter, BabyNet Provider Relation's Office must be notified of the individual's name and

address prior to the employee providing BabyNet services. Both subcontractors and employees will be required to meet the SCSF qualification requirements within the one year period.

**\*RESPONSIBILITIES:**

- 1.0 Treating all information learned during the interpretation as confidential, not divulging any information obtained through my assignments, including but not limited to information gained through interviews or access to documents and other written materials.
- 2.0 Transmitting the message in a thorough and faithful manner, giving consideration to linguistic variations in both languages and conveying the tone and spirit of the original message. A word-for-word interpretation may not convey the intended idea. The interpreter/translator must determine the relevant concept and say in it language that is readily understandable and culturally appropriate to the listener.
- 3.0 During meetings, ask the BN provider and/or family to clarify unfamiliar or confusing words, terms, meanings, etc. The interpreter should not attempt to interpret when he or she is not clear about what is being said.
- 4.0 Explain cultural differences or practices to the provider(s) and clients when appropriate.
- 5.0 Interpret everything accurately, even if the interpreter/translator disagrees with what is being said or thinks it is wrong, a lie or immoral.
- 6.0 Not influencing the opinion of the client(s) by telling them or offering them advice as to what action to take during or after the interpreting/translating assignment.
- 7.0 Treat each client equally with dignity and respect regardless of race, color, gender, religion, nationality, age, political persuasion or life-style choice.
- 8.0 Suggest that the BN providers use the same interpreter for all their interactions to promote interpretation consistency and to reduce potential interpreter distortions.

**Note: Interpreter's are qualified to translate written text from one language to another only if they have passed the small text translation section of the training.**

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## PROCEDURE: INTERPRETER/TRANSLATOR SERVICES

Sign language interpretation services may be requested through the South Carolina School for the Deaf and the Blind, Division of Outreach Services. For these services, a *BabyNet Payment Authorization* is not required due to a SCSF/BabyNet contract. However, private contractors should be used first prior to requesting services through the South Carolina School for the Deaf and the Blind.

*BabyNet Payment Authorizations* must be issued in advance of the service being delivered.

- 2.1 The BN Service Coordinator completes the *BabyNet Payment Authorization* based upon the expected frequency and duration of services to be provided as listed on the IFSP.
  - 2.2 The provider's copies of the *BabyNet Payment Authorization* are given to the provider along with an *Interpretive Services Log* with the top portion of the log completed by the BN Service Coordinator.
  - 2.3 At the end of each service delivery session, the provider will ask the BN provider (i.e., early interventionist, therapist, etc.) for which interpretation is being provided to sign and verify the delivery of the interpretation service.
  - 2.4 At the end of the authorization period, the interpreter will mail a copy of the *BabyNet Payment Authorization* and the *Interpretative Services Log*, signed by the interpreter, to the BabyNet fiscal agent for reimbursement.
  - 2.5 If the service is an offsite service (i.e., telephone conversation, translation of the IFSP, etc.) the interpreter will list the BN provider requesting the service in the professional verification block on the *Interpretative Services Log*.
- 3.0 Should the need arise for rescheduling an appointment or for immediate communication with the family/caregiver, 30 additional minutes of offsite time per month will be available in addition to the frequency listed on the *BabyNet Payment Authorization*. The BN Service Coordinator does not have to add these minutes onto each *BabyNet Payment Authorization*.

## LIMITATIONS:

- 1.0 Interpreter/Translator services are ONLY to be used in conjunction with BabyNet services listed on IFSP (e.g., interpretation during a physical therapy visit that is listed on the IFSP). Interpreters/Translators must be issued a *BabyNet Payment Authorization* by the BN Service Coordinator prior to providing any services.
- 2.0 BabyNet will not pay for interpreter/translator services for routine doctor's visits, visits to DSS or other agencies to apply for services, services during hospitalizations, etc.
- 3.0 Travel time to and from the site where the service is provided may not be counted as billable hours.
- 4.0 Interpreter/Translator services that would otherwise be provided at no charge to the family or bilingual interpretation by the same person rendering a BN service are not covered

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**BILLABLE ACTIVITIES: INTERPRETER/TRANSLATOR SERVICES**

<b>Procedure Code</b>	<b>Description</b>	<b>Setting</b>	<b>Review Parameters</b>	<b>Unit of Service</b>	<b>Rate</b>
T1013	Interpretation	Onsite (e.g., at place of BabyNet service)	12 units/1 day	15 minutes	\$10.00
T1013-D	Interpretation	Offsite (e.g., scheduling of appointments)	12 units/1 day	15 minutes	\$5.00
T1013-W	Written Translation	Onsite/Offsite	6 units/per IFSP	15 minutes	\$7.00

Note: Billing for telephone calls to schedule visits may not exceed 15 minutes per call.

Written Translation can only be provided by small text qualified interpreters and may not exceed one hour and thirty minutes.

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Section: BabyNet Service/Reimbursement Guide	Procedure: 05.06.01 Page No: 1 of 2
Sub-Section: Family Support	Effective Date: August 1, 2006
Procedure: Transportation and Related Costs	Revision Date: January 1, 2010

**SERVICE DESCRIPTION:** TRANSPORTATION AND RELATED COSTS - CFR 303.12(d)(15)

- 1) Transportation services are services that are necessary:
  - A) To enable an eligible child and a member of the child's family to travel to and from the location where a BN service is to be provided; and
  - B) For the child's family to receive BN Services as documented in the IFSP.
- 2) Transportation costs include the cost of travel (mileage, taxi, common carrier or other means, bus) and other costs (tolls and parking expenses, etc. ) necessary to ensure an eligible child and the child's family receive needed BN Services.
- 3) BN Service Coordinators should be aware of all possible transportation resources such as church vans, neighbors, family members and friends. Locating family/community resources to assist with transportation should be attempted prior to utilizing *BabyNet Payment Authorizations*.
- 4) Every possible effort should be made to provide services in the child's natural environments so that transportation is not required.
  - A) Since services must be provided in Natural Environments as appropriate to the child's needs, child and family transportation should not be necessary in most cases. As needed, transportation and related costs are to be included in the IFSP.

**PROCEDURE:**

Need for transportation services must be included in the child's IFSP as a requirement for achieving an outcome. It is the responsibility of the BN Service Coordinator to review policy number 05.05.01 and provide a copy to the parent when transportation and related costs are included in the IFSP. The BN Service Coordinator must also ensure that any transportation request meets these guidelines.

- 2.0 *BabyNet Payment Authorizations* must be completed prior to the service being provided.
  - 2.1 The BN Service Coordinator completes the *BabyNet Payment Authorization* based upon the expected frequency and total miles to be traveled during a month.
  - 2.2 The provider's copies of the *BabyNet Payment Authorization* are given to the parent along with a *BabyNet Transportation Log* with the top portion of the log completed by the BN Service Coordinator.
  - 2.3 Upon traveling to each service, the parent will ask the professional (i.e., therapist, audiologist, etc. ) to sign and verify attendance at the service.
  - 2.4 At the end of the authorization period, the parent will mail a copy of the *BabyNet Payment Authorization* and the *BabyNet Transportation Log*, signed by the parent, to BabyNet Fiscal Agent for payment.
- 3.0 Families may receive an IRS 1099 form at the end of the year indicating the total amount of transportation expenses reimbursed. This income may be taxable and may affect eligibility for certain income based programs (e.g., Medicaid).

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**LIMITATIONS:**

When services are available in the child's Natural Environments (e.g., home or childcare setting), BabyNet will not pay for transportation services.

If Natural Environment providers are not available, BabyNet will pay for transportation to the closest available outpatient provider. If the parent/caregiver chooses another provider outside of BabyNet, BabyNet will not cover transportation expenses.

Children with Medicaid must use the Medicaid van or apply for a Medicaid driver.

Child must be in vehicle for mileage to be billed.

Child cannot be transported without a designated responsible adult.

6.0 Services not covered (list not exhaustive):

6.1 Transportation to childcare settings or center-based programs.

6.2 Transportation for sick visits or routine medical appointments.

6.3 Transportation if a parent/caregiver chooses not to secure services through the closest available provider.

Transportation to services not covered by BabyNet.

7.0 Reimbursement requests submitted in accordance with the guidelines stated above will be reimbursed at a rate of 30 cents per mile.

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Sub-Section: Health Services	Effective Date: August 1, 2006	
Procedure:	Revision Date: January 1, 2010	

**SERVICE DESCRIPTION:** HEALTH SERVICES - CFR 303.12(d)(4)

Health services means services necessary to enable a child to benefit from other BabyNet services during the time that the child is receiving the other BN service. Health services include:

- 1) Services such as clean intermittent catheterization, tracheostomy care, tube feeding, the changing of dressings or colostomy collection bags, and other health services.
- 2) It also includes consultation by physicians with other BN qualified personnel concerning the special health care needs of eligible children that will need to be addressed in the course of providing other BabyNet services. The physician or nurse practitioner must have provided recent and/or ongoing care to the child.
- 3) The focus of services is to enhance the child's development in accordance with the IFSP outcomes.
- 4) Services must include providing families and caregivers with strategies that allow them to maximize intervention opportunities in their daily routines and activities.
- 5) Referral of children who may benefit from BabyNet services to the local SCSF BabyNet Office within two working days as required by federal regulations (regardless of funding sources).

**QUALIFICATIONS:** ALL SERVICE PROVIDERS WITH A CURRENT SCSF CONTRACT FOR PROVISION OF IDEA PART C SERVICES THROUGH THE BABYNET SYSTEM MUST MEET THE REQUIREMENTS OF THE SOUTH CAROLINA PART C CREDENTIAL AS DESCRIBED IN APPENDIX 7 OF THIS POLICY MANUAL.

1.0 Health consultation is provided by a Licensed Physician or nurse practitioner.

2.0 All evaluation, assessment and IFSP services must be provided:

By qualified personnel having a contract with SCSF/BabyNet;  
According to practice act and BN regulations, policies and procedures even if not reimbursed directly by BabyNet.

**PROCEDURE:**

1.0 These services are billed using the Nursing Services Procedure Codes in this guide or the Health Consultation Code listed on page 2.

2.0 Upon identifying a need for services through the IFSP process, the BN Service Coordinator will forward supporting documentation and a completed *BabyNet Payment Authorization* to BabyNet Central Office.

3.0 Upon reviewing and approving the documentation to ensure it is appropriate, BabyNet Central Office will return the *BN Payment Authorization* form to the BN Service Coordinator.

**LIMITATIONS:**

1) Consultation by physicians unfamiliar with a child and their IFSP are not covered, nor is medical diagnostic evaluation of unknown conditions or diseases.

2) Health services do not include the following:

2.1 Services that are surgical in nature (i.e., cleft palate surgery, surgery for club foot, shunting of hydrocephalus, etc.);

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- 2.2 Services that are purely medical in nature (i.e., hospitalization for management of congenital heart ailments, prescribing of medicine or drugs for any purpose, etc.);
- 2.3 Devices necessary to control or treat a medical condition;
- 2.4 Medical-health services (i.e., immunizations, “well-baby” care, etc.) that are routinely recommended for all children.

**BILLABLE ACTIVITIES: HEALTH SERVICES - PRIOR AUTHORIZATION REQUIRED**

Physician consultation regarding impact of the child’s medical status on provision of EI services.

<b>BN Procedure Code</b>	<b>Description</b>	<b>Review Parameters</b>	<b>Unit of Service</b>	<b>Rate</b>
99361	Health Consultation	2 units/365 days	Each	\$30.00

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Section: BabyNet Service/Reimbursement Guide	Procedure: 05.08.00	Page No: 1 of 2
Sub-Section: Medical Services	Effective Date: August 1, 2006	
Procedure:	Revision Date: January 1, 2010	

**SERVICE DESCRIPTION: MEDICAL SERVICES - CFR 303.12(d)(5)**

- 1) Medical services are only for diagnostic or evaluation purposes to determine a child's developmental status and need for BabyNet Services.

Service includes a comprehensive history, physical examination and determination of the child's developmental status. A written statement from the provider confirming diagnosed condition and/or developmental delay and the need for BN Services is provided to assist in eligibility determination for BabyNet. If needed, prescriptions for BN Services (e.g., PT, OT, and ST) are provided. This service is available under the following two circumstances:

- A) When determining initial or continuing eligibility the child does not have an eligible diagnosis, verified developmental delay, or sufficient documentation to support the informed clinical opinion process.
  - B) A child does not have a primary care physician or medical insurance and is therefore unable to access BN Services that require a medical prescription.
- 2) The focus of services is to enhance the child's development in accordance with the IFSP outcomes.
  - 3) Services must include providing families and caregivers with strategies that allow them to maximize intervention opportunities in their daily routines and activities.
  - 4) Referral of children who may benefit from BabyNet services to the local SCSF BabyNet Office within two working days as required by federal regulations (regardless of funding sources).

**QUALIFICATIONS: ALL SERVICE PROVIDERS WITH A CURRENT SCSF CONTRACT FOR PROVISION OF IDEA PART C SERVICES THROUGH THE BABYNET SYSTEM MUST MEET THE REQUIREMENTS OF THE SOUTH CAROLINA PART C CREDENTIAL AS DESCRIBED IN APPENDIX 7 OF THIS POLICY MANUAL.**

- 1.0 Qualified personnel include licensed physicians and pediatric or family nurse practitioners.
- 2.0 All evaluation, assessment and IFSP services must be provided:
  - 2.1 By qualified personnel having a contract with SCSF/BabyNet;
  - 2.2 According to practice act and BN regulations, policies and procedures even if not reimbursed directly by BabyNet.

**PROCEDURE:**

- 1.0 Upon identifying a need for services through the IFSP process, the BN Service Coordinator will forward supporting documentation and a completed *BabyNet Payment Authorization* to BabyNet Central Office.
- 2.0 Upon reviewing and approving the documentation to ensure it is appropriate, BabyNet Central Office will return the *BN Payment Authorization* form to the BN Service Coordinator.

**BILLABLE ACTIVITIES: MEDICAL SERVICES - PRIOR AUTHORIZATION REQUIRED**

BN Procedure Code	Description	Review Parameters	Unit of Service	Rate
99202	Medical Services	1 unit/365 days	Each	\$50.00

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Section: BabyNet Service/Reimbursement Guide	Procedure: 05.09.00	Page No: 1 of 2
Sub-Section: Nursing	Effective Date: August 1, 2006	
Procedure:	Revision Date: January 1, 2010	

**SERVICE DESCRIPTION:** NURSING - CFR 303.12(d)(6)

- 1) Nursing services include:
  - A) The assessment of the child's health status for the purpose of providing nursing care, including the identification of patterns of human response to actual or potential health problems;
  - B) Provision of nursing care to prevent health problems, restore or improve functioning, and promote optimal health and development required nursing care during the time the child is receiving other BN Services;
  - C) Administration of medications, treatments, and regimens prescribed by a licensed physician required during the time the child is receiving other BN Services; and
  - D) Family training and education.
- 2) Does not include hospital or home health nursing care required due to surgical or medical intervention or medical-health services such as immunizations and regular well-baby care that are routinely recommended for all children.
- 3) The focus of services is to enhance the child's development in accordance with the IFSP outcomes.
- 4) Services must include providing families and caregivers with strategies that allow them to maximize intervention opportunities in their daily routines and activities.
- 5) Referral of children who may benefit from BabyNet services to the local SCSF BabyNet Office within two working days as required by federal regulations (regardless of funding sources).

**QUALIFICATIONS:** ALL SERVICE PROVIDERS WITH A CURRENT SCSF CONTRACT FOR PROVISION OF IDEA PART C SERVICES THROUGH THE BABYNET SYSTEM MUST MEET THE REQUIREMENTS OF THE SOUTH CAROLINA PART C CREDENTIAL AS DESCRIBED IN APPENDIX 7 OF THIS POLICY MANUAL.

- 1.0 Qualified personnel include licensed registered nurses.
- 2.0 All evaluation, assessment and IFSP services must be provided:
  - 2.1 By qualified personnel having a contract with SCSF/BabyNet;
  - 2.2 According to practice act and BN regulations, policies and procedures even if not reimbursed directly by BabyNet.

**PROCEDURE:**

- 1.0 Children in need of covered nursing services should be referred to Home Health or appropriate Nursing Provider.
- 2.0 Upon identifying a need for services through the IFSP process, the BN Service Coordinator will forward supporting documentation and a completed *BabyNet Payment Authorization* to BabyNet Central Office.

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3.0 Upon reviewing and approving the documentation to ensure it is appropriate, BabyNet Central Office will return the *BN Payment Authorization* form to the BN Service Coordinator.

**BILLABLE ACTIVITIES: NURSING - PRIOR AUTHORIZATION REQUIRED**

Billable activities include evaluation/assessment, IFSP meetings, and IFSP services.

<b>BN Procedure Code</b>	<b>Description</b>	<b>Setting</b>	<b>Review Parameters</b>	<b>Unit of Service</b>	<b>Rate</b>
T1001	Evaluation/Assessment	Non-NE	24 units/180 days	15 minutes	\$11.39
T1001-D	Evaluation/Assessment	NE	24 units/180 days	15 minutes	\$14.73
W8752	Nursing Services	Non-NE	64 units/30 days	15 minutes	\$11.39
W8753	Nursing Services	NE	64 units/30 days	15 minutes	\$14.73
*W8770	IFSP Meeting/Consultation <span style="float: right;">Team</span>	N/A	8 units/60 days	15 minutes	\$11.39

\* See policy number 05.19.00 for billing procedures.

NE = Natural Environment

Non-NE = Non-Natural Environment

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Section: BabyNet Service/Reimbursement Guide	Procedure: 05.10.00	Page No: 1 of 2
Sub-Section: Nutrition	Effective Date: August 1, 2006	
Procedure:	Revision Date: January 1, 2010	

**SERVICE DESCRIPTION:** NUTRITION - CFR 303.12(d)(7)

- 1) Nutrition services include conducting individual assessments in:
  - A) Screening to determine need for nutritional services
  - B) Nutritional history and dietary intake;
  - C) Anthropometric, biochemical, and clinical variables;
  - D) Feeding skills and feeding problems; and
  - E) Food habits and food preferences.
- 2) Developing and monitoring appropriate plans to address the nutritional needs of children based upon individual assessment.
- 3) Making referrals to appropriate community resources to carry out nutritional outcomes.
- 4) Nutrition providers do not provide evaluation/assessment services to determine eligibility for BabyNet services.
- 5) The focus of services is to enhance the child's development in accordance with the IFSP outcomes.
- 6) Services must include providing families and caregivers with strategies that allow them to maximize intervention opportunities in their daily routines and activities.
- 7) Referral of children who may benefit from BabyNet services to the local SCSF BabyNet Office within two working days as required by federal regulations (regardless of funding sources).

**QUALIFICATIONS:** ALL SERVICE PROVIDERS WITH A CURRENT SCSF CONTRACT FOR PROVISION OF IDEA PART C SERVICES THROUGH THE BABYNET SYSTEM MUST MEET THE REQUIREMENTS OF THE SOUTH CAROLINA PART C CREDENTIAL AS DESCRIBED IN APPENDIX 7 OF THIS POLICY MANUAL.

- 1.0 Qualified personnel include registered dietitians.
- 2.0 All evaluation, assessment and IFSP services must be provided:
  - 2.1 By qualified personnel having a contract with SCSF/BabyNet;
  - 2.2 According to practice act and BN regulations, policies and procedures even if not reimbursed directly by BabyNet.

**PROCEDURE:**

- 1.0 Children in need of nutrition services should be referred to DHEC Family Support Services (FSS).

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**BILLABLE ACTIVITIES: NUTRITION**

Billable activities include assessment, IFSP meetings, and IFSP services.

<b>BN Procedure Code</b>	<b>Description</b>	<b>Setting</b>	<b>Review Parameters</b>	<b>Unit of Service</b>	<b>Rate</b>
97802	Nutrition Services	Non-NE	64 units/30 days	15 minutes	\$11.39
W8762	Nutrition Services	NE	64 units/30 days	15 minutes	\$14.73
W8772	Assessment	Non-NE	24 units/180 days	15 minutes	\$11.39
W8773	Assessment	NE	24 units/180 days	15 minutes	\$14.73
*W8774	IFSP Team Meeting/Consultation	N/A	8 units/60 days	15 minutes	\$11.39

\* See policy number 05.19.00 for billing procedures.

NE = Natural Environment

Non-NE = Non-Natural Environment

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Section: BabyNet Service/Reimbursement Guide	Procedure: 05.11.00	Page No: 1 of 3
Sub-Section: Occupational Therapy	Effective Date: August 1, 2006	
Procedure:	Revision Date: January 1, 2010	

**SERVICE DESCRIPTION:** OCCUPATIONAL THERAPY- CFR 303.12(d)(8)

- 1) Occupational therapy includes services to address the functional needs of a child related to adaptive development, adaptive behavior, play, sensory motor, and postural development. These services are designed to improve the child's functional ability to perform tasks in home and community settings and include:
  - A) Identification, assessment, intervention, family training, education and support;
  - B) Adaptation of the environment and selection, design and fabrication of assistive and orthotic devices to facilitate development and promote the acquisition of functional skills;
  - C) Prevention or minimization of the impact of initial or future impairment, delay in development, or loss of functional ability; and
  - D) Family training and education.
- 2) Activities also include IFSP meetings, assistive technology assessment, if needed, and environmental consultation to ensure appropriate adaptations and safety issues for the eligible child are incorporated.
- 3) The focus of services is to enhance the child's development in accordance with the IFSP outcomes.
- 4) Services must include providing families and caregivers with strategies that allow them to maximize intervention opportunities in their daily routines and activities.
- 5) Referral of children who may benefit from BabyNet services to the local SCSF BabyNet Office within two working days as required by federal regulations (regardless of funding sources).

**QUALIFICATIONS:** ALL SERVICE PROVIDERS WITH A CURRENT SCSF CONTRACT FOR PROVISION OF IDEA PART C SERVICES THROUGH THE BABYNET SYSTEM MUST MEET THE REQUIREMENTS OF THE SOUTH CAROLINA PART C CREDENTIAL AS DESCRIBED IN APPENDIX 7 OF THIS POLICY MANUAL.

- 1.0 Qualified personnel are licensed occupational therapists or occupational therapy assistants. Assistants must be under the direction of a licensed occupational therapist pursuant to state licensure regulations.
- 2.0 All evaluation, assessment and IFSP services must be provided:
  - 2.1 By qualified personnel having a contract with SCSF/BabyNet;
  - 2.2 According to practice act and BN regulations, policies and procedures even if not reimbursed directly by BabyNet.

**PROCEDURE:**

- 1.0 Services should be provided with the parent or other primary caregiver present and actively involved.
- 2.0 Therapist must document adaptations and interventions provided to the family/caregiver to support the child's participation in activities and routines that occur in home and community settings.

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- 3.0 Ongoing consultation/training to family members, caregivers and other team members will be documented in the child's progress notes by the therapist.
- 4.0 Services will be provided in accordance with the BabyNet Therapy Guidelines contained in the BabyNet Service/Reimbursement Guide.

**LIMITATIONS:**

- 1.0 Aquatic (97113), hippo, and massage therapy (97124) are not covered services.
- 2.0 Services will be provided as established on the IFSP and as scheduled with the parent/caregiver.
- 3.0 Direct service should never be provided without consultation to family members, caregivers and other team members.
- 4.0 Some children have sustained acute injuries that have resulted in developmental delays (i.e., fractured leg, car accident, orthopedic surgery, etc.). Acute rehabilitative therapy is a medically based service outside BabyNet.

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**BILLABLE ACTIVITIES: OCCUPATIONAL THERAPY**

Evaluation/assessment, IFSP meetings, and IFSP services.

<b>BN Procedure Code</b>	<b>Medicaid Code</b>	<b>Description</b>	<b>Review Parameters</b>	<b>Unit of Service</b>	<b>Rate</b>
<b>97003</b>	97003	Evaluation	2 units/365 days	Each	\$65.93
<b>97150</b>	97150	Therapeutic procedure(s) group	4 units/per day	15 minutes	\$16.47
<b>97530</b>	97530	Individual Services	4 units/ per day	15 minutes	\$25.65
<b>99241-GO</b>	99241-99245 (Use modifier GO)	IFSP Team Meeting/Consultation	8 units/60 days	15 minutes	\$15.00

\*\* See policy number 05.19.00 for billing procedures.

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Section: BabyNet Service/Reimbursement Guide	Procedure: 05.12.00 Page No: 1 of 3
Sub-Section: Physical Therapy	Effective Date: August 1, 2006
Procedure:	Revision Date: January 1, 2010

**SERVICE DESCRIPTION:** PHYSICAL THERAPY - CFR 303.12(d)(9)

- 1) Physical therapy includes services to address the promotion of sensorimotor function through enhancement of musculoskeletal status, neurobehavioral organization, perceptual and motor development, cardiopulmonary status, and effective environmental adaptation. These services include:
  - A) Screening, evaluation and assessment of infants and toddlers to identify movement dysfunction;
  - B) Family training and education;
  - C) Obtaining, interpreting, and integrating information appropriate to program planning to prevent, alleviate, or compensate for movement dysfunction and related functional problems; and
  - D) Providing individual and consultative services or treatment to prevent, alleviate, or compensate for movement dysfunction and related functional problems.
- 2) Activities also include IFSP meetings and assistive technology assessment, if needed and environmental consultation to ensure that appropriate adaptations and safety issues for the eligible child are incorporated.
- 3) The focus of services is to enhance the child's development in accordance with the IFSP outcomes.
- 4) Services must include providing families and caregivers with strategies that allow them to maximize intervention opportunities in their daily routines and activities.
- 5) Referral of children who may benefit from BabyNet services to the local SCSF BabyNet Office within two working days as required by federal regulations (regardless of funding sources).

**QUALIFICATIONS:** ALL SERVICE PROVIDERS WITH A CURRENT SCSF CONTRACT FOR PROVISION OF IDEA PART C SERVICES THROUGH THE BABYNET SYSTEM MUST MEET THE REQUIREMENTS OF THE SOUTH CAROLINA PART C CREDENTIAL AS DESCRIBED IN APPENDIX 7 OF THIS POLICY MANUAL.

- 1.0 Qualified personnel are licensed physical therapists or physical therapy assistants. Assistants must be under the direction of a licensed physical therapist pursuant to state licensure regulations.
- 2.0 All evaluation, assessment and IFSP services must be provided:
  - 2.1 By qualified personnel having a contract with SCSF/BabyNet;
  - 2.2 According to practice act and BN regulations, policies and procedures even if not reimbursed directly by BabyNet.

**PROCEDURE:**

- 1.0 Services must be provided with the parent or other primary caregiver present and actively involved.

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- 2.0 Therapists must document adaptations and interventions provided to the family/caregiver to support the child's participation in activities and routines that occur in home and community settings.
- 3.0 Ongoing consultation/training to family members, caregivers and other team members will be documented in the child's progress notes by the therapist.
- 4.0 Services will be provided in accordance with the BabyNet Therapy Guidelines contained in the BabyNet Service/Reimbursement Guide.

**LIMITATIONS:**

- 1.0 Aquatic (97113), hippo, and massage therapy (97124) are not covered services.
- 2.0 Services will be provided as established on the IFSP and as scheduled with the parent/caregiver.
- 3.0 Direct service should never be provided without consultation to family members, caregivers and other team members.
- 4.0 Some children have sustained acute injuries that have resulted in developmental delays (i.e., fractured leg, car accident, orthopedic surgery, etc.). Acute rehabilitative therapy is a medically based service outside BabyNet.

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**BILLABLE ACTIVITIES: PHYSICAL THERAPY**

Evaluation/assessment, IFSP meetings, and IFSP services.

<b>BN Procedure Code</b>	<b>Medicaid Code</b>	<b>Description</b>	<b>Review Parameters</b>	<b>Unit of Service</b>	<b>Rate</b>
<b>97001</b>	97001	Evaluation	2 units/365 days	Each	\$61.87
<b>97110</b>	97110	Individual Services	4 units/ per day	15 minutes	\$24.21
<b>97150-GP</b>	97150-GP	Therapeutic procedure, Group	4/units per day	15 minutes	\$16.47
<b>99241-GP</b>	99241-99245 (Use modifier GP)	IFSP Team Meeting/Consultation	8 units/60 days	15 minutes	\$15.00

\*\* See policy number 05.19.00 for billing procedures.

BabyNet Policy and Procedure Manual APPENDIX 5		
Section: BabyNet Service/Reimbursement Guide	Procedure: 05.13.00	Page No: 1 of 2
Sub-Section: Psychological Services	Effective Date: August 1, 2006	
Procedure:	Revision Date: January 1, 2010	

**SERVICE DESCRIPTION:** PSYCHOLOGICAL SERVICES - CFR 303.12(d)(10)

- 1) Psychological and other counseling services include:
  - A) Administering psychological and developmental tests and other assessment procedures to determine the need for psychological services;
  - B) Interpreting assessment results;
  - C) Obtaining, integrating and interpreting information about child behavior and child and family conditions related to learning, mental health and development;
  - D) Planning and managing a program of psychological services, including psychological counseling for children and parents, family counseling, consultation on child development, parent training, and education programs; and
  - E) Family training.
- 2) The focus of services is to enhance the child's development in accordance with the IFSP outcomes. Services are provided with the intent to reasonably improve the child's ability to benefit from BabyNet services or to address a specific child related issue included in the IFSP.
- 3) Services must include providing families and caregivers with strategies that allow them to maximize intervention opportunities in their daily routines and activities.
- 4) Referral of children who may benefit from BabyNet services to the local SCSF BabyNet Office within two working days as required by federal regulations (regardless of funding sources).

**QUALIFICATIONS:** ALL SERVICE PROVIDERS WITH A CURRENT SCSF CONTRACT FOR PROVISION OF IDEA PART C SERVICES THROUGH THE BABYNET SYSTEM MUST MEET THE REQUIREMENTS OF THE SOUTH CAROLINA PART C CREDENTIAL AS DESCRIBED IN APPENDIX 7 OF THIS POLICY MANUAL.

- 1.0 Qualified personnel include: a) Licensed Clinical Psychologists; b) Licensed Clinical Professional Counselors; c) Licensed Marriage and Family Therapists.

All evaluation, assessment and IFSP services must be provided:

By qualified personnel having a contract with SCSF/BabyNet;

- 2.2 According to practice act and BN regulations, policies and procedures even if not reimbursed directly by BabyNet.

**PROCEDURE:**

- 1.0 Upon identifying a need for psychology services through the IFSP process, the BN Service Coordinator will forward supporting documentation and a completed *BabyNet Payment Authorization* to BabyNet Regional Consultant.
- 2.0 Upon reviewing and approving the documentation to ensure it is appropriate, BabyNet Regional Consultant will return the *BN Payment Authorization* form to the BN Service Coordinator.
- 3.0 If the child has Medicaid, BabyNet Regional Consultant will issue a SC Department of Health and Human Services Form 252 to the provider.

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Sub-Section: Psychological Services	Effective Date: August 1, 2006	
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**LIMITATIONS:**

- 1.0 When requesting psychological testing, evaluation, and treatment BabyNet Central Office must give prior authorization.

**BILLABLE ACTIVITIES: PSYCHOLOGICAL SERVICES - PRIOR AUTHORIZATION REQUIRED**

Billable activities include evaluation, assessment, IFSP meetings and IFSP services.

<b>BN Procedure Code</b>	<b>Medicaid Code</b>	<b>Description</b>	<b>Review Parameters</b>	<b>Unit of Service</b>	<b>Rate</b>
<b>96100</b>	96101	Psychological Testing/Evaluation	20 units/1095 days	30 minutes	\$30.00
<b>99401</b>	99401	Individual Services	2 units/1 day	30 minutes	\$30.00
<b>**99241</b>	99241	IFSP Team Meeting/Consultation	8 units/60 days	15 minutes	\$10.00

\*\* See policy number 05.19.00 for billing procedures.

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<b>APPENDIX 5</b>		
Section: BabyNet Service/Reimbursement Guide	Procedure: 05.14.00	Page No: 1 of 2
Sub-Section: BN Service Coordination	Effective Date: August 1, 2006	
Procedure:	Revision Date: January 1, 2010	

**SERVICE DESCRIPTION: BN SERVICE COORDINATION - CFR 303.12(d)(11)**

- 1) BN Service Coordination is an active, ongoing process provided to assist and enable an eligible child and the child's family to receive the rights, procedural safeguards, and services that are authorized to be provided through BabyNet. The responsibilities of the BN Service Coordinator include:
  - A) Contacting the enrolled child/family at least one time per month;
  - B) Coordinating the performance of initial evaluation and annual assessments;
  - C) Facilitating and participating in the development, review and evaluation of IFSP plan in accordance with the BN Policies and Procedures. This includes IFSP updates, six (6) month reviews and the annual IFSP;
  - D) Assisting families in identifying credentialed and available qualified personnel with BN contracts;
  - E) Serving as the single point of contact in helping parents to obtain the services and assistance they need;
  - F) Coordinating and monitoring the delivery of services identified in the child's IFSP;
  - G) Informing families of the availability of advocacy services;
  - H) Coordinating all services across agency lines;
  - I) Helping families to access BabyNet services and other services identified in the IFSP such as WIC, housing, etc.;
  - J) Coordinating the provision of BabyNet services and other services (such as medical services for other than diagnostic and evaluation purposes) that the child need or is being provided;
  - K) Facilitating the timely delivery of available services;
  - L) Continuously seeking the appropriate services and situations necessary to benefit the development of each child being served for the duration of the child's eligibility;
  - M) Coordinating with medical and health providers, including sending them copies of their patient's IFSPs;
  - N) Facilitating the development and implementation of a Transition Plan to preschool or other services, if appropriate;
  - O) Maintaining the child's educational/BabyNet record;
  - P) Obtaining evaluation/assessment and six month summary reports from all providers who participate as a member of each child's IFSP team;
  - Q) Completing *BabyNet Payment Authorizations* in accordance with established procedures;
  - R) Assisting the family in understanding and accessing Medicaid and third party insurance;
  - S) Informing families of their rights and procedural safeguards; and
  - T) Entering or providing accurate information, in a timely manner, necessary to maintain current BabyTrac data.
  
- 2) Referral of children who may benefit from BabyNet services to the local SCSF BabyNet Office within two working days as required by federal regulations (regardless of funding sources).

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Sub-Section: BN Service Coordination	Effective Date: August 1, 2006
Procedure:	Revision Date: January 1, 2010

**QUALIFICATIONS:** ALL SERVICE PROVIDERS WITH A CURRENT SCSF CONTRACT FOR PROVISION OF IDEA PART C SERVICES THROUGH THE BABYNET SYSTEM MUST MEET THE REQUIREMENTS OF THE SOUTH CAROLINA PART C CREDENTIAL AS DESCRIBED IN APPENDIX 7 OF THIS POLICY MANUAL.

**AUTHORIZATION OF SERVICES:** The BN Service Coordinator is responsible for:

- 1) Ensuring that *BN Payment Authorizations* are issued only as payor of last resort.
- 2) Ensuring that *BN Payment Authorizations* are written only to qualified personnel and distributed prior to services being delivered or rendered.
- 3) Ensuring that services being authorized are listed on the IFSP.
- 4) Ensuring that services requiring prior-authorization are submitted in a timely manner to BabyNet Regional Consultant prior to services being rendered.

**BILLABLE ACTIVITIES:** BN SERVICE COORDINATION

BN Service Coordination services are provided by BN Service Coordinators who are employed or sub-contracted through a BabyNet participating state agency. Individual providers are unable to bill fee-for-service for BN Service Coordination activities.

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Section: BabyNet Service/Reimbursement Guide	Procedure: 05.16.00	Page No: 1 of 2
Sub-Section: Special Instruction	Effective Date: August 1, 2006	
Procedure:	Revision Date: January 1, 2010	

**SERVICE DESCRIPTION:** \*SPECIAL INSTRUCTION - CFR 303.12(d)(13)

- 1) Special instruction includes the design of learning environments and activities that promote the child's acquisition of skills in a variety of developmental areas including cognitive processes and social interaction; and providing families with information, skills and support related to enhancing the skill development of the child; and curriculum planning, including the planned interaction of personnel, materials, and time and space, that lead to achieving the outcomes in the child's IFSP. These activities are coordinated with all other services (i.e., therapists) listed in the IFSP and provide assistance with acquisition, retention or improvement in skills related to activities of daily living.
- 2) Family training, education, and support are provided to assist the family of a child eligible for services in understanding the special needs of the child related to special instruction and enhancing the child's development. Special instruction focuses on teaching the parent/caregiver skills to enhance the child's development. Documentation in the child's file must support this focus.
- 3) Special Instruction Providers must use curriculum-based assessments (CBAs) to determine the child's strengths, unique needs and current level of development. The list of approved curriculum-based assessments can be found in Section 03.60.00 of this manual. In addition to these tools, the Responsive Teaching: Parent-Mediated Developmental Intervention curriculum is approved for communication and social/emotional development. Specific assessment responsibilities include:
  - A) Using the most appropriate assessment instruments to assess a child's developmental level;
  - B) Ensuring that the assessment is current, within 6 months, and updated as needed;
  - C) Ensuring the assessment includes:
    - Cognitive development;
    - Gross and fine motor development;
    - Communication;
    - Emotional and social development;
    - Adaptive/self-help skills;
    - Visual and auditory status.
  - D) Ensuring that provision of services directly relates to areas identified through the assessment in an outcome on the IFSP.
- 4) Referral of children who may benefit from BabyNet services to the local SCSF BabyNet Office within two working days as required by federal regulations (regardless of funding sources).

**QUALIFICATIONS:** ALL SERVICE PROVIDERS WITH A CURRENT SCSF CONTRACT FOR PROVISION OF IDEA PART C SERVICES THROUGH THE BABYNET SYSTEM MUST MEET THE REQUIREMENTS OF THE SOUTH CAROLINA PART C CREDENTIAL AS DESCRIBED IN APPENDIX 7 OF THIS POLICY MANUAL.

\*Note: Providers of special instruction have the job title of 'early interventionist' if employed by the Department of Disabilities and Special Needs or its subcontractors, or 'parent advisor' if employed by the South Carolina School for the Deaf and the Blind.

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Section: BabyNet Service/Reimbursement Guide	Procedure: 05.16.00	Page No: 2 of 2
Sub-Section: Special Instruction	Effective Date: August 1, 2006	
Procedure:	Revision Date: January 1, 2010	

**BILLABLE ACTIVITIES: SPECIAL INSTRUCTION**

Special Instruction services are provided by or sub-contracted through the South Carolina Department of Disabilities and Special Needs or the South Carolina School for the Deaf and the Blind.

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Section: BabyNet Service/Reimbursement Guide	Procedure: 05.17.00	Page No: 1 of 2
Sub-Section: Speech-Language Pathology	Effective Date: August 1, 2006	
Procedure:	Revision Date: January 1, 2010	

**SERVICE DESCRIPTION:** SPEECH-LANGUAGE PATHOLOGY - CFR 303.12(d)(14)

Speech-language pathology services include:

- A) Identification of children with communicative or oropharyngeal disorders and delays in the development of communication skills including the diagnosis and appraisal of specific disorders and delays in those skills;
  - B) Referral for medical or other professional services necessary for the habilitation or rehabilitation of children with communicative or oropharyngeal disorders and delays in development of communication skills;
  - C) IFSP meetings, family training and education; and
  - D) Provision of services for the habilitation, rehabilitation or prevention of communicative or oropharyngeal disorders and delays in development of communication skills.
- 2) The focus of services is to enhance the child's development in accordance with the IFSP outcomes.
  - 3) Services must include providing families and caregivers with strategies that allow them to maximize intervention opportunities in their daily routines and activities.
  - 4) Referral of children who may benefit from BabyNet services to the local SCSF BabyNet Office within two working days as required by federal regulations (regardless of funding sources).

**QUALIFICATIONS:** ALL SERVICE PROVIDERS WITH A CURRENT SCSF CONTRACT FOR PROVISION OF IDEA PART C SERVICES THROUGH THE BABYNET SYSTEM MUST MEET THE REQUIREMENTS OF THE SOUTH CAROLINA PART C CREDENTIAL AS DESCRIBED IN APPENDIX 7 OF THIS POLICY MANUAL.

- 1.0 Qualified personnel must be a Licensed Speech/Language Pathologist or Licensed Speech Assistant. Assistant must be supervised in accordance with state licensure regulations.
- 2.0 All evaluation, assessment and IFSP services must be provided:
  - 2.1 By qualified personnel having a contract with SCSF/BabyNet;
  - 2.2 According to practice act and BN regulations, policies and procedures even if not reimbursed directly by BabyNet.

**PROCEDURE:**

- 1.0 Services must be provided with the parent or other primary caregiver present and actively involved.
- 2.0 Services will be provided in accordance with the BabyNet Therapy Guidelines contained in the BabyNet Service/Reimbursement Guide.
- 3.0 Therapists must document adaptations and services provided to the family/caregiver to support the child's participation in activities and routines that occur in home and community settings.
- 4.0 Ongoing consultation/training to family members, caregivers and other team members will be documented in the child's progress notes by the therapist.

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Sub-Section: Speech-Language Pathology	Effective Date: August 1, 2006	
Procedure:	Revision Date: January 1, 2010	

**LIMITATIONS:**

- 1.0 Services will be provided as established on the IFSP and as scheduled with the parent/caregiver.
- 2.0 Direct Service should never be provided without consultation to family members, caregivers and other team members.
- 3.0 Services will only be provided when intervention is necessary.
- 4.0 Some children have sustained acute injuries that have resulted in developmental delays (i.e., car accident results in TBI and speech delays). Acute rehabilitative therapy is a medically based service outside BabyNet.

**BILLABLE ACTIVITIES: SPEECH-LANGUAGE PATHOLOGY**

Evaluation/assessment, IFSP meetings, and IFSP services.

Procedure Code	Medicaid Code	Description	Review Parameters	Unit of Service	Rate
<b>92506-HA</b>	92506-HA	Evaluation	1 / per lifetime	Each	\$121.03
<b>92506-52</b>	N/A	Re-evaluation/Assessment	2 unit/365 days	Each	\$60.52
<b>92507</b>	92507	Individual Services	4 units/per days	15 minutes	\$28.79
<b>92508</b>	92508	Group Therapy/treatment of speech, language, voice, communication and or auditory processing	4 units/per day	15 Minutes	\$13.63
<b>99241-GN</b>	99241-GN	IFSP Team Meeting/Consultation	8 units/60 days	15 minutes	\$15.00

\*\* See policy number 05.19.00 for billing procedures.

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Section: BabyNet Service/Reimbursement Guide	Procedure: 05.18.00	Page No: 1 of 2
Sub-Section: Vision	Effective Date: August 1, 2006	
Procedure:	Revision Date: January 1, 2010	

**POLICY:** VISION - CFR 303.12(d)(16)

- 1) Vision services include evaluation and assessment of visual functioning, including the diagnosis and appraisal of specific visual disorders, delays and abilities and referral for medical or other professional services necessary for the habilitation or rehabilitation of visual functioning disorders.
- 2) Vision services include:
  - A) Orientation and mobility training for all environments;
  - B) Family training, education, and support;
  - C) Communication skills training;
  - D) Visual training;
  - E) Independent living skills training; and
  - F) Additional training necessary to activate visual motor abilities;
- 3) The focus of services is to enhance the child's development in accordance with the IFSP outcomes.
- 4) Services must include providing families and caregivers with strategies that allow them to maximize intervention opportunities in their daily routines and activities.
- 5) Referral of children who may benefit from BabyNet services to the local SCSF BabyNet Office within two working days as required by federal regulations (regardless of funding sources).

**QUALIFICATIONS:** ALL SERVICE PROVIDERS WITH A CURRENT SCSF CONTRACT FOR PROVISION OF IDEA PART C SERVICES THROUGH THE BABYNET SYSTEM MUST MEET THE REQUIREMENTS OF THE SOUTH CAROLINA PART C CREDENTIAL AS DESCRIBED IN APPENDIX 7 OF THIS POLICY MANUAL.

- 1.0 Qualified personnel include: Licensed Optometrists or Licensed Ophthalmologists.
- 2.0 Orientation and Mobility services may be provided by an individual who holds a current and valid certification in Orientation and Mobility from the Association for Education and Rehabilitation of Blind and Visually Impaired (AER). Orientation and Mobility services may also be provided through the South Carolina School for the Deaf and the Blind.
- 3.0 All evaluation, assessment and IFSP services must be provided:
  - 3.1 By qualified personnel having a contract with SCSF/BabyNet;
  - 3.2 According to practice act and BN regulations, policies and procedures even if not reimbursed directly by BabyNet.

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Sub-Section: Vision	Effective Date: August 1, 2006	
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**BILLABLE ACTIVITIES: VISION**

Billable activities with authorization include optometric examination, assessment, IFSP meetings and IFSP services.

<b>BN Procedure Code</b>	<b>Description</b>	<b>Setting</b>	<b>Review Parameters</b>	<b>Unit of Service</b>	<b>Rate</b>
<b>92002</b>	Intermediate medical exam/evaluation with initiation of diagnostic and treatment program, new patient	N/A	1 unit/1 day	Each	\$38.28
<b>92004</b>	Comprehensive medical exam/evaluation with initiation of diagnostic and treatment program, new patient	N/A	1 unit/1 day	Each	\$121.42
<b>92012</b>	Intermediate medical exam/evaluation with initiation of diagnostic and treatment program, established patient	N/A	1 unit/1 day	Each	\$30.82
<b>92014</b>	Comprehensive medical exam/evaluation with initiation of diagnostic and treatment program, established patient	N/A	1 unit/1 day	Each	\$89.85
<b>92015</b>	Determination of refractive state	N/A	1 unit/1 day	Each	\$05.00
<b>T1024-000</b>	Orientation and Mobility Evaluation/Assessment	Non-NE	8 units/lifetime	15 minutes	\$15.89
<b>T1024-OTS</b>	Orientation and Mobility Instruction	Non-NE	5 units/3x year	15 minutes	\$15.89
<b>T1024-OTM</b>	Orientation and Mobility Instruction	NE	Up to 30 Units/week	15 minutes	\$15.89

NE = Natural Environment

Non-NE = Non-Natural Environment

**BabyNet Policy and Procedure Manual  
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Section: BabyNet Service/Reimbursement Guide	Procedure: 05.1900	Page No: 1 of 2
Sub-Section: Autism Services	Effective Date: August 1, 2006	
Procedure:	Revision Date: January 1, 2010	

**POLICY: Autism Services**

Children with Autism Spectrum Disorders (ASD) have significant impairments in the areas of socialization, communication and behavior. The purpose of providing early intervention services is to promote the child and family's ability to meet the developmental outcomes the family has chosen as their priorities in the Individualized Family Service Plan.

1. Applied Behavior Analysis is an appropriate service for many children with ASD. Interventions typically include three target areas.
  - A. **Behavior**  
Inappropriate behaviors are a defining core characteristic of ASD and may include stereotypic behavior, aggression and disruptive behavior. Reducing inappropriate behaviors is often one of the highest priorities for parents and on of the first targets for interventions.
  - B. **Communication**  
Communication is an important element in defining an ASD. Basic communication training for a child with autism often emphasizes functional use of language in everyday settings, nonverbal communication and social aspects of communication such as turn taking. Many behavioral techniques are used in teaching communication and language skills.
  - C. **Social Interaction**  
Behavioral techniques are often applied to improve the child's social initiations and appropriate responses. Techniques may include prompting the child to respond appropriately and reinforcing reciprocal social interactions and responses particularly with other children.

All autism services must be provided in accordance with the Babynet Program Guidelines for Autism Treatment.

**QUALIFICATIONS:** ALL SERVICE PROVIDERS WITH A CURRENT SCSF CONTRACT FOR PROVISION OF IDEA PART C SERVICES THROUGH THE BABYNET SYSTEM MUST MEET THE REQUIREMENTS OF THE SOUTH CAROLINA PART C CREDENTIAL AS DESCRIBED IN APPENDIX 7 OF THIS POLICY MANUAL.

Program Consultant:

- 1.0 Master's Degree or higher.
- 2.0 Two or more years of experience (totaling at least 1500 hours) working with children with ASD under the direction of a Program Consultant.
- 3.0 Possess or apply for a S.C. Infant Toddler Credential.

Lead Program Specialist: (Minimum position requirements)

- 1.0 400 hours experience working under the supervision of a Lead Program Specialist or Program Consultant.  
Basic knowledge of child development with the ability to demonstrate knowledge of similarities and differences in behavior and development between typical and atypical children.
- 3.0 Basic knowledge of autism spectrum disorders.
- 4.0 Able to train others in specific instructional techniques being used in the treatment program.
- 5.0 Able to motivate and interact effectively with young children.
- 6.0 Possess or apply for S.C. Infant Toddler Credential.

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Sub-Section: Autism Services	Effective Date: August 1, 2006	
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Preferred Position Requirements:

- 1.0 Bachelor's Degree
- 2.0 800 hours of experience working under the supervision of a Lead Program
- 3.0 Specialist or Program Consultant.
- 4.0 Meets all minimum requirements.

Paraprofessional (Minimum position requirements)

- 1.0 At least 18 years old with a high school diploma
- 2.0 Demonstrates the ability to motivate and interact effectively with young children.
- 3.0 Basic knowledge of ASD.

Preferred position requirements

- 1.0 Meet minimum requirements and have a basic knowledge of child development with the ability to demonstrate knowledge of similarities and differences in behavior and development between typical and atypical children.

Procedure:

- 1.0 Children must have a confirmed diagnosis of PPD –NOS or autism by a qualified professional.
- 2.0 Upon identification of a need for services through the IFSP process, the BN Service Coordinator must contact the SCSF BabyNet Central Office for assistance in authorizing the services. SCSF BabyNet Central Office staff are required to complete the authorization for ABA services.

Families will be provided a list of available providers. If they have no preference, a matrix will be used. Once a family has selected a provider, the family is responsible for arranging the initial workshop and recruiting the paraprofessional staff.

**BILLABLE ACTIVITIES:** Autism Services

<b>BN Procedure Code</b>	<b>Description</b>	<b>Setting</b>	<b>Review Parameters</b>	<b>Unit of Service</b>	<b>Rate</b>
<b>X001</b>	Autism Initial Workshop	N/A	1 unit/ 1095 days	Each	\$1200.00
<b>X200</b>	Quarterly Reassessment	N/A	2 units/90 days	Each	\$600.00
<b>X300</b>	Paraprofessional Treatment	N/A	20 units/week	Each	\$8.00

**POLICY: IFSP TEAM MEETING**

- 1) BN will pay for BN contracted providers to attend a child's Annual IFSP Meeting or, if required, an IFSP Review Meeting when conducted in accordance with IDEA. Part C regulations and BN Policies and Procedures.
- 2) Contracted providers attending the IFSP team meeting may bill for the time spent at the meeting in accordance with the BabyNet Service/Reimbursement Guide. Travel time to and from the meeting is not billable.

**BabyNet Policy and Procedure Manual  
APPENDIX 5**

Section: BabyNet Service/Reimbursement Guide	Procedure: 05.20.00	Page No: 1 of 1
Sub-Section: Non-billable Services	Effective Date: August 1, 2006	
Procedure:	Revision Date: January 1, 2010	

**POLICY: NON-BILLABLE SERVICES**

This policy applies to all contracted providers except providers of special instruction and BN Service Coordination. For special instruction and BN Service Coordination providers, billable and non-billable activities are defined in each agency's policies and procedures in accordance with Part C of the Individuals with Disabilities Act (IDEA) regulations.

- 1) Anything not listed as a billable service in the document entitled "BabyNet Service/Reimbursement Guide";
- 2) Unauthorized services – All BN Services are pre-authorized. Providers should ONLY provide services when a current BabyNet Payment Authorization is in hand. Services provided prior to receipt of the authorization are not guaranteed for reimbursement;
- 3) Weekly or daily preparatory activities for direct service sessions;
- 4) Preparing claims to submit to BabyNet;
- 5) No shows;
- 6) Time spent on the phone with a parent who feels the need to talk about non-BabyNet related issues (family may need to be referred to a counselor);
- 7) Time spent helping the family to identify/access other services/resources that BabyNet does not pay for (e.g., housing, SSI). This service is the responsibility of the BN Service Coordinator;
- 8) Services over the frequency/intensity that have been identified as a need in the child's IFSP. If service needs require an increase in frequency or intensity, adjustments must be made to the IFSP prior to providing the increased service or billing BabyNet;
- 9) Services that fall within the frequency/intensity identified on a child's IFSP but were never documented in the child's chart/record or provided;
- 10) Time or transportation to attend a medical appointment with the family;
- 11) Time to collect medical documents or other written medical information from physicians, hospitals, nurses, etc. This is the responsibility of the BN Service Coordinator;
- 12) Interpretation for non BabyNet services;
- 13) Written translation of non-IFSP documents such as SSI applications, WIC applications, Medicaid applications, etc. This is provided by the sponsoring agency, not BabyNet.
- 14) Clerical duties such as scheduling/canceling appointments and notifying the provider of such, accessing voice mail, etc;
- 15) Attendance at an agency personnel meeting. BabyNet only pays for meetings attended as a member of a child's IFSP team;
- 16) Supervisory time;
- 17) Travel fees may not be billed if an IFSP service is not provided. For example, if personnel travel to a location; however, the service is not provided, the travel fee is not billable.;
- 18) Child's lunch/snack time, nap time, etc;
- 19) Time to attend an appointment with another service provider unless you are the interpreter for the provider/family; and
- 20) Services by personnel that do not have a BabyNet provider contract except when specifically approved by BabyNet Central Office.
- 21) Referral of children to BabyNet.

**BabyNet Policy and Procedure Manual  
Appendix 5**

Section: BabyNet Service/Reimbursement Guide	Procedure: 05.30.00	Page No: 1 of 2
Sub-Section: Definitions	Effective Date: August 1, 2006	
Procedure:	Revision Date: January 1, 2010	

- 1) Authorization – Provider must have been issued a *BabyNet Payment Authorization* before any service can be rendered.
- 2) Coinsurance - The dollar amount or percentage the policy holder pays. For example, with an "80/20 plan," the health plan would pay 80% of the bill and the policy holder would pay 20%. The 20% is the coinsurance.
- 3) Concerns – What the family members identify as needs, issues, or problems they want to address as part of the IFSP process.
- 4) Copayment – A fee paid for each doctor's office visit, medical service or prescription. For example, a health plan may have a \$10 copayment for doctor's office visits. This means that for every doctor's visit, the patient would pay just \$10.
- 5) Deductible - The amount of money the patient must pay before the health plan will pay its share. For example, a health plan with a \$250 deductible requires the patient to reach that amount before the health plan begins paying.
- 6) Direct service – Treatment services provided directly to an eligible child or an eligible child's family in accordance with their IFSP.
- 7) Documentation – A chronological written account kept by the provider of all dates of services provided to or on behalf of a child and family. This includes IFSP meetings time and the results of all diagnostic tests and procedures administered to a child. All documentation must be readable and understandable to families and to persons who will monitor or audit the provider's billing.
- 8) Evaluation – The procedures used by appropriate qualified personnel to determine a child's initial and continuing eligibility under BN, consistent with the state's definition of eligibility including determining the status of the child in each of the developmental areas listed in the state's definition.
- 9) HMO – Health Maintenance Organization – A commercial health insurance plan that relies heavily on a network of providers and will typically require documentation and a standardized process to cover providers outside the network.
- 10) IFSP Goal - A statement of the changes family members want to see for their child or themselves. Goals are written in a family-friendly manner that reflects the needs and priorities of the family. Goals must focus on useful skills and be measurable, containing criteria, procedures and timelines to help determine when the outcome is met.
- 11) IFSP meetings – Attendance at the initial/annual IFSP meeting as a member of a child/family service team to assist in the completion of a written document on the IFSP form detailing individualized outcomes for the child and family, services based upon the unique needs of the child and family, and transition strategies. This definition includes periodic review of a child's IFSP every six months or more frequently if conditions warrant or if the family requests such a review.
- 12) Medicaid – A federally assisted program to help with medical expenses of eligible low-income families. It is administered through the S.C. Department of Health and Human Services.
- 13) Need – A condition or situation in which something is essential, necessary or required.
- 14) PPO – Preferred Provider Organization – A commercial health insurance plan that contracts with a network of preferred providers but will reimburse at a lower rate for out-of-network providers.

**BabyNet Policy and Procedure Manual  
Appendix 5**

Section: BabyNet Service/Reimbursement Guide	Procedure: 05.30.00	Page No: 2 of 2
Sub-Section: Definitions	Effective Date: August 1, 2006	
Procedure:	Revision Date: January 1, 2010	

- 15) Prior Authorization – Indicates that BabyNet Central Office must first approve the service in order for a BabyNet Payment Authorization to be valid.
- 16) Priorities – A family’s choices and agenda for how BabyNet will be involved in the family life.
- 17) Private insurance – Group (HMO or PPO) – Group insurance is usually offered through an employer. The employer may purchase a policy from an insurance company or may administer its own (self-insured) plan. Coverage varies with each plan.
- 18) Private insurance – Individual (HMO or PPO) – Health insurance is purchased out-of-pocket directly from an insurance company to cover one or more members of a family. Coverage varies widely with each plan.
- 19) Provider - Any individual or group of individuals that provide a service such as physicians, hospitals, therapists, etc.
- 20) Resources – The strengths, abilities, and formal or informal supports that can be mobilized to meet the family’s concerns, needs, or outcomes.
- 21) Review parameters – High end of the usual range of prescribed intervention for children receiving BabyNet services. If the IFSP team determines that BN Services are needed at a level above the customary review parameter, prior authorization must be submitted to BabyNet Central Office.
- 22) Valid denial – A written statement from an insurer or an EOB containing the child’s name, specific service, date of service, and justification for denial.
- 23) Under the supervision of - Work performed under the guidance and direction of a supervisor who is responsible for supervision of the work and who plans work and methods.
- 24) Units of service – Procedures for determining units of service are the same as the established CMS/Medicaid guidelines.

## BabyNet Form Codes

Exit Codes	
0	Deceased
1	Moved Out of State
2	Ineligible by Diagnosis or Testing (Referral ONLY)
3	Refusal of Services by Parent
4	Attempts to Contact Unsuccessful
5	Exit at 3, Part B Eligibility Not Determined
6	Exit at 3, Not Eligible for Part B, Exit with No Referrals
7	Exit at 3, Not Eligible for Part B, Exit to Other Programs
8	Exit at 3, Part B Eligible
9	Completion of IFSP Outcomes, Prior to Age 3
10	Non Consent (referral ONLY)
11	Exit at 3, No Referral to Part B – Parent Request ONLY
Late IFSP Reason Codes	
PR	Parent Request (e.g., child hospitalized, child ill, parent ill, scheduling conflict, death in family)
NC	Unable to Contact Family to Initiate IFSP
BN	BNSC Non-compliance (Did not schedule meeting timely, service coordinator unavailable, data not submitted to TECS or entered directly into BabyTrac, waiting for documentation)
Service Delay Reason Codes:	
PRO	Provider Not Available (child cannot be referred for service because there are no BN contracted providers)
NC	Unable to Contact Family to Obtain Consent to Initiate Service
PR	Parent Request (child hospitalized, child ill, parent ill, scheduling conflict, death in family)
EVAL	Waiting for Evaluation or Ongoing Service (e.g., child referred but provider has a waiting list; appointment scheduled but >30 days)
Funding Codes (Record all that apply)	
BN	BabyNet – Use if BN Payment Authorization is being issued for service.
CRS	Children’s Rehabilitative Services (CRS)
DDSN	Department of Disabilities and Special Needs
FCP	Family Cost Participation – Use for Autism Services
MED	Medicaid
ORG	Private Organization/Agency
PRI	Private Insurance
PSI	Private Special Instruction Provider
SDB	South Carolina School for the Deaf and the Blind
TRI	TRICARE

<b>Location Codes - Natural Environment</b>	
COM	Community Activity or Place (e.g., library, park, recreation program, play group, etc.)
FCC	Family Child Care (relative/non-relative)
HOM	Home
PTC	Program Designed for Typically Developing Children (majority of children do not have a disability)
<b>Location Codes – Non Natural Environments (Justification Required)</b>	
HOS	Hospital (inpatient)
PDD	Program Designed for Children with Developmental Delays or Disabilities (special purpose facility)
RES	Residential Facility
SPL	Service Provider Location (e.g., office, clinic, outpatient hospital)
<b>Race Codes</b>	
AS	Asian
BL	Black or African American
CA	White
HP	Native Hawaiian or Other Pacific Islander
LA	Hispanic or Latino
NA	American Indian or Alaska Native
TM	Two of more races
<b>Relation Codes</b>	
PA	Parent (biological or adoptive)
GP	Grandparent
FP	Foster Parent
REL	Relative (not grandparent)
GU	Guardian
<b>Primary Method Codes (Select One)</b>	
DR	Direct
CO	Consultative

**BabyNet Service/Procedure Codes Reference**

<b>Service Code</b>	<b>Description</b>	<b>Unit of Service</b>	<b>Review Parameters</b>	<b>Rate</b>	<b>Medicaid</b>
<b>ASSISTIVE TECHNOLOGY</b> (Prior Authorization Required) – for additional codes see BN policy 05.03.00					
V5275-RT V5275-LT	Ear Molds (not disposable) RT=Right , LT=Left	Ea.	6/365	\$19.90	YES
<b>AUDIOLOGY</b> - for additional codes see BN policy 05.04.00					
92557	Hearing Evaluation	Ea.	1 unit/365 days	\$42.06	YES
92557-52	Hearing Re-evaluation	Ea.	6 units/365 days	\$21.03	YES
<b>AUTISM</b>					
X0001	Autism Initial Workshop	Ea.	1 unit/1095 days	\$1,200	NO
X0200	Quarterly Reassessment	Ea.	1 unit/90 days	\$600	NO
X3000	Paraprofessional Trmt.	Hour	20 units/week	\$8.00	NO
<b>HEALTH</b> (Prior Authorization Required)					
99361	Health Consultation	Ea.	2 units/365 days	\$30.00	NO
<b>INTERPRETATIVE</b>					
T1013	Interpretation – Onsite	15 min.	12 units/1 day	\$10.00	NO
T1013-D	Interpretation/Translation – Offsite	15 min.	12 units/1 day	\$5.00	NO
T-1013-W	Written Translation-Offsite/Onsite	15 min.	4 units/1 day	\$7.00	No
<b>MEDICAL</b> (Prior Authorization Required)					
99202	Medical Services	Ea.	1 unit/365 days	\$50.00	NO
<b>NURSING</b> (Prior Authorization Required)					
T1001	Evaluation/Assessment – Non-NE	15 min.	24 units/180 days	\$11.39	If provided by DHEC, Hospital, or Home Health
T1001-D	Evaluation/Assessment – NE	15 min.	24 units/180 days	\$14.73	If provided by DHEC, Hospital, or Home Health
W8752	Nursing Services – Non-NE	15 min.	64 units/30 days	\$11.39	If provided by DHEC, Hospital, or Home Health
W8753	Nursing Services – NE	15 min.	64 units/30 days	\$14.73	If provided by DHEC, Hospital, or Home Health
W8770	IFSP Team Meeting/Consultation	15 min.	8 units/60 days	\$11.39	NO
<b>NUTRITION</b>					
W8772	Assessment – Non-NE	15 min.	24 units/180 days	\$11.39	If provided by DHEC, Hospital, or Home Health
W8773	Assessment – NE	15 min.	24 units/180 days	\$14.73	If provided by DHEC, Hospital, or Home Health
97802	Nutrition Services – Non-NE	15 min.	64 units/30 days	\$11.39	If provided by DHEC, Hospital, or Home Health

<b>Service Code</b>	<b>Description</b>	<b>Unit of Service</b>	<b>Review Parameters</b>	<b>Rate</b>	<b>Medicaid</b>
W8762	Nutrition Services – NE	15 min.	64 units/30 days	\$14.73	If provided by DHEC, Hospital, or Home Health
W8774	IFSP Team Meeting/ Consultation	15 min.	8 units/60 days	\$11.39	NO
<b>OCCUPATIONAL THERAPY</b>					
97003	Evaluation/Re-evaluation	Ea.	2 units/365 days	\$76.15	YES
97530	Individual Services	15 min.	4 units/ per day	\$26.49	YES
99241-GO	IFSP Team Meeting/ Consultation	15 min.	8 units/60 days	\$15.00	NO
<b>PHYSICAL THERAPY</b>					
97001	Evaluation/Re-evaluation	Ea.	2 unit/365 days	\$71.61	YES
97110	Individual Services	15 min.	4 units/ per day	\$26.49	YES
99241- GP	IFSP Team Meeting/ Consultation	15 min.	4units/ per day	\$15.00	NO
<b>PSYCHOLOGICAL (Prior Authorization Required)</b>					
96101	Psychological Testing/Evaluation	30 min.	20 units/1095 days	\$30.00	YES
99401	Individual Services	30 min.	2 units/1 day	\$30.00	YES
99241	IFSP Team Meeting/ Consultation	15 min.	8 units/60 days	\$10.00	NO
<b>SOCIAL WORK</b>					
W8737	Evaluation/Assessment – Non-NE	15 min.	16 units/365 days	\$11.25	If provided by DHEC, Hospital, or Home Health
W8738	Evaluation/Assessment – NE	15 min.	16 units/365 days	\$14.73	If provided by DHEC, Hospital, or Home Health
W8780	Individual Services – Non-NE	15 min.	8 units/7 days	\$11.25	If provided by DHEC, Hospital, or Home Health
W8781	Individual Services – NE	15 min.	8 units/7 days	\$14.73	If provided by DHEC, Hospital, or Home Health
W8741	IFSP Team Meeting/ Consultation	15 min.	8 units/60 days	\$11.25	NO
<b>SPECIAL INSTRUCTION</b>					
SPI01	Special Instruction	15 min.			YES
<b>SPEECH</b>					
92506-HA	Evaluation	Ea.	1 per lifetime	\$121.03	YES
92506-52	Re-evaluation/ Assessment	Ea.	2 unit/365 days	\$60.52	YES
92507	Individual Services	15 min.	4 units / per day	\$28.79	YES
99241-GN	IFSP Team Meeting/ Consultation	15 min.	8 units/60 days	\$15.00	NO

<b>Service Code</b>	<b>Description</b>	<b>Unit of Service</b>	<b>Review Parameters</b>	<b>Rate</b>	<b>Medicaid</b>
<b>TRANSPORTATION</b>					
X8600	Transportation Reimbursement for Parents	Per Mile		\$00.30	BN does not pay for transportation when child has Medicaid.
<b>VISION</b> - for additional codes see BN policy 05.17.00					
92004	Comprehensive medical exam/evaluation with initiation of diagnostic and treatment program, new patient	Ea.	1 unit/1 day	\$121.42	YES
92014	Comprehensive medical exam/evaluation with initiation of diagnostic and treatment program, established patient	Ea.	1 unit/1 day	\$89.85	YES

**KEY**

NE = Natural Environment

Non-NE = Non-Natural Environment