

Understanding the Difference of ITP Eligibility and ICD-10 Codes for Intervention 8-4-16 revision

ITP Eligibility

ITP Referrals and Eligibility (Part C requirements to receive services through ITP and have an IFSP)

ITP Program Eligibility is totally different from ICD-10 codes. Program Eligibility is to show the child meets the requirements to be in the Infant Toddler Program – and only that. ICD-10 codes support the intervention that is provided to the child; and when possible, the billing of said intervention to Medicaid and Insurance companies.

Is the referral being made due to a Medical Condition or concern? – Review Medical Records – Do the records provide documentation to meet the eligibility requirements of Established Medical Condition?

If Yes, Complete global child assessment, family assessment and MDT meeting to document ITP Eligibility.

ITP Eligibility in ITPKIDS is entered as Established Medical Condition – This eligibility does not change and can be the same for the child’s entire enrollment. ITP Eligibility date can be prior to, but no later than the IFSP date.

If No, MDT meets and determines which evaluations would be appropriate to help determine eligibility – global child assessment and family assessment needs to be completed prior to writing IFSP. Following the evaluation, the evaluation results, family assessment results are reviewed by the MDT to determine if child is eligible under Developmental Delay Category.

ITP Eligibility in ITPKIDS is entered as Developmental Delay – This eligibility may not ever change and can be the same for the child’s entire enrollment, the MDT must ensure continued eligibility under this category by reviewing CSRs, 90 Day Reviews, ongoing assessments etc.. Eligibility only needs to be re-determined if there is a question as to whether the child no longer meets ITP eligibility criteria. ITP Eligibility date can be prior to, but no later than the IFSP date.

If child does not meet criteria for Eligibility under Established Medical Condition or Developmental Delay. MDT reviews documentation to determine if child should be served under Informed Clinical Opinion.

ITP Eligibility in ITPKIDS is entered as Informed Clinical Opinion. This eligibility must be reviewed at the 6 month and annual review. This ITP Eligibility should not continue more than 12 months – with documentation of a review at 6 months and MDT recommendation of continued need/eligibility. ITP Eligibility date can be prior to, but no later than the IFSP date.

ICD-10 Codes

ICD-10 Code assignments (For the purpose of intervention and billing)

For children being served due to a medical condition or concern – review medical records to determine if the records contain the ICD-10 code needed. If the child’s medical records do not contain an ICD-10 code, the MDT recommends the ICD-10 code to the doctor ordering services. Understand; however, the doctor can make any changes or adjustments they feel would better describe the child’s medical condition. The ICD-10 code can be entered at any time, but must be entered when an IFSP is created. The ICD-10 code supports the intervention that is ordered on the IFSP. Without an ICD-10 code, Medicaid and insurance companies will deny claims. With

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medical documentation, the ICD-10 code may change at any time as a child's condition(s) improve or worsen. Most commonly; these changes would be reviewed at a 6 month review or annual review. In most circumstances the ICD 10 code does not need to be changed when additional or new service types are ordered. For example, An OT is the primary interventionist for a family and he/she requests the support of a speech therapist. Since early intervention and evidenced based practice is done through the whole child approach (cannot serve one area as a stand-alone intervention due to intertwined development of infants and toddlers). The OT can request support from a Speech Interventionist and this support can be given without changing the ICD-10 code.

For a child being served due to a developmental delay – the MDT reviews all paperwork and recommends the ICD-10 code that most closely aligns with the area(s) the child is having trouble with. For example, issues in multiple developmental areas would be R6250 or issues with an expressive language delay would be F801, (see most used ICD-10 codes in the e-manual). The ICD-10 code may change as the child develops and may gain or lose skills;; again, most commonly these changes would take place at a 6 month or annual review.

For a child being served under Informed Clinical Opinion – the MDT reviews all paperwork and recommends the ICD-10 code that most closely aligns with the area(s) the child is having trouble with. (Notice these are the same requirements as developmental delay). The ICD-10 code may change as the child develops and may gain or lose skills. So if a child is having issues with expressive language and the MDT agrees the child should receive services and have an IFSP using Informed Clinical Opinion (meeting Part C guidelines), the ICD-10 code used for intervention and billing would still be F801.

Points to consider: Some ICE-10 codes can only be used for a short time. In our program these are mainly limited to Newborn Codes, like prematurity, small for gestational age, and extremely low birth weight are a few examples. New born codes are only valid to support intervention and billing until the child is 1 year of age – adjusted. After 1 year of age, a new ICD-10 code must be provided to support intervention. Example – tiny one born 1/1/2015 at 32 weeks – adjusted date of birth is 3/3/15 – child is referred on 3/3/15 – child is determined to be eligible for Part C due to established medical condition. IFSP is written on 4/1/16 and the ICD-10 code entered is P0733 (ICD 10 code for prematurity 32 weeks). When the annual IFSP review is done the following year – the program eligibility doesn't change; the child is eligible under Established Medical Condition for his/her entire enrollment, but a new ICD-10 code needs to be recommended to the doctor ordering the child's intervention. The MDT should review new medical records, intervention notes, and parent concerns to identify an appropriate ICD-10 code to recommend on the IFSP. New medical records may have updated ICD-10 codes to use or the team may identify specific areas the child is having issues in. Example, the child now 1 year old adjusted is not crawling, or pulling to stand, and seems to have issues with his/her balance. A recommendation of F82 would be appropriate.