

**MISSISSIPPI FIRST STEPS EARLY INTERVENTION PROGRAM (MSFSEIP)**

**EARLY INTERVENTION SERVICE PROVISION REIMBURSEMENT RATES**

**Effective Date: January 1, 2023**



**MISSISSIPPI STATE DEPARTMENT OF HEALTH**

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## EARLY INTERVENTION SERVICE PROVISION REIMBURSEMENT RATES

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### INTRODUCTION

The purpose of this document is to define the authorized providers, settings, and rates for Mississippi First Steps Early Intervention Program (MSFSEIP) services. Rates are provided for reimbursement of early intervention services provided by qualified personnel, as defined in 34 CFR § 303.13.

### REIMBURSEMENT METHODOLOGY

1. Early intervention services are documented on the Individualized Family Service Plan (IFSP) and selected by the IFSP Team, comprised of the parent(s) (as defined in 34 CFR § 303.27), Service Coordinator, Evaluator(s), and/or Service Provider(s). The Service Coordinator is responsible for assisting the family and the Service Provider with arranging for the delivery of these services.
  - a. The Service Provider must sign and return a Referral to Provider form prior to obtaining access to the child's record in the Mississippi Infant Toddler Intervention (MITI) Data System.
  - b. The Service Provider must be listed as the provider on the Planned Services tab in the MITI data system prior to providing any early intervention services that are eligible for reimbursement by the MSFSEIP.
  - c. A certification of medical necessity (CMN) is not required for reimbursement when MSDH is the sole payor source for an early intervention service; however, CMN may be required prior to seeking reimbursement from a third-party payer for an early intervention service. The Service Coordinator will assist the Service Provider with obtaining any required CMN.
  - d. Prior Authorization (PA) may be required prior to seeking reimbursement from a third-party payer for an early intervention service. The Service Provider is solely responsible for obtaining any required PA prior to service delivery, unless a medical emergency exists as defined by the third-party payer. *See section 6.d. below for additional guidance regarding prior authorization.*
2. Documentation of service delivery for all infants and toddlers, including notes of the goals addressed and activities conducted, must be entered into the individual child's Service Log of the MITI Data System no later than forty-five (45) days after the date of service irrespective of the payor source.
3. The Service Provider or Agency Representatives must use the source of payment and third-party payer information documented in the MITI Data System.
  - a. The Service Coordinator is responsible for documenting each family's sources of payment and consent to bill the appropriate payor source(s) for all applicable services.

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The approved sources of payment (i.e., Payor 1/2/3) for a service are documented on the IFSP and the Planned Services in the MITI Data System.

- (1) If multiple payor source(s) are available, the Service Provider or Agency Representatives seek reimbursement for covered services in the order listed (i.e., Payor 1, Payor 2, Payor 3) and in compliance with applicable federal and state regulations.
- (2) If the responsible party, i.e., parent, has given consent to bill private or public insurance, as documented on the current signed Systems of Payment (SOP) form, reimbursement from a third-party payer must be sought prior to requesting reimbursement from MSFSEIP.
  - b. Detailed policy information about primary and secondary insurance, Medicaid, Mississippi-CAN, and/or CHIP must be documented on the current signed SOP form and the Current Family Financial Support / System of Payment tab in the MITI Data System. The Service Providers or Agency Representatives may not request or require the parent, i.e., responsible party, to provide insurance policy information for which they have not provided consent to bill as documented on the current signed SOP form and in the MITI Data System. All questions about which payor sources are authorized, if any, should be directed to the Service Coordinator.
4. Reimbursement to enrolled EI Service Providers for eligible services shall be on a fee-for-service basis, in accordance with and as described in the applicable Early Intervention fee schedule(s). The rates are set based on the type of service provided, the location or setting in which the services are provided, and the method of participation of the service provider.
  - a. Services provided in natural environments, e.g., homes and childcare settings, will be reimbursed at 120% of the rate of services provided in other settings, e.g., clinics, hospitals, and public health departments.
  - b. Service providers who participate in meetings in-person will be reimbursed at 120% of the rate for participation in meetings remotely, e.g., via online application or phone.
5. The amount to be reimbursed or billed to the appropriate payor source, with the consent of the responsible party, as documented on the IFSP and recorded on current SOP documents, for all applicable services must be documented in the MITI Data System irrespective of the payor source.
  - a. If the MSDH is identified as Payor 1 under the Planned Services tab in the individual child's record maintained in the MITI Data System, (Service Provider) Agency Administrators or Providers must enter the amount to be reimbursed for these services, up to the maximum rate listed, according to the applicable Early Intervention fee schedule, under the Accounts Payable tab in the MITI Data System.

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- b. If another payor source (i.e., public and/or private insurance) is identified as Payor 1 under the Planned Services tab in the individual child's record maintained in the MITI Data System, (Service Provider) Agency Administrators or Providers must enter the amount billed to these payor sources for these services under the Accounts Payable tab in the MITI Data System.
6. Consistent with 34 CFR §§ 303.500-303.521, the MSDH shall be the Payor of Last Resort (POLR) and shall only provide reimbursement for eligible early intervention services, at the rate listed in the applicable Early Intervention fee schedule(s), not otherwise covered by any other appropriate payor source (e.g., public and/or private insurance).
    - a. If the MSDH is the sole payor for any services for an infant or toddler, the Service Coordinator will document MSDH as the Payor 1 under the Planned Services tab in the individual child's record maintained in the MITI Data System. The Service Provider will request reimbursement for these services, up to the maximum rate listed, according to the applicable Early Intervention fee schedule, under the Accounts Payable tab in the MITI Data System.
      - (1) The MSDH will be the POLR for any services for which the parent/guardian and/or child does not have any other identified payor source (e.g., public or private insurance) or for which the guarantor, parent, or guardian has not provided consent to bill private or public insurance, as documented on the current signed Systems of Payment (SOP) form.
    - b. If private and/or public payor source denies payment for an early intervention service due to the service not being a covered benefit, the Provider must submit documentation of the denial from the third-party payor, i.e., Explanation of Benefits (EOB) or Explanation of Payment (EOP), within thirty (30) days of receipt of the EOB/EOP but no more than ninety (90) days from the date of the service. An adjustment will be entered by the EI Regional Office for these services under the Accounts Payable tab in the MITI Data System, up to the rate listed in the applicable Early Intervention fee schedule.
      - (1) An EOB/EOP must be submitted to the appropriate EI Regional Office for processing an adjustment. The EOB/EOP must document the date of service, the service provided, and the reason for denial, e.g., the service is not a covered benefit. Other documentation made available to the service provider by the payor source (e.g., summary report of charges) that does not contain the required information may not be substituted for the EOB/EOP.
      - (2) MSDH will notify the Service Coordinator of the need to schedule an IFSP meeting, including the parent and Service Provider, to update the payor source for the denied service. The MSDH will be listed as primary payer and the service will be authorized until the next scheduled six-month or annual IFSP review (but in no case for more than six (6) months from the IFSP meeting in which the payor source was revised), at which point the SOP form and IFSP must be updated. *Note: If at any time during this*

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*period, the family changes insurance providers or the providers announce new covered benefits, the SOP form and IFSP must be updated.*

- c. If private and/or public payor source denies payment for an early intervention service due to the maximum benefit for the service being reached, the Provider must submit documentation of the denial from the third-party payor, i.e., EOB/EOP, within thirty (30) days of receipt of the EOB/EOP but no more than ninety (90) days from the date of the service. An adjustment will be entered by the EI Regional Office for these services under the Accounts Payable tab in the MITI Data System, up to the rate listed in the applicable Early Intervention fee schedule.
  - (1) An EOB/EOP must be submitted to the appropriate EI Regional Office for processing an adjustment. The EOB/EOP must document the date of service, the service provided, and the reason for denial, i.e., maximum benefit reached. Other documentation made available to the service provider by the payor source (e.g., summary report of charges) that does not contain the required information may not be substituted for the EOB/EOP.
  - (2) MSDH will notify the Service Coordinator of the need to schedule an IFSP meeting, including the parent and Service Provider, to update the payor source for the service in which maximum benefits have been reached. The MSDH will be listed as primary payer and the service will be authorized until the next scheduled six-month or annual IFSP review or until the new benefit period begins (but in no case for more than six (6) months from the IFSP meeting in which the payor source was revised), at which point the SOP form and IFSP must be updated. *Note: If any time during this period, the family changes insurance providers or the providers announce new/extended benefits, the SOP form and IFSP must be updated.*
- d. The MSDH will not be considered the POLR when a private and/or public payor source denies payment due to failure to obtain prior authorization for a service.
  - (1) Consistent with 34 CFR § 303.510(b), the EI Regional Coordinator may approve reimbursement for services provided before obtaining prior approval from private and/or public insurance when necessary to prevent a delay in the timely provision of appropriate early intervention services to a child or the child's family, as defined by MSFSEIP policies, or when a Service Provider has requested prior approval for a service but the approval from the payor source has not been received within 30 days of the request.
  - (2) Documentation of the request for prior approval with the date the request was submitted to the payor source and an EOB/EOP must be submitted to the appropriate EI Regional Office for processing this adjustment. The EOB/EOP must document the date of service, the service provided, and the reason for denial, i.e., failure to obtain prior approval. Other documentation made available to the service provider by the payor source (e.g., summary report of charges) that does not contain the required information may not be substituted for the EOB/EOP.

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7. To ensure services are provided at no cost to the family, the MSFSEIP will cover the out-of-pocket costs for eligible early intervention services when charged by a third-party payor as documented on an EOB/EOP, up to the maximum rate listed for the service, according to the applicable Early Intervention fee schedule.
  - a. The MSFSEIP will reimburse for the family's portion of a service due to an unmet deductible, for the difference between the amount paid (if any) by the third-party payor up to the rate listed in the applicable Early Intervention fee schedule. The Provider must submit documentation of the unmet deductible from the third-party payor, i.e., EOB/EOP, within thirty (30) days of receipt of the EOB/EOP, but no more than ninety (90) days from the date of the service. An adjustment will be entered by the EI Regional Office for these services under the Accounts Payable tab in the MITI Data System.
    - (1) An EOB/EOP must be submitted to the appropriate EI Regional Office for processing an adjustment. The EOB/EOP must document the date of service, the service provided, the amount paid for the service (if any), and the amount of the service applied to the deductible. Other documentation made available to the service provider by the payor source (e.g., summary report of charges) that does not contain the required information may not be substituted for the EOB/EOP.
    - (2) The Service Provider must continue to bill the third-party payor for each subsequent service and submit documentation of the EOB/EOP to the appropriate EI Regional Office for reimbursement until the deductible is met or the service is discontinued.
  - b. The MSFSEIP will reimburse for out-of-pocket costs for a family, including a copay (i.e., a specified amount paid at the time of service) or coinsurance (i.e., a percentage of the bill for a covered service) for an early intervention service. The MSFSEIP shall only provide reimbursement for the difference between the amount paid (if any) by the third-party payor up to the rate listed in the applicable Early Intervention fee schedule.
    - (1) An EOB/EOP must be submitted to the appropriate EI Regional Office for processing an adjustment. The EOB/EOP must document the date of service, the service provided, the amount paid for the service (if any), and the amount of the copay or coinsurance. Other documentation made available to the service provider by the payor source (e.g., summary report of charges) that does not contain the required information may not be substituted for the EOB/EOP.
  - c. The Service Provider may not bill a family for any Early Intervention services documented on the IFSP or for any unpaid balance remaining after all approved payor sources, including MSDH, have been exhausted.
  - d. The guarantee to ensure services are provided at no cost to the family does not mean the MSFSEIP will assume responsibility for paying premiums for insurance for the child and/or family.

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8. All mileage required for the provision of services in the natural environment must be documented in the individual child's Service Log in the MITI Data System. Mileage must be recorded as the number of miles *actually* traveled from provider's home to/from child's setting or from one child's setting to another child's setting. The miles recorded must adhere to the number of miles between the starting and ending locations on publicly available maps. Travel expenses will be paid based on mileage rates approved by the Mississippi Department of Finance and Administration on the date of travel.

**SETTINGS**

To the maximum extent appropriate, early intervention services must be provided in the child's natural environment, as defined in 34 CFR § 303.26 as settings that are natural or typical for a same-aged infant or toddler without a disability, such as the home or community settings. *Note: Pull-out services provided in a community setting are not considered services provided in a natural environment. At no point should an early intervention service provider be alone in a space with an infant or toddler enrolled in the MSFSEIP without a caregiver present.*

The following Place of Service Codes will be recognized as natural environments

<b>Natural Environment Settings</b>	<b>Place of Service Code</b>	<b>Place of Service Name</b>
Home	12	Home
	16	Temporary Lodging
Community	03	School
	04	Homeless Shelter

Consistent with 34 CFR § 303.344(d), early intervention services may be provided in settings other than the natural environment only if (a) that setting has been determined by the parent and the IFSP Team to be the most appropriate setting, (b) the early intervention services cannot be provided satisfactorily in a natural environment, based on the child's goals, and (c) a written justification has been provided as to why an early intervention service will not be provided in the natural environment. Examples may include the provision of audiological evaluation requiring the use of an audiometric sound booth or other services requiring fixed equipment or access to medical services.

The following Place of Service Codes will be recognized as settings other than the natural environment:

	<b>Place of Service Code</b>	<b>Place of Service Name</b>
Other Settings	02	Telehealth Provided Other than in Patient's Home
	10	Telehealth Provided in Patient's Home
	11	Office
	19	Off Campus-Outpatient Hospital
	22	On Campus-Outpatient Hospital
	49	Independent Clinic



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	50	Federally Qualified Health Center
	53	Community Mental Health Center
	62	Comprehensive Outpatient Rehabilitation Facility
	71	Public Health Clinic
	72	Rural Health Clinic
	99	Other Place of Service

Please refer to the Place of Service Codes as listed on

[https://www.cms.gov/Medicare/Coding/place-of-service-codes/Place\\_of\\_Service\\_Code\\_Set](https://www.cms.gov/Medicare/Coding/place-of-service-codes/Place_of_Service_Code_Set)

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### COMPREHENSIVE EVALUATION / ASSESSMENT

**Comprehensive Evaluation** (34 CFR § 303.321(a)(2)(i)) means the procedures used by qualified personnel to determine a child's initial and continuing eligibility for Early Intervention services under Part C of the Individuals with Disabilities Education Act (IDEA), consistent with the definition of infant or toddler with a disability.

1. Consistent with 34 CFR § 303.321(b), a comprehensive evaluation may not use a single procedure as the sole criterion for determining a child's eligibility for Early Intervention services under Part C. Comprehensive evaluation procedures must include the administering an evaluation instrument, taking the child's history (including interviewing the parent), identifying the child's level of functioning in each of the five developmental domains (i.e., physical, communication, cognitive, social-emotional, and adaptive), gathering information from other sources such as family members, other care-givers, medical providers, social workers, and educators, if necessary, to understand the full scope of the child's unique strengths and needs, and reviewing medical, educational, or other records.
2. An initial evaluation refers to the child's comprehensive evaluation to determine his or her initial eligibility for early intervention services.
3. A re-evaluation must occur at least annually for an infant or toddler with a disability determined eligible based on clinical opinion.

**Comprehensive Assessment** (34 CFR § 303.321(a)(2)(ii)) means the procedures used by qualified personnel to identify the child's unique strengths and needs and the Early Intervention services appropriate to meet those needs.

1. Consistent with 34 CFR § 303.321(c), comprehensive assessment procedures must include personal observations of the child, identification of the child's unique strengths and needs in each of the five developmental domains (i.e., physical, communication, cognitive, social-emotional, and adaptive), and reviewing the results of any previously provided comprehensive evaluation.
2. An initial assessment refers to the child's comprehensive assessment conducted prior to the child's first IFSP meeting.
3. A comprehensive assessment will be provided at least once annually prior to the annual revision of the IFSP.

**Authorized Settings:** Childcare Center, Clinic, Community Setting, Health Department, Home, Hospital, Telehealth (*must be held using real-time meeting application that is secure such as HIPAA-compliant Audio-visual telehealth system.*)

**Authorized Providers:** Qualified personnel who have a master's degree in psychology, education, speech language pathology, occupational therapy, social work, counseling, or in a field closely related to child development, and formal training in the ethical administration, scoring, and interpretation of clinical assessments -OR- certification by or full active membership in a professional organization (such as ASHA, AOTA, AERA, ACA, AMA, CEC, AEA, AAA, EAA, NAEYC, NBCC, CVRP) that requires training and experience in child development of infants and toddlers -OR- a degree or license to practice in the healthcare or allied healthcare field -OR- formal, supervised mental health, speech/language, occupational therapy, social work, counseling, and/or educational training specific to assessing children, or in

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infant and child development, and formal training in the ethical administration, scoring, and interpretation of clinical assessments -AND- consistent with state licensure and professional practice guidelines

<b>SERVICE OR MEETING</b>	<b>SETTING</b>	<b>CPT/HCPCS</b>	<b>BASIS</b>	<b>EI RATE</b>
<b>Comprehensive Evaluation/Assessment</b> <i>includes evaluation report</i>	<b>Home</b> 12, 16		Occurrence	\$200.00
	<b>Community</b> 03, 04		Occurrence	\$200.00
	<b>Other</b> 02, 10, 11, 19, 22, 49, 50, 53, 62, 71, 72, 99		Occurrence	\$165.00

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### ASSISTIVE TECHNOLOGY (AT)

**Assistive technology device** (34 CFR § 303.13(b)(1)(i)) means any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of an infant or toddler with a disability. The term does not include a medical device that is surgically implanted, including a cochlear implant, or the optimization (e.g., mapping), maintenance, or replacement of that device.

The IDEA definition of Assistive Technology Devices is broad and covers a wide range of low- and high-tech devices. Families and therapists are encouraged to utilize items within their natural environment or that are readily available to meet the developmental needs of the child.

Assistive Technology Devices for children with disabilities may include the following:

1. Augmentative communication devices (i.e., single or multiple message devices with speech or picture output);
2. Vision and hearing devices (i.e., magnifying glasses, backlit surfaces, amplification systems, and tape recorders). Note: AT does not include a medical device that is surgically implanted or the replacement of such device;
3. Mobility and positioning equipment (i.e., seating supports, adapted tricycles/scooters, etc.)
4. Appliance control devices (i.e., electrical control units for switch activation). Note: These devices may also be referenced as “environmental control units” in catalogs.
5. Learning tools (i.e., built-up writing instruments, knobbed puzzles)
6. Adaptive daily living tools (i.e., built-up spoons, bath supports)
7. Adaptive toys (i.e., switch activation, built-up handles, amplified sounds or actions).

NOTE: AT Devices will not include any device that is:

- (a) necessary to treat or control a medical condition
- (b) requires home installation or home modification
- (c) used to assist a primary caregiver with their own disability
- (d) readily available at stores or online stores and used by children without disabilities (i.e., not specifically adapted for children with disabilities)

**Assistive Technology Service** (34 CFR § 303.13(b)(1)(ii)) means any service that directly assists an infant or toddler with a disability in the selection, acquisition, or use of an assistive technology device and may include the following:

1. The evaluation of the needs of an infant or toddler with a disability, including a functional evaluation of the infant or toddler with a disability in the child's customary environment;
2. Purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices by infants or toddlers with disabilities;
3. Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices;
4. Coordinating and using other therapies, interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs;

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5. Training or technical assistance for an infant or toddler with a disability or, if appropriate, that child's family; and
6. Training or technical assistance for professionals (including individuals providing education or rehabilitation services) or other individuals who provide services to, or are otherwise substantially involved in the major life functions of, infants and toddlers with disabilities.

**Authorized Settings:** Childcare Center, Clinic, Community Setting, Health Department, Home, Hospital, Telehealth (*must be held using real-time meeting application that is secure such as HIPAA-compliant Audio-visual telehealth system.*)

**Authorized Providers:** Licensed Occupational, Physical, or Speech Therapist who has Rehabilitation Engineering and Assistive Technology Society of North America Certification as an Assistive Technology Professional (ATP), Seating and Mobility Specialist (SMS), or Rehabilitation Engineering Technologist (RET) or who has formal training in and meets professional licensure and practice standards to conduct Assistive Technology evaluations, select Assistive Technology devices, and/or provide Assistive Technology services.

SERVICE OR MEETING	SETTING	CPT/HCPCS	BASIS	EI RATE
<b>Assistive Technology Evaluation</b>	<b>Home</b> 12, 16		Occurrence	\$198.00
	<b>Community</b> 03, 04		Occurrence	\$198.00
	<b>Other</b> 02, 10, 11, 19, 22, 49, 50, 53, 62, 71, 72, 99		Occurrence	\$165.00
<b>Assistive Technology Services</b>	<b>Home</b> 12, 16	97535	Units	\$24.00/unit
	<b>Community</b> 03, 04	97535	Units	\$24.00/unit
	<b>Other</b> 02, 10, 11, 19, 22, 49, 50, 53, 62, 71, 72, 99	97535	Units	\$20.00/unit

UNIT	MINUTES PER UNIT
<b>1</b>	<b>≥ 8 minutes through 22 minutes</b>
<b>2</b>	<b>23 minutes through 37 minutes</b>
<b>3</b>	<b>38 minutes through 52 minutes</b>
<b>4</b>	<b>53 minutes through 67 minutes</b>
<b>5</b>	<b>68 minutes through 82 minutes</b>
<b>6</b>	<b>83 minutes through 97 minutes</b>
<b>7</b>	<b>98 minutes through 112 minutes</b>
<b>8</b>	<b>113 minutes through 127 minutes</b>
<b>and up</b>	<b>Rule of 8</b>

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**AUDIOLOGY SERVICES**

**Audiology services** (34 CFR § 303.13(b)(2)) includes:

1. Identification of children with auditory impairment, using at-risk criteria and appropriate audiologic screening techniques;
2. Determination of the range, nature, and degree of hearing loss and communication functions, by use of audiological evaluation procedures;
3. Referral for medical and other services necessary for the habilitation or rehabilitation of children with auditory impairment;
4. Provision of auditory training, aural rehabilitation, speech reading, and listening device orientation and training, and other services;
5. Provision of services for prevention of hearing loss;
6. Determination of the child's need for individual amplification, including selecting, fitting, and dispensing appropriate listening and vibrotactile devices, and evaluating the effectiveness of those devices

**Authorized Settings:** Childcare Center, Clinic, Community Setting, Health Department, Home, Hospital, Telehealth (*must be held using real-time meeting application that is secure such as HIPAA-compliant Audio-visual telehealth system.*)

**Authorized Provider:** Audiologist licensed by the Mississippi State Department of Health or Educational Audiologist licensed by the Mississippi Department of Education (202 Audiologist license/endorsement)

SERVICE OR MEETING	SETTING	CPT/HCPCS	BASIS	EI RATE
<b>Audiological Evaluation</b> <i>includes evaluation report</i>	<b>Other</b> 11, 19, 22, 49, 50, 53, 62, 71, 72, 99		Occurrence	\$200.00
<b>Audiology Services</b>	<b>Home</b> 12, 16		Units	\$24.00/unit
	<b>Community</b> 03, 04		Units	\$24.00/unit
	<b>Other</b> 02, 10, 11, 19, 22, 49, 50, 53, 62, 71, 72, 99		Units	\$20.00/unit
<b>IFSP Development/Meeting:</b> <ul style="list-style-type: none"> <li>• Initial or Annual IFSP Meeting [multi-disciplinary team] <i>must stay for the duration of the meeting or up to 1 hour</i></li> <li>• IFSP Review Meeting [multi-disciplinary team] <i>must stay for the duration of the meeting or up to 30 minutes</i></li> </ul>	<b>Home</b> 12, 16		Units	\$12.00/unit
	<b>Community</b> 03, 04		Units	\$12.00/unit
	<b>Other</b> 02, 10, 11, 19, 22, 49, 50, 53, 62, 71, 72, 99		Units	\$10.00/unit

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<b>UNIT</b>	<b>MINUTES PER UNIT</b>
<b>1</b>	<b>≥ 8 minutes through 22 minutes</b>
<b>2</b>	<b>23 minutes through 37 minutes</b>
<b>3</b>	<b>38 minutes through 52 minutes</b>
<b>4</b>	<b>53 minutes through 67 minutes</b>
<b>5</b>	<b>68 minutes through 82 minutes</b>
<b>6</b>	<b>83 minutes through 97 minutes</b>
<b>7</b>	<b>98 minutes through 112 minutes</b>
<b>8</b>	<b>113 minutes through 127 minutes</b>
<b>and up</b>	<b>Rule of 8</b>

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**FAMILY TRAINING AND COUNSELING SERVICES**

**Family Training and Counseling Services** (34 CFR § 303.13(b)(3)) means services provided, as appropriate by social workers, psychologists, licensed professional counselors, licensed clinical social workers, and other qualified personnel, to assist the family of a child eligible under this part in understanding the special needs of the child and enhancing the child's development.

**Authorized Settings:** Childcare Center, Clinic, Community Setting, Health Department, Home, Hospital, Telehealth (*must be held using real-time meeting application that is secure such as HIPAA-compliant Audio-visual telehealth system.*)

**Authorized Providers:** Professional Counselor licensed by the Mississippi State Board of Examiners for Licensed Professional Counselors, or Social Worker licensed by the Mississippi State Board of Examiners for Social Workers and Marriage and Family Therapists (*excludes Service Coordinators*), Psychologist licensed by the Mississippi Board of Psychology, or other qualified personnel who can assist the family of a child eligible in understanding the special needs of the child and enhancing the child's development not otherwise covered as a service within a specific discipline.

SERVICE OR MEETING	SETTING	CPT/HCPCS	BASIS	EI RATE
<b>Family Training &amp; Counseling Services</b>	<b>Home</b> 12, 16	T1027	Units	\$10.50/unit
	<b>Community</b> 03, 04	T1027	Units	\$10.50/unit
	<b>Other</b> 02, 10, 11, 19, 22, 49, 50, 53, 62, 71, 72, 99	T1027	Units	\$8.75/unit
<b>IFSP Development/Meeting:</b> <ul style="list-style-type: none"> <li>• Initial or Annual IFSP Meeting [multi-disciplinary team] <i>must stay for the duration of the meeting or up to 1 hour</i></li> <li>• IFSP Review Meeting [multi-disciplinary team] <i>must stay for the duration of the meeting or up to 30 minutes</i></li> </ul>	<b>Home</b> 12, 16		Units	\$10.50/unit
	<b>Community</b> 03, 04		Units	\$10.50/unit
	<b>Other</b> 02, 10, 11, 19, 22, 49, 50, 53, 62, 71, 72, 99		Units	\$8.75/unit



**EARLY INTERVENTION SERVICE PROVISION REIMBURSEMENT RATES**

*Individuals or agencies must maintain a Service Provider Agreement with the Mississippi State Department of Health and Mississippi First Steps Early Intervention Program to receive reimbursement for services provided.*

<b>UNIT</b>	<b>MINUTES PER UNIT</b>
<b>1</b>	<b>≥ 8 minutes through 22 minutes</b>
<b>2</b>	<b>23 minutes through 37 minutes</b>
<b>3</b>	<b>38 minutes through 52 minutes</b>
<b>4</b>	<b>53 minutes through 67 minutes</b>
<b>5</b>	<b>68 minutes through 82 minutes</b>
<b>6</b>	<b>83 minutes through 97 minutes</b>
<b>7</b>	<b>98 minutes through 112 minutes</b>
<b>8</b>	<b>113 minutes through 127 minutes</b>
<b>and up</b>	<b>Rule of 8</b>

## EARLY INTERVENTION SERVICE PROVISION REIMBURSEMENT RATES

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### HEALTH SERVICES

**Health Services** (34 CFR §§ 303.13(b)(4); 303.16) means services necessary to enable an otherwise eligible child to benefit from the other early intervention services. The term includes

1. Such services as clean intermittent catheterization, tracheostomy care, tube feeding, the changing of dressings or colostomy collection bags, and other health services; and
2. Consultation by physicians with other service providers concerning the special health care needs of infants and toddlers with disabilities that will need to be addressed in the course of providing other early intervention services.

NOTE: Health Services will not include:

- (a) services that are surgical in nature (such as cleft palate surgery, surgery for club foot, or the shunting of hydrocephalus);
- (b) services that are purely medical in nature (such as hospitalization for management of congenital heart ailments, or the prescribing of medicine or drugs for any purpose); or
- (c) services related to the implementation, optimization (e.g., mapping), maintenance, or replacement of a medical device that is surgically implanted, including a cochlear implant.\*
- (d) devices (such as heart monitors, respirators and oxygen, and gastrointestinal feeding tubes and pumps) necessary to control or treat a medical condition; and
- (e) medical-health services routinely recommended for all children (such as immunizations and regular “well-baby” care).

*\* This does not limit the right of an infant or toddler with a disability with a surgically implanted device (e.g., cochlear implant) to receive the early intervention services identified in the child's IFSP as being needed to meet the child's developmental outcomes. Nor does this prevent an EIS provider from routinely checking that either the hearing aid or the external components of a surgically implanted device (e.g., cochlear implant) of an infant or toddler with a disability are functioning properly.*

**Authorized Settings:** Childcare Center, Clinic, Community Setting, Health Department, Home, Hospital, Telehealth (*must be held using real-time meeting application that is secure such as HIPAA-compliant Audio-visual telehealth system.*)

**Authorized Providers:** Physician licensed by the Mississippi State Board of Medical Licensure or Nurse Practitioner, Registered Nurse, or Licensed Practical Nurse licensed by the Mississippi Board of Nursing

**EARLY INTERVENTION SERVICE PROVISION REIMBURSEMENT RATES**

*Individuals or agencies must maintain a Service Provider Agreement with the Mississippi State Department of Health and Mississippi First Steps Early Intervention Program to receive reimbursement for services provided.*

<b>SERVICE OR MEETING</b>	<b>SETTING</b>	<b>CPT/HCPCS</b>	<b>BASIS</b>	<b>EI RATE</b>
<b>Health Services-RN</b>	<b>Home</b> 12, 16		Units	\$21.00/unit
	<b>Community</b> 03, 04		Units	\$21.00/unit
<b>Health Services-LPN</b>	<b>Home</b> 12, 16		Units	\$10.50/unit
	<b>Community</b> 03, 04		Units	\$10.50/unit
<b>Health Services Consultation-Physician/Nurse Practitioner</b>			Units	\$18.75/unit
<b>Health Services Consultation-Registered Nurse</b>			Units	\$8.75/unit

<b>UNIT</b>	<b>MINUTES PER UNIT</b>
<b>1</b>	<b>≥ 8 minutes through 22 minutes</b>
<b>2</b>	<b>23 minutes through 37 minutes</b>
<b>3</b>	<b>38 minutes through 52 minutes</b>
<b>4</b>	<b>53 minutes through 67 minutes</b>
<b>5</b>	<b>68 minutes through 82 minutes</b>
<b>6</b>	<b>83 minutes through 97 minutes</b>
<b>7</b>	<b>98 minutes through 112 minutes</b>
<b>8</b>	<b>113 minutes through 127 minutes</b>
<b>and up</b>	<b>Rule of 8</b>

**EARLY INTERVENTION SERVICE PROVISION REIMBURSEMENT RATES**

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**MEDICAL SERVICES**

**Medical Services** (34 CFR § 303.13(b)(5)) means services provided by a licensed physician for diagnostic or evaluation purposes to determine a child's developmental status and need for early intervention services.

**Authorized Settings:** Clinic, Health Department, Hospital, Telehealth (*must be held using real-time meeting application that is secure such as HIPAA-compliant Audio-visual telehealth system.*)

**Authorized Providers:** Physician licensed by the Mississippi State Board of Medical Licensure or Nurse Practitioner licensed by the Mississippi Board of Nursing

SERVICE OR MEETING	SETTING	CPT/HCPCS	BASIS	EI RATE
<b>Medical Services-Physician/ Nurse Practitioner Evaluation</b>	<b>Other</b> 02, 10, 11, 19, 22, 49, 50, 53, 62, 71, 72, 99		Occurrence	\$150.00
<b>IFSP Development/Meeting:</b> <ul style="list-style-type: none"> <li>• Initial or Annual IFSP Meeting [multi-disciplinary team] <i>must stay for the duration of the meeting or up to 1 hour</i></li> <li>• IFSP Review Meeting [multi-disciplinary team] <i>must stay for the duration of the meeting or up to 30 minutes</i></li> </ul>	<b>Other</b> 02, 10, 11, 19, 22, 49, 50, 53, 62, 71, 72, 99		Units	\$18.75/unit

UNIT	MINUTES PER UNIT
<b>1</b>	<b>≥ 8 minutes through 22 minutes</b>
<b>2</b>	<b>23 minutes through 37 minutes</b>
<b>3</b>	<b>38 minutes through 52 minutes</b>
<b>4</b>	<b>53 minutes through 67 minutes</b>
<b>5</b>	<b>68 minutes through 82 minutes</b>
<b>6</b>	<b>83 minutes through 97 minutes</b>
<b>7</b>	<b>98 minutes through 112 minutes</b>
<b>8</b>	<b>113 minutes through 127 minutes</b>
<b>and up</b>	<b>Rule of 8</b>

**EARLY INTERVENTION SERVICE PROVISION REIMBURSEMENT RATES**

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**NURSING SERVICES**

**Nursing Services** (34 CFR § 303.13(b)(6)) include:

1. The assessment of health status for the purpose of providing nursing care, including the identification of patterns of human response to actual or potential health problems;
2. The provision of nursing care to prevent health problems, restore or improve functioning, and promote optimal health and development; and
3. The administration of medications, treatments, and regimens prescribed by a licensed physician.

**Authorized Settings:** Childcare Center, Clinic, Community Setting, Health Department, Home, Hospital, Telehealth (*must be held using real-time meeting application that is secure such as HIPAA-compliant Audio-visual telehealth system.*)

**Authorized Providers:** Registered Nurse licensed by the Mississippi Board of Nursing

SERVICE OR MEETING	SETTING	CPT/HCPCS	BASIS	EI RATE
<b>Nursing Services</b>	<b>Home</b> 12, 16		Units	\$21.00/unit
	<b>Community</b> 03, 04		Units	\$21.00/unit
	<b>Other</b> 02, 10, 11, 19, 22, 49, 50, 53, 62, 71, 72, 99		Units	\$17.50/unit
<b>IFSP Development/Meeting:</b> <ul style="list-style-type: none"> <li>• Initial or Annual IFSP Meeting [multi-disciplinary team] <i>must stay for the duration of the meeting or up to 1 hour</i></li> <li>• IFSP Review Meeting [multi-disciplinary team] <i>must stay for the duration of the meeting or up to 30 minutes</i></li> </ul>	<b>Home</b> 12, 16		Units	\$10.50/unit
	<b>Community</b> 03, 04		Units	\$10.50/unit
	<b>Other</b> 02, 10, 11, 19, 22, 49, 50, 53, 62, 71, 72, 99		Units	\$8.75/unit

UNIT	MINUTES PER UNIT
<b>1</b>	<b>≥ 8 minutes through 22 minutes</b>
<b>2</b>	<b>23 minutes through 37 minutes</b>
<b>3</b>	<b>38 minutes through 52 minutes</b>
<b>4</b>	<b>53 minutes through 67 minutes</b>
<b>5</b>	<b>68 minutes through 82 minutes</b>
<b>6</b>	<b>83 minutes through 97 minutes</b>
<b>7</b>	<b>98 minutes through 112 minutes</b>
<b>8</b>	<b>113 minutes through 127 minutes</b>
<b>and up</b>	<b>Rule of 8</b>

**EARLY INTERVENTION SERVICE PROVISION REIMBURSEMENT RATES**

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**NUTRITION SERVICES**

**Nutrition Services** (34 CFR § 303.13(b)(7)) include:

1. Conducting individual assessments in -
  - a. Nutritional history and dietary intake;
  - b. Anthropometric, biochemical, and clinical variables;
  - c. Feeding skills and feeding problems; and
  - d. Food habits and food preferences;
2. Developing and monitoring appropriate plans to address the nutritional needs of children eligible under this part, based on the findings in paragraph (b)(7)(i) of this section; and
3. Making referrals to appropriate community resources to carry out nutrition goals.

**Authorized Settings:** Childcare Center, Clinic, Community Setting, Health Department, Home, Hospital, Telehealth (*must be held using real-time meeting application that is secure such as HIPAA-compliant Audio-visual telehealth system.*)

**Authorized Providers:** Registered Dietician licensed by the Mississippi State Department of Health

<b>SERVICE OR MEETING</b>	<b>SETTING</b>	<b>CPT/HCPCS</b>	<b>BASIS</b>	<b>EI RATE</b>
<b>Nutrition Evaluation/Services</b>	<b>Home</b> 12, 16		Units	\$36.00/unit
	<b>Community</b> 03, 04		Units	\$36.00/unit
	<b>Other</b> 02, 10, 11, 19, 22, 49, 50, 53, 62, 71, 72, 99		Units	\$30.00/unit
<b>IFSP Development/Meeting:</b> <ul style="list-style-type: none"> <li>• Initial or Annual IFSP Meeting [multi-disciplinary team] <i>must stay for the duration of the meeting or up to 1 hour</i></li> <li>• IFSP Review Meeting [multi-disciplinary team] <i>must stay for the duration of the meeting or up to 30 minutes</i></li> </ul>	<b>Home</b> 12, 16		Units	\$18.00/unit
	<b>Community</b> 03, 04		Units	\$18.00/unit
	<b>Other</b> 02, 10, 11, 19, 22, 49, 50, 53, 62, 71, 72, 99		Units	\$15.00/unit

**EARLY INTERVENTION SERVICE PROVISION REIMBURSEMENT RATES**

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<b>UNIT</b>	<b>MINUTES PER UNIT</b>
<b>1</b>	<b>≥ 8 minutes through 22 minutes</b>
<b>2</b>	<b>23 minutes through 37 minutes</b>
<b>3</b>	<b>38 minutes through 52 minutes</b>
<b>4</b>	<b>53 minutes through 67 minutes</b>
<b>5</b>	<b>68 minutes through 82 minutes</b>
<b>6</b>	<b>83 minutes through 97 minutes</b>
<b>7</b>	<b>98 minutes through 112 minutes</b>
<b>8</b>	<b>113 minutes through 127 minutes</b>
<b>and up</b>	<b>Rule of 8</b>

**EARLY INTERVENTION SERVICE PROVISION REIMBURSEMENT RATES**

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**OCCUPATIONAL THERAPY**

**Occupational Therapy** (34 § CFR 303.13(b)(8)) includes services to address the functional needs of an infant or toddler with a disability related to adaptive development, adaptive behavior, and play, and sensory, motor, and postural development. These services are designed to improve the child's functional ability to perform tasks in home, school, and community settings, and include -

1. Identification, assessment, and intervention;
2. Adaptation of the environment, and selection, design, and fabrication of assistive and orthotic devices to facilitate development and promote the acquisition of functional skills; and
3. Prevention or minimization of the impact of initial or future impairment, delay in development, or loss of functional ability.

**Authorized Settings:** Childcare Center, Clinic, Community Setting, Health Department, Home, Hospital, Telehealth (*must be held using real-time meeting application that is secure such as HIPAA-compliant Audio-visual telehealth system.*)

**Authorized Providers:** Occupational Therapist or Occupational Therapist Assistant licensed by the Mississippi State Department of Health

SERVICE OR MEETING	SETTING	CPT/HCPCS	BASIS	EI RATE
<b>Occupational Therapy Services</b>	<b>Home</b> 12, 16		Units	\$31.50/unit
	<b>Community</b> 03, 04		Units	\$31.50/unit
	<b>Other</b> 02, 10, 11, 19, 22, 49, 50, 53, 62, 71, 72, 99		Units	\$26.25/unit
<b>Occupational Therapy Provider Collaboration</b>			Units	\$13.75/unit
<b>IFSP Development/Meeting:</b> <ul style="list-style-type: none"> <li>• Initial or Annual IFSP Meeting [multi-disciplinary team] <i>must stay for the duration of the meeting or up to 1 hour</i></li> <li>• IFSP Review Meeting [multi-disciplinary team] <i>must stay for the duration of the meeting or up to 30 minutes</i></li> </ul>	<b>Home</b> 12, 16		Units	\$16.50/unit
	<b>Community</b> 03, 04		Units	\$16.50/unit
	<b>Other</b> 02, 10, 11, 19, 22, 49, 50, 53, 62, 71, 72, 99		Units	\$13.75/unit



**EARLY INTERVENTION SERVICE PROVISION REIMBURSEMENT RATES**

*Individuals or agencies must maintain a Service Provider Agreement with the Mississippi State Department of Health and Mississippi First Steps Early Intervention Program to receive reimbursement for services provided.*

<b>UNIT</b>	<b>MINUTES PER UNIT</b>
<b>1</b>	<b>≥ 8 minutes through 22 minutes</b>
<b>2</b>	<b>23 minutes through 37 minutes</b>
<b>3</b>	<b>38 minutes through 52 minutes</b>
<b>4</b>	<b>53 minutes through 67 minutes</b>
<b>5</b>	<b>68 minutes through 82 minutes</b>
<b>6</b>	<b>83 minutes through 97 minutes</b>
<b>7</b>	<b>98 minutes through 112 minutes</b>
<b>8</b>	<b>113 minutes through 127 minutes</b>
<b>and up</b>	<b>Rule of 8</b>

**EARLY INTERVENTION SERVICE PROVISION REIMBURSEMENT RATES**

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**PHYSICAL THERAPY**

**Physical Therapy** (34 § CFR 303.13(b)(9)) 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 -

1. Screening, evaluation, and assessment of children to identify movement dysfunction;
2. Obtaining, interpreting, and integrating information appropriate to program planning to prevent, alleviate, or compensate for movement dysfunction and related functional problems; and
3. Providing individual and group services or treatment to prevent, alleviate, or compensate for, movement dysfunction and related functional problems.

**Authorized Settings:** Childcare Center, Clinic, Community Setting, Health Department, Home, Hospital, Telehealth (*must be held using real-time meeting application that is secure such as HIPAA-compliant Audio-visual telehealth system.*)

**Authorized Providers:** Physical Therapist or Physical Therapist Assistant licensed by the Mississippi State Board of Physical Therapy

SERVICE OR MEETING	SETTING	CPT/HCPCS	BASIS	EI RATE
<b>Physical Therapy Services</b>	<b>Home</b> 12, 16		Units	\$31.50/unit
	<b>Community</b> 03, 04		Units	\$31.50/unit
	<b>Other</b> 02, 10, 11, 19, 22, 49, 50, 53, 62, 71, 72, 99		Units	\$26.25/unit
<b>Physical Therapy Provider Collaboration</b>			Units	\$13.75/unit
<b>IFSP Development/Meeting:</b> <ul style="list-style-type: none"> <li>• Initial or Annual IFSP Meeting [multi-disciplinary team] <i>must stay for the duration of the meeting or up to 1 hour</i></li> <li>• IFSP Review Meeting [multi-disciplinary team] <i>must stay for the duration of the meeting or up to 30 minutes</i></li> </ul>	<b>Home</b> 12, 16		Units	\$16.50/unit
	<b>Community</b> 03, 04		Units	\$16.50/unit
	<b>Other</b> 02, 10, 11, 19, 22, 49, 50, 53, 62, 71, 72, 99		Units	\$13.75/unit

**EARLY INTERVENTION SERVICE PROVISION REIMBURSEMENT RATES**

*Individuals or agencies must maintain a Service Provider Agreement with the Mississippi State Department of Health and Mississippi First Steps Early Intervention Program to receive reimbursement for services provided.*

<b>UNIT</b>	<b>MINUTES PER UNIT</b>
<b>1</b>	<b>≥ 8 minutes through 22 minutes</b>
<b>2</b>	<b>23 minutes through 37 minutes</b>
<b>3</b>	<b>38 minutes through 52 minutes</b>
<b>4</b>	<b>53 minutes through 67 minutes</b>
<b>5</b>	<b>68 minutes through 82 minutes</b>
<b>6</b>	<b>83 minutes through 97 minutes</b>
<b>7</b>	<b>98 minutes through 112 minutes</b>
<b>8</b>	<b>113 minutes through 127 minutes</b>
<b>and up</b>	<b>Rule of 8</b>

**EARLY INTERVENTION SERVICE PROVISION REIMBURSEMENT RATES**

*Individuals or agencies must maintain a Service Provider Agreement with the Mississippi State Department of Health and Mississippi First Steps Early Intervention Program to receive reimbursement for services provided.*

**PSYCHOLOGICAL SERVICES**

**Psychological Services** (34 § CFR 303.13(b)(10)) include -

1. Administering psychological and developmental tests and other assessment procedures;
2. Interpreting assessment results;
3. Obtaining, integrating, and interpreting information about child behavior and child and family conditions related to learning, mental health, and development; and
4. 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.

**Authorized Settings:** Childcare Center, Clinic, Community Setting, Health Department, Home, Hospital, Telehealth (*must be held using real-time meeting application that is secure such as HIPAA-compliant Audio-visual telehealth system.*)

**Authorized Providers:** Licensed Professional Counselor licensed by the Mississippi State Board of Examiners for Licensed Professional Counselors

SERVICE OR MEETING	SETTING	CPT/HCPCS	BASIS	EI RATE
<b>Psychological Services</b>	<b>Home</b> 12, 16		Units	\$27.00/unit
	<b>Community</b> 03, 04		Units	\$27.00/unit
	<b>Other</b> 02, 10, 11, 19, 22, 49, 50, 53, 62, 71, 72, 99		Units	\$22.50/unit
<b>IFSP Development/Meeting:</b> <ul style="list-style-type: none"> <li>• Initial or Annual IFSP Meeting [multi-disciplinary team] <i>must stay for the duration of the meeting or up to 1 hour</i></li> <li>• IFSP Review Meeting [multi-disciplinary team] <i>must stay for the duration of the meeting or up to 30 minutes</i></li> </ul>	<b>Home</b> 12, 16		Units	\$13.50/unit
	<b>Community</b> 03, 04		Units	\$13.50/unit
	<b>Other</b> 02, 10, 11, 19, 22, 49, 50, 53, 62, 71, 72, 99		Units	\$11.25/unit

**EARLY INTERVENTION SERVICE PROVISION REIMBURSEMENT RATES**

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<b>UNIT</b>	<b>MINUTES PER UNIT</b>
<b>1</b>	<b>≥ 8 minutes through 22 minutes</b>
<b>2</b>	<b>23 minutes through 37 minutes</b>
<b>3</b>	<b>38 minutes through 52 minutes</b>
<b>4</b>	<b>53 minutes through 67 minutes</b>
<b>5</b>	<b>68 minutes through 82 minutes</b>
<b>6</b>	<b>83 minutes through 97 minutes</b>
<b>7</b>	<b>98 minutes through 112 minutes</b>
<b>8</b>	<b>113 minutes through 127 minutes</b>
<b>and up</b>	<b>Rule of 8</b>

**EARLY INTERVENTION SERVICE PROVISION REIMBURSEMENT RATES**

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**SIGN LANGUGAE AND CUED LANGUAGE SERVICES**

**Sign Language and Cued Language Services** (34 § CFR 303.13(b)(12)) include teaching sign language, cued language, and auditory/oral language, providing oral transliteration services (such as amplification), and providing sign and cued language interpretation.

**Authorized Settings:** Childcare Center, Clinic, Community Setting, Health Department, Home, Hospital, Telehealth (*must be held using real-time meeting application that is secure such as HIPAA-compliant Audio-visual telehealth system.*)

**Authorized Providers:** Speech Language Pathologist licensed by the Mississippi State Department of Health OR licensed by the Mississippi Department of Education with 215 Speech Language Clinician endorsement AND training specific for working with individuals who are Deaf/Hard of Hearing (D/HH) OR a Teacher of the D/HH licensed by the Mississippi Department of Education with 209 Early Oral Intervention (Listening/Spoken Language) or 208 Hearing Disability endorsement

SERVICE OR MEETING	SETTING	CPT/HCPCS	BASIS	EI RATE
<b>Sign Language and Cued Speech Language Services</b>	<b>Home</b> 12, 16		Units	\$10.50/unit
	<b>Community</b> 03, 04		Units	\$10.50/unit
	<b>Other</b> 02, 10, 11, 19, 22, 49, 50, 53, 62, 71, 72, 99		Units	\$8.75/unit
<b>IFSP Development/Meeting:</b> <ul style="list-style-type: none"> <li>• Initial or Annual IFSP Meeting [multi-disciplinary team] <i>must stay for the duration of the meeting or up to 1 hour</i></li> <li>• IFSP Review Meeting [multi-disciplinary team] <i>must stay for the duration of the meeting or up to 30 minutes</i></li> </ul>	<b>Home</b> 12, 16		Units	\$10.50/unit
	<b>Community</b> 03, 04		Units	\$10.50/unit
	<b>Other</b> 02, 10, 11, 19, 22, 49, 50, 53, 62, 71, 72, 99		Units	\$8.75/unit

UNIT	MINUTES PER UNIT
<b>1</b>	<b>≥ 8 minutes through 22 minutes</b>
<b>2</b>	<b>23 minutes through 37 minutes</b>
<b>3</b>	<b>38 minutes through 52 minutes</b>
<b>4</b>	<b>53 minutes through 67 minutes</b>
<b>5</b>	<b>68 minutes through 82 minutes</b>
<b>6</b>	<b>83 minutes through 97 minutes</b>
<b>7</b>	<b>98 minutes through 112 minutes</b>
<b>8</b>	<b>113 minutes through 127 minutes</b>
<b>and up</b>	<b>Rule of 8</b>

**EARLY INTERVENTION SERVICE PROVISION REIMBURSEMENT RATES**

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**SOCIAL WORK SERVICES**

**Social Work Services** (34 § CFR 303.13(b)(13)) include –

1. Making home visits to evaluate a child's living conditions and patterns of parent-child interaction;
2. Preparing a social or emotional developmental assessment of the infant or toddler within the family context;
3. Providing individual and family-group counseling with parents/guardians and other family members, and appropriate social skill-building activities with the infant or toddler and parents/guardians;
4. Working with those problems in the living situation (home, community, and any center where early intervention services are provided) of an infant or toddler with a disability and the family of that child that affect the child's maximum utilization of early intervention services; and
5. Identifying, mobilizing, and coordinating community resources and services to enable the infant or toddler with a disability and the family to receive maximum benefit from early intervention services.

**Authorized Settings:** Childcare Center, Clinic, Community Setting, Health Department, Home, Hospital, Telehealth (*must be held using real-time meeting application that is secure such as HIPAA-compliant Audio-visual telehealth system.*)

**Authorized Providers:** Licensed Clinical Social Worker licensed by the Mississippi Board of Examiners for Social Workers and Marriage and Family Therapists

<b>SERVICE OR MEETING</b>	<b>SETTING</b>	<b>CPT/HCPCS</b>	<b>BASIS</b>	<b>EI RATE</b>
<b>Social Work Services</b>	<b>Home</b> 12, 16		Units	\$37.50/unit
	<b>Community</b> 03, 04		Units	\$37.50/unit
	<b>Other</b> 02, 10, 11, 19, 22, 49, 50, 53, 62, 71, 72, 99		Units	\$31.25/unit
<b>IFSP Development/Meeting:</b> <ul style="list-style-type: none"> <li>• Initial or Annual IFSP Meeting [multi-disciplinary team] <i>must stay for the duration of the meeting or up to 1 hour</i></li> <li>• IFSP Review Meeting [multi-disciplinary team] <i>must stay for the duration of the meeting or up to 30 minutes</i></li> </ul>	<b>Home</b> 12, 16		Units	\$19.50/unit
	<b>Community</b> 03, 04		Units	\$19.50/unit
	<b>Other</b> 02, 10, 11, 19, 22, 49, 50, 53, 62, 71, 72, 99		Units	\$16.25/unit

**EARLY INTERVENTION SERVICE PROVISION REIMBURSEMENT RATES**

*Individuals or agencies must maintain a Service Provider Agreement with the Mississippi State Department of Health and Mississippi First Steps Early Intervention Program to receive reimbursement for services provided.*

<b>UNIT</b>	<b>MINUTES PER UNIT</b>
<b>1</b>	<b>≥ 8 minutes through 22 minutes</b>
<b>2</b>	<b>23 minutes through 37 minutes</b>
<b>3</b>	<b>38 minutes through 52 minutes</b>
<b>4</b>	<b>53 minutes through 67 minutes</b>
<b>5</b>	<b>68 minutes through 82 minutes</b>
<b>6</b>	<b>83 minutes through 97 minutes</b>
<b>7</b>	<b>98 minutes through 112 minutes</b>
<b>8</b>	<b>113 minutes through 127 minutes</b>
<b>and up</b>	<b>Rule of 8</b>



**EARLY INTERVENTION SERVICE PROVISION REIMBURSEMENT RATES**

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**SPECIAL INSTRUCTION**

**Special Instruction** (34 § CFR 303.13(b)(14)) includes:

1. The design of learning environments and activities that promote the infant's or toddler's acquisition of skills in a variety of developmental areas, including cognitive processes and social interaction;
2. Curriculum planning, including the planned interaction of personnel, materials, and time and space, that leads to achieving the outcomes in the IFSP for the infant or toddler with a disability;
3. Providing families with information, skills, and support related to enhancing the skill development of the child; and
4. Working with the infant or toddler with a disability to enhance the child's development.

**Authorized Settings:** Childcare Center, Clinic, Community Setting, Health Department, Home, Hospital, Telehealth (*must be held using real-time meeting application that is secure such as HIPAA-compliant Audio-visual telehealth system.*)

**Authorized Providers:** Special Instructor licensed by the Mississippi Department of Education:

- Preferred License/Endorsement: 211 Early Intervention/Special Education Birth-Kindergarten
- Acceptable License/Endorsements: 221 or 223 Mild/Moderate Disability, 222 Severe Disability, 206 Emotional Disability, 213 Psychometrist (evaluations only) or 215 Speech Language Clinician (communication only)

<b>SERVICE OR MEETING</b>	<b>SETTING</b>	<b>CPT/HCPCS</b>	<b>BASIS</b>	<b>EI RATE</b>
<b>Special Instruction Services</b>	<b>Home</b> 12, 16		Units	\$10.50/unit
	<b>Community</b> 03, 04		Units	\$10.50/unit
	<b>Other</b> 02, 10, 11, 19, 22, 49, 50, 53, 62, 71, 72, 99		Units	\$8.75/unit
<b>IFSP Development/Meeting:</b> <ul style="list-style-type: none"> <li>• Initial or Annual IFSP [multi-disciplinary team] <i>must stay for the duration of the meeting or up to 1 hour</i></li> <li>• IFSP Review Meeting [multi-disciplinary team] <i>must stay for the duration of the meeting or up to 30 minutes</i></li> </ul>	<b>Home</b> 12, 16		Units	\$10.50/unit
	<b>Community</b> 03, 04		Units	\$10.50/unit
	<b>Other</b> 02, 10, 11, 19, 22, 49, 50, 53, 62, 71, 72, 99		Units	\$8.75/unit

**EARLY INTERVENTION SERVICE PROVISION REIMBURSEMENT RATES**

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<b>UNIT</b>	<b>MINUTES PER UNIT</b>
<b>1</b>	<b>≥ 8 minutes through 22 minutes</b>
<b>2</b>	<b>23 minutes through 37 minutes</b>
<b>3</b>	<b>38 minutes through 52 minutes</b>
<b>4</b>	<b>53 minutes through 67 minutes</b>
<b>5</b>	<b>68 minutes through 82 minutes</b>
<b>6</b>	<b>83 minutes through 97 minutes</b>
<b>7</b>	<b>98 minutes through 112 minutes</b>
<b>8</b>	<b>113 minutes through 127 minutes</b>
<b>and up</b>	<b>Rule of 8</b>

**EARLY INTERVENTION SERVICE PROVISION REIMBURSEMENT RATES**

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**SPEECH-LANGUAGE PATHOLOGY SERVICES**

**Speech-language Pathology** (34 § CFR 303.13(b)(15)) services include:

1. Identification of children with communication or language disorders and delays in development of communication skills, including the diagnosis and appraisal of specific disorders and delays in those skills;
2. Referral for medical or other professional services necessary for the habilitation or rehabilitation of children with communication or language disorders and delays in development of communication skills; and
3. Provision of services for the habilitation, rehabilitation, or prevention of communication or language disorders and delays in development of communication skills.

**Authorized Settings:** Childcare Center, Clinic, Community Setting, Health Department, Home, Hospital, Telehealth (*must be held using real-time meeting application that is secure such as HIPAA-compliant Audio-visual telehealth system.*)

**Authorized Providers:** Speech Language Pathologist licensed by the Mississippi State Department of Health,

<b>SERVICE OR MEETING</b>	<b>SETTING</b>	<b>CPT/HCPCS</b>	<b>BASIS</b>	<b>EI RATE</b>
<b>Speech Language Pathology Services</b>	<b>Home</b> 12, 16		Units	\$24.00/unit
	<b>Community</b> 03, 04		Units	\$24.00/unit
	<b>Other</b> 02, 10, 11, 19, 22, 49, 50, 53, 62, 71, 72, 99		Units	\$20.00/unit
<b>Speech Language Pathology Services - Provider Collaboration</b>			Units	\$10.00/unit
<b>IFSP Development/Meeting:</b> <ul style="list-style-type: none"> <li>• Initial or Annual IFSP [multi-disciplinary team] <i>must stay for the duration of the meeting or up to 1 hour</i></li> <li>• IFSP Review Meeting [multi-disciplinary team] <i>must stay for the duration of the meeting or up to 30 minutes</i></li> </ul>	<b>Home</b> 12, 16		Units	\$15.00/unit
	<b>Community</b> 03, 04		Units	\$15.00/unit
	<b>Other</b> 02, 10, 11, 19, 22, 49, 50, 53, 62, 71, 72, 99		Units	\$12.50/unit

**EARLY INTERVENTION SERVICE PROVISION REIMBURSEMENT RATES**

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<b>UNIT</b>	<b>MINUTES PER UNIT</b>
<b>1</b>	<b>≥ 8 minutes through 22 minutes</b>
<b>2</b>	<b>23 minutes through 37 minutes</b>
<b>3</b>	<b>38 minutes through 52 minutes</b>
<b>4</b>	<b>53 minutes through 67 minutes</b>
<b>5</b>	<b>68 minutes through 82 minutes</b>
<b>6</b>	<b>83 minutes through 97 minutes</b>
<b>7</b>	<b>98 minutes through 112 minutes</b>
<b>8</b>	<b>113 minutes through 127 minutes</b>
<b>and up</b>	<b>Rule of 8</b>

**EARLY INTERVENTION SERVICE PROVISION REIMBURSEMENT RATES**

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**VISION SERVICES**

**Vision Services** (34 § CFR 303.13(b)(17)) mean:

1. Evaluation and assessment of visual functioning, including the diagnosis and appraisal of specific visual disorders, delays, and abilities that affect early childhood development;
2. Referral for medical or other professional services necessary for the habilitation or rehabilitation of visual functioning disorders, or both; and
3. Communication skills training, orientation and mobility training for all environments, visual training, and additional training necessary to activate visual motor abilities.

**Authorized Settings:** Clinic, Health Department, Hospital, Telehealth (*must be held using real-time meeting application that is secure such as HIPAA-compliant Audio-visual telehealth system.*)

**Authorized Providers:** Ophthalmologist licensed by the Mississippi State Board of Medical Licensure, Optometrist licensed by the Mississippi State Board of Optometry, and Orientation and Mobility Specialist with a National Orientation and Mobility Certification

<b>SERVICE OR MEETING</b>	<b>SETTING</b>	<b>CPT/HCPCS</b>	<b>BASIS</b>	<b>EI RATE</b>
<b>Vision Services Evaluation</b> <i>includes evaluation report</i>	<b>Other</b> 11, 19, 22, 49, 50, 53, 62, 71, 72, 99		Occurrence	\$120.00
<b>Vision Services</b>	<b>Other</b> 11, 19, 22, 49, 50, 53, 62, 71, 72, 99		Occurrence	\$100.00
<b>IFSP Development/Meeting:</b> <ul style="list-style-type: none"> <li>• Initial or Annual IFSP [multi-disciplinary team] <i>must stay for the duration of the meeting or up to 1 hour</i></li> <li>• IFSP Review Meeting [multi-disciplinary team] <i>must stay for the duration of the meeting or up to 30 minutes</i></li> </ul>	<b>Home</b> 12, 16		Units	\$18.00/unit
	<b>Community</b> 03, 04		Units	\$18.00/unit
	<b>Other</b> 02, 10, 11, 19, 22, 49, 50, 53, 62, 71, 72, 99		Units	\$15.00/unit

**EARLY INTERVENTION SERVICE PROVISION REIMBURSEMENT RATES**

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<b>UNIT</b>	<b>MINUTES PER UNIT</b>
<b>1</b>	<b>≥ 8 minutes through 22 minutes</b>
<b>2</b>	<b>23 minutes through 37 minutes</b>
<b>3</b>	<b>38 minutes through 52 minutes</b>
<b>4</b>	<b>53 minutes through 67 minutes</b>
<b>5</b>	<b>68 minutes through 82 minutes</b>
<b>6</b>	<b>83 minutes through 97 minutes</b>
<b>7</b>	<b>98 minutes through 112 minutes</b>
<b>8</b>	<b>113 minutes through 127 minutes</b>
<b>and up</b>	<b>Rule of 8</b>

**EARLY INTERVENTION SERVICE PROVISION REIMBURSEMENT RATES**

*Individuals or agencies must maintain a Service Provider Agreement with the Mississippi State Department of Health and Mississippi First Steps Early Intervention Program to receive reimbursement for services provided.*

**OTHER SERVICES**

**Applied Behavior Analysis (ABA) Therapy** strategies may be used in alignment with Early Intervention philosophy and principles. Early Intervention addresses delays children are experiencing and seeks to improve the caregivers’ abilities to support their children’s functioning in daily routines rather than addressing specific diagnoses. Early Intervention services focus on assessment, development of strategies with families, and coaching of caregivers in natural environments. Behavior modification provided through coaching by an may be an effective strategy for reaching EI goals developed with the family; however, they will be delivered differently than direct interventions (e.g., intensive ABA in a clinic or classroom setting).

**Authorized Settings:** Childcare Center, Clinic, Community Setting, Health Department, Home, Hospital, Telehealth (*must be held using real-time meeting application that is secure such as HIPAA-compliant Audio-visual telehealth system.*)

**Authorized Providers:** Applied Behavior Analyst or Applied Behavior Assistant licensed by the Mississippi Autism Board

<b>SERVICE OR MEETING</b>	<b>SETTING</b>	<b>CPT/HCPCS</b>	<b>BASIS</b>	<b>EI RATE</b>
<b>Behavior Assessment</b> <i>includes evaluation report</i>	<b>Home</b> 12, 16		Occurrence	\$156.00
	<b>Community</b> 03, 04		Occurrence	\$156.00
	<b>Other</b> 02, 10, 11, 19, 22, 49, 50, 53, 62, 71, 72, 99		Occurrence	\$130.00
<b>ABA Therapy Services</b>	<b>Home</b> 12, 16		Units	Analyst: \$15.00/unit Assistant: \$9.00/unit
	<b>Community</b> 03, 04		Units	Analyst: \$15.00/unit Assistant: \$9.00/unit
	<b>Other</b> 02, 10, 11, 19, 22, 49, 50, 53, 62, 71, 72, 99		Units	Analyst: \$12.50/unit Assistant: \$7.50/unit

**EARLY INTERVENTION SERVICE PROVISION REIMBURSEMENT RATES**

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SERVICE OR MEETING	SETTING	CPT/HCPCS	BASIS	EI RATE
<b>IFSP Development/Meeting:</b> <ul style="list-style-type: none"> <li>Initial or Annual IFSP [multi-disciplinary team] <i>must stay for the duration of the meeting or up to 1 hour</i></li> <li>IFSP Review Meeting [multi-disciplinary team] <i>must stay for the duration of the meeting or up to 30 minutes</i></li> </ul>	<b>Home</b> 12, 16		Units	Analyst: \$10.50/unit Assistant: \$6.00/unit
	<b>Community</b> 03, 04		Units	Analyst: \$10.50/unit Assistant: \$6.00/unit
	<b>Other</b> 02, 10, 11, 19, 22, 49, 50, 53, 62, 71, 72, 99		Units	Analyst: \$8.75/unit Assistant: \$5.00/unit

UNIT	MINUTES PER UNIT
<b>1</b>	<b>≥ 8 minutes through 22 minutes</b>
<b>2</b>	<b>23 minutes through 37 minutes</b>
<b>3</b>	<b>38 minutes through 52 minutes</b>
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<b>6</b>	<b>83 minutes through 97 minutes</b>
<b>7</b>	<b>98 minutes through 112 minutes</b>
<b>8</b>	<b>113 minutes through 127 minutes</b>
<b>and up</b>	<b>Rule of 8</b>