

<p>1. SERVICE TYPE (Category A services)</p> <p>A Assistive Technology (svc) J Psychological B Audiology K Respite Care C Family Counseling L Social Work D Health M Special Instruction E Nursing N Speech/Language F Nutrition Q Vision G Occupational Therapy R Service Coordination H Physical Therapy T Family Training I Family Support Group</p> <div style="border: 1px dashed black; padding: 5px; margin-top: 10px;"> <p>Assistive Technology and Transportation: Use the AT Device for AT equipment and Transportation Service DE Forms for bus or other transportation.</p> </div>	<p>2. PAYMENT RATE / METHOD TYPE</p> <p>Z Office/Facility Individual/Collateral Visit (O/F) A Basic Home/Community Individual/Collateral Visit (H/C) H Extended Home/Community Individual/Collateral Visit B Basic Group Developmental Visit C Enhanced Group Developmental Visit D Basic Group Developmental Visit with 1:1 Aide G Enhanced Group Developmental Visit with 1:1 Aide E Parent-Child Group F Family-Caregiver or Sibling Support Group</p>						
<p>3. LOCATION TYPE</p> <p>Group Service Codes: A Group 51% TD Group designed for 51% or more typically developing children D Group 50% TD Group designed for 50% or less typically developing children C Group 0% TD Group designed for no typically developing children</p> <p>Individual Service Codes: B Family Day Care E Home F Hospital Inpatient G Provider Location (office, clinic, or hospital) I Residential Facility O Other K Community Recreation Center M All Group Community Child Care Locations</p>	<p>4. & 5. BEGIN & END DATES</p> <p>Designate the "Begin" and "End" dates for each specific service, frequency and duration. The end date cannot exceed the IFSP end date.</p> <p>6, 7, & 8. FREQUENCY AND DURATION CODES</p> <p>6. Min = Minutes of service per session 7. Days = Number of days per week 8. Weeks = Number of weeks of service (Maximum 26 for six months)</p>						
<p>9. UNITS: (Days x weeks for each service.)</p> <p>Service Coordination: Refer to the Units Table. One unit of service coordination = 15 minutes (¼ hr.) ¼ hr. per week x 26 weeks = 26 units ½ hr. per week x 26 weeks = 52 units 1 hr. per week x 26 weeks = 104 units 1½ hr per week x 26 weeks = 156 units 2 hrs. per week x 26 weeks = 208 units</p> <p>A unit of Early Intervention Services is a "visit". The total number of units equals the number of visits per week X the total number of weeks.</p> <p>Service Type Unit Table</p> <table border="0"> <tr> <td>1 x 26 weeks = 26 units</td> <td>2 x 26 weeks = 52 units</td> </tr> <tr> <td>3 x 26 weeks = 78 units</td> <td>4 x 26 weeks = 104 units</td> </tr> <tr> <td>5 x 26 weeks = 130 units</td> <td></td> </tr> </table> <p>Refer to Appendix F of the NYC Forms and Procedures Manual for additional calculations.</p>	1 x 26 weeks = 26 units	2 x 26 weeks = 52 units	3 x 26 weeks = 78 units	4 x 26 weeks = 104 units	5 x 26 weeks = 130 units		<p>10. WAIVER CODES (Billing Rule Exceptions)</p> <ol style="list-style-type: none"> More than three H/C visits per day More than one H/C visit per discipline per day More than three O/F visits per day More than one O/F visit per discipline per day More than one Parent Child group session per day More than one Group Developmental session per day More than two Family/Caregiver Group sessions per day More than one core evaluation in one year More than four supplemental evaluations in one year <p>NOTE: If a non-waived service authorization changes to a waived status, check in the waiver box, provide the reason codes (above) that apply, and document the begin date for when services may be exempted from the above billing rules. Also place a check mark in the "No Data Entry" column.</p> <p>11. AMEND STATUS (Circle One) Add – a new authorization End – an existing authorization</p>
1 x 26 weeks = 26 units	2 x 26 weeks = 52 units						
3 x 26 weeks = 78 units	4 x 26 weeks = 104 units						
5 x 26 weeks = 130 units							
	<p>12 & 13 Provider instructions:</p> <p>12. Bilingual Request- Check if bilingual is preferred by the IFSP team. If bilingual services can not be located, a monolingual therapist is acceptable. Please notify the EIOD. The Service Authorization Form does not need to be resubmitted.</p> <p>13. Prescription Needed- If Occupational Therapy (OT), Physical Therapy (PT), or Nursing was authorized at the IFSP, check to indicate that services cannot begin until a prescription from a physician is received.</p>						