



Table of Contents

Virginia’s Early Intervention System ..... 1  
Children Are Not Eligible To Receive Early Intervention Services On Or After Their  
Third Birthday. .... 1  
Early Intervention Services Reimbursed By Medicaid/FAMIS Plus And FAMIS ..... 1  
Service Delivery - Managed Care And Fee-For-Service..... 1  
Reimbursable EI Activities.....2  
The Role Of The Individualized Family Service Plan.....2  
Medical Necessity Criteria And Physician Certification.....3  
Service Limitations .....4  
Non-Covered EI Services: .....4  
Early Intervention Targeted Case Management/Service Coordination .....5  
EI Service Coordination Allowable Activities .....5  
EI Service Coordination Documentation Requirements.....6  
EI Service Coordination Requirements Of Family Contacts Using Texting .....6  
Other Medicaid Targeted Case Management (TCM) / Service Coordination (SC)  
Services.....7  
Medicaid Babycare Program .....7  
Enrollment Process .....8  
Initial EI Service Coordination .....8  
Virginia Medicaid Web Portal .....9  
First Time Registrations To The Virginia Medicaid Web Portal .....9  
Eligibility Vendors ..... 10  
Early Intervention Reimbursement ..... 10  
The Requirements Outlined Below Shall Apply To Children Covered Under  
Cardinal Care Managed Care Program ..... 11  
Treatment And Referrals ..... 11  
Early Intervention Services ..... 11  
Early Intervention Providers ..... 12  
Billing..... 12

## **CHAPTER IV COVERED SERVICES AND LIMITATIONS**

### **Virginia's Early Intervention System**

Virginia's Early Intervention (EI) system is administered by the Department of Behavioral Health and Developmental Services (DBHDS) as required under VA Code Sec 2.2-53 et seq and 12VAC 35-225 et seq). Federally, EI services are governed by the Part C of the Individuals with Disabilities Education Act (IDEA) (20 U.S.C. § 1431 et seq.).

The EI system provides developmental supports and services that are performed in natural environments, including home and community-based settings in which children without disabilities participate, to the maximum extent possible. Services are designed to meet designed to meet the developmental needs of each child and the needs of the family related to enhancing the child's development and provided to children from birth to age three who have (i) a 25 percent developmental delay in one or more areas of development, (ii) atypical development, or (iii) a diagnosed physical or mental condition that has a high probability of resulting in a developmental delay. as identified by the Individualized Family Service Plan (IFSP) team, in any one or more of the following areas: physical development, cognitive development, communication development, social or emotional development, and adaptive development in order to promote:

- Positive social-emotional skills and relationships,
- Acquisition and use of new knowledge and skills, and
- Use of appropriate behaviors to meet needs (taking actions to get needs met).

Specific services are determined through a collaboration of the child's parent(s) or guardian, and the child's multidisciplinary Individualized Family Services Plan (IFSP) team. Through the IFSP process the services needed to meet the child's intended outcomes are identified and are based on the results of the child assessment and the family/caregiver concerns, resources and priorities. Services may be provided by a variety of Certified Early Intervention Practitioners.

For detailed information about the EI System in Virginia please reference The Infant & Toddler Connection of Virginia Practice Manual available at <https://www.itcva.online/>  
Children are not eligible to receive Early Intervention Services on or after their third birthday.

### **Early Intervention Services Reimbursed by Medicaid/FAMIS Plus and FAMIS**

#### Service Delivery - Managed Care and Fee-for-Service

Most individuals who are enrolled with Medicaid/FAMIS Plus or Family Access to Medical

---

Insurance Security (FAMIS) are enrolled with one of the Department of Medical Assistance Services' (DMAS') contracted Managed Care Organizations (MCOs) and receive services from the MCO's network of providers. Individuals receiving Medicaid/FAMIS Plus or FAMIS benefits who are not enrolled with a DMAS contracted MCO receive services paid directly through DMAS on a fee-for-service (FFS) basis.

**Children who are enrolled in Medicaid's FAMIS Select program are not eligible for reimbursements through the DMAS EI services program.**

Children (0-3 years of age) who are enrolled with Medicaid/ FAMIS Plus, or FAMIS and receive services through the fee-for-service or managed care programs may be evaluated for eligibility for EI services through the Infant & Toddler Connection of Virginia. For more information on EI requirements, reference the Infant & Toddler Connection website at <https://www.itcva.online/>.

Reimbursable EI Activities

Medicaid/FAMIS Plus and FAMIS reimburse activities performed by qualified EI system providers including:

- Assessment and interventions that address the functional developmental needs of an infant or toddler with a disability with an emphasis on a variety of developmental areas including, but not limited to, cognitive processes, communication, motor, behavior and social interaction. The infant or toddler must have been found eligible to receive EI services through the Infant & Toddler Connection of Virginia in order for the assessment and intervention to be covered by DMAS;
- Collaboration with the family, service coordinator and other EI service providers identified on an infant's or toddler's IFSP;
- Consultation to design or adapt learning environments, activities and materials to enhance learning opportunities for an infant or toddler with a disability;
- Family training, education and support provided to assist the family of an infant or toddler with a disability in understanding his or her functional developmental needs and to enhance his or her development.

The Role of the Individualized Family Service Plan

In order to be reimbursed, a covered service must be determined to be "medically necessary" by an appropriately credentialed professional or professionals. For purposes of Medicaid or FAMIS reimbursement, EI services are determined to be medically necessary by the family-centered Early Intervention Individualized Family Service Plan (IFSP) team based upon the child's developmental status and unique needs, and upon the family's concerns, resources, and priorities.

The following may be reimbursed as EI services by Medicaid/FAMIS Plus or FAMIS:

- Case Management / Service Coordination;
- Developmental services;
- Counseling;
- Speech-language pathology, including sign language and cued language services;
- Nursing services;
- Occupational therapy;
- Physical therapy;
- Psychological services;
- Social work services; and
- Assistive technology related services (such as instruction or training on use of assistive technology).

Individuals enrolled with Medicaid or FAMIS have access to covered services that fall outside of the list above. This includes, but is not limited to, the Medicaid home and community-based waiver program or the Money Follows the Person program. Only the services listed above can be determined as medically necessary EI services through the child's IFSP, however.

#### Medical Necessity Criteria and Physician Certification

The IFSP shall describe the developmental service needs and the amount, duration, and scope of EI services determined necessary by the IFSP team. Medical necessity for EI services is defined by the IFSP combined with a physician, physician's assistant, or nurse practitioner who must certify the IFSP within 30 days after the first IFSP service begins (does not include service coordination). Children who have an IFSP signed by the parent or legal guardian are eligible to receive services immediately.

A physician, physician assistant, or nurse practitioner must certify that services are required; certification is required for services listed on the initial IFSP, annual IFSPs and any time services change (as determined through the IFSP Review process). Service changes include a change in the frequency, length, intensity, duration, or type of EI service and/or discipline. The IFSP must be certified by the physician, physician assistant, or nurse practitioner as a whole (i.e. it is not acceptable to have more than one individual or agency obtain certification for individual services on the IFSP). If the IFSP (including initial, annual, IFSP Reviews) is not certified by a physician, physician assistant or nurse practitioner signature within 30 days of the date of the first visit for the service(s) listed on the IFSP, services provided prior to the certification date are not eligible for DMAS reimbursement. This includes changes in services as determined through the IFSP review process. The certification of the IFSP is important for the health and welfare of the EI member.

Assessments for children who are found eligible for EI services are covered regardless of whether the family chooses to receive EI services, and in absence of an IFSP. Providers must maintain the completed Eligibility Determination Form and the documentation of the assessment for service planning. Assessments and Service Coordination services do not require a certification from the physician, physician's assistant, or nurse practitioner.

### **Service Limitations**

EI services shall be recommended by the child's primary care provider or other qualified EPSDT screening provider to correct or ameliorate a health condition. The recommendation is demonstrated by a signature on the IFSP, the IFSP summary form, or the certification form that indicates the screener has reviewed the IFSP.

EI services shall be provided in settings that are natural or normal for an infant or toddler without a disability, such as the home, unless there is justification for an atypical location documented in the child's IFSP. If a service is listed on the IFSP to be provided in a natural or normal setting and because of unusual circumstances a session is provided in an atypical location, the provider must document this occurrence in the enrollee's record. The specific reason for the change must be clearly documented. An IFSP Review must occur whenever an ongoing change to the location of services specified in the IFSP is being considered.

Billable time consists of actual time spent with the child and family member or caregiver, with the exception of EI targeted case management/service coordination. The family member or caregiver must physically be present and actively participate in the intervention session in order for the session to be reimbursed. The goal of the EI program is for the parent or authorized caregiver to learn from interactive participation with the practitioner and the child in order to be confident and competent in implementing the intervention strategies in the child's and family's typical routines, in-between visits from the practitioner. Documentation must reflect the interactive participation between the practitioner, caregiver and child.

EI services shall be provided at the frequency and length listed on the IFSP. If a service is not provided at the frequency and length listed on the IFSP due to unusual circumstances (such as making up for a missed visit), the provider must document this occurrence in the enrollee's record. The specific reason for the change in frequency and/or length must be clearly documented. An IFSP Review must occur whenever an ongoing change to the frequency or length of services specified in the IFSP is being considered.

### **Non-Covered EI Services:**

- Services not listed on the IFSP (other than service coordination, assessments and IFSP meetings);

- Sessions that are conducted for family support unrelated to the IFSP, education, recreational, or custodial purposes, including respite or child care;
- Services provided by a relative who is legally responsible for the child's care;
- Services rendered in a clinic or provider's office without justification for the location;
- Services provided in excess of the frequency, length, or duration as specified on the IFSP without acceptable justification;
- Services provided in the absence of the child and/or a family member or other authorized caregiver (other than IFSP meetings); and
- Provider travel time.

### **Early Intervention Targeted Case Management/Service Coordination**

EI Targeted Case Management (also referred to as EI Service Coordination) is a service that will assist the child and family in gaining access to needed and appropriate medical, social, educational, and other services. EI Service Coordination is designed to ensure that families are receiving the supports and services that will help them achieve their goals on their child's Individual Family Service Plan (IFSP), through monthly monitoring, quarterly family contacts, and on-going supportive communication with the family.

#### EI Service Coordination Allowable Activities

EI Service Coordination allowable activities include, and are not limited to:

1. Coordinating the initial Intake and Assessment of the child and planning services and supports, to include history-taking, gathering information from other sources, and the development of an IFSP, including initial IFSP, periodic IFSP reviews, and annual IFSPs. This does not include performing medical assessments, but may include referral for such assessment;
2. Coordinating services and supports planning with other agencies and providers;
3. Assisting the child and family directly for the purpose of locating, developing, or obtaining needed services and resources;
4. Enhancing community integration through increasing the child and family's community access and involvement;
5. Making collateral contacts to promote implementation of the IFSP and allow the child/family to participate in activities in the community. A collateral contact is defined as "Contacts with the child's significant others to promote implementation of the service plan and community participation, including family, non-family, health care entities and others related to the implementation and coordination of services";
6. Monitoring implementation of the IFSP through regular contacts with service providers, as well as periodic EI visits;

7. Developing a supportive relationship with the family that promotes implementation of the IFSP and includes coaching the family in problem-solving and decision-making to enhance the child's ability to participate in the everyday routines and activities of the family within natural environments where children live, learn, and play;
8. Coordinating the child/family's transition from Part C EI services at age 3; and
9. Contacts (face to face, phone, email, or text) with the family every three calendar months.

### EI Service Coordination Documentation Requirements

EI Service Coordination documentation requirements include:

1. Initial EI Service Coordination Plan signed by required parties;
2. IFSP completed and signed by required parties, including IFSP reviews and Annual IFSPs;
3. Contact Notes of all allowable activities written within five (5) business days of services rendered.
4. Documentation of rights and procedural safeguards and Medicaid right to appeal; and
5. The length of time documented in minutes that the service coordinator spent rendering service coordination activities.

### EI Service Coordination Requirements of Family Contacts using Texting

EI Service Coordination requirements of family contacts using texting include:

1. The service coordinator may only offer texting as an option if he/she has the capability to receive and send texts;
2. If the family chooses to communicate with texting, the parent or caregiver must sign the Permission for Texting form. The form notifies the family that there may be some level of risk that the information in the text may be read by a third party. The Permission for Texting form must be kept in the child's Early Intervention Record. The Permission for Texting form may be found on the DBHDS website;
3. The communication that occurs via texting must constitute service coordination. Sending a text to the family to ask how things are going and getting a reply of "Fine" is not service coordination. That is true for contacts via email, phone, or in person as well. The job of service coordination does not change based on the preferred method of contact. For that reason, contact notes must substantiate that the communication between the service coordinator and the family is substantive and does constitute actual service coordination;
4. The service coordinator must either print out and attach a copy of the texts to the contact note or include in the note a thorough summary of the communication; and



5. If, at any point, it becomes clear that texting is not a viable method of communication with a particular family, then the service coordinator needs to work with the family to identify a different method of contact.

### Third Party Liability (TPL) Exclusion for EI Service Coordination

EI Service Coordination providers should not bill an EI enrollee's private insurer or other TPL for Service Coordination. TPL is excluded from EI evaluations, assessments, IFSP meetings, Developmental Services and Service Coordination. Providers are required to bill TPL for other EI services provided by Physical Therapists (PT), Occupational Therapists (OT), Speech Language Pathologists (SLP), and Registered Nurses (RN).

### Other Medicaid Targeted Case Management (TCM) / Service Coordination (SC) Services

EI Service Coordination is a required service for all Medicaid and FAMIS Early Intervention enrollees. Intellectual Disability (ID) TCM, Serious Emotional Disturbances (SED) TCM, or Mental Health (MH) TCM cannot be billed for EI enrollees.

Individuals who are enrolled in the Therapeutic Foster Care (TFC) program may continue to be enrolled in that program but the EI Service Coordinator and the TFC case manager must communicate to coordinate services provided to the family and must determine which case management service will be billed to DMAS. Both EI Service Coordination and TFC case management cannot be billed to DMAS for the same service month for the same enrollee.

In such situations where it is not permissible to bill DMAS for EI Service Coordination, other funds (including Part C funds as payer of last resort) may be used to cover the costs of service coordination.

### **Medicaid BabyCare Program**

EI enrollees who are FFS and served by the DMAS BabyCare program may continue to receive BabyCare services, including BabyCare case management, in addition to EI services. Infants are enrolled in the BabyCare program because they are at risk for poor birth/health outcomes. An infant may receive BabyCare services up to their second birthday. BabyCare case management providers are primarily Registered Nurses or Social Workers at the local health department.

The BabyCare case manager is responsible for completing a comprehensive assessment specific to the BabyCare program and a service plan, which may include the health needs of the mother as well as the infant. If an infant enrolled in the BabyCare program appears to not be developing as expected, or has a medical condition that can delay normal development, the BabyCare case manager is responsible for working with the family to initiate a referral for evaluation and assessment through the EI program. If the infant is receiving case management services through BabyCare and EI services, the

EI Service Coordinator and the BabyCare case manager will need to coordinate services to ensure that there is no duplication.

For more information on the BabyCare case management service, see the DMAS BabyCare manual, Chapter IV.

### **Enrollment Process**

EI services do not require prior authorization through DMAS. EI Service Coordination is reimbursable by DMAS prior to determination of EI eligibility. The Assessment for Service Planning and the IFSP meeting are reimbursable by Medicaid prior to the IFSP implementation date. Development of the IFSP and annual IFSPs, as well as IFSP reviews shall be covered if these include face to face participation of the family.

EI eligibility will be noted in the Medicaid data system after the initial intake visit for those children who have Medicaid/FAMIS coverage at the time, or as soon as Medicaid/FAMIS eligibility is determined for those who obtain Medicaid/FAMIS coverage after the intake visit.

#### Initial EI Service Coordination

EI Service Coordination services may be initiated and will be reimbursed by DMAS while EI eligibility is being determined by the Infant & Toddler Connection of Virginia (local system) for children who have Medicaid/FAMIS coverage. This includes those children for whom Medicaid/FAMIS coverage was not in place initially, but was retroactive to include the date of the initial intake visit.

Reimbursement for EI Service Coordination may come from either DMAS or other funding sources, depending on whether the child is/becomes Medicaid/FAMIS eligible.

1. If the child has Medicaid/FAMIS at the time of the EI Intake Date, reimbursement will be from DMAS, whether the child does or does not become EI eligible. Reimbursement requires the completion of the Initial EI Service Coordination Plan form by the EI Service Coordinator.
2. If the child does not have Medicaid/FAMIS on the EI Intake Date, but the child later is found Medicaid/FAMIS eligible retroactive to include the Intake Date, reimbursement will be from DMAS. Reimbursement requires the completion of the Initial EI Service Coordination Plan form by the EI Service Coordinator.
3. If the child does not have Medicaid/FAMIS on the EI Intake Date and does not become retroactively eligible, DMAS will not reimburse for the service.

Reimbursement for EI eligibility determination requires implementation of an Initial Early Intervention Service Coordination Plan at intake. With the initial Early Intervention Service Coordination Plan in place, EI Service Coordination may be billed from the date of the initial intake visit up to one of the following three dates, whichever occurs first:

- The Part C Eligibility Determination Date for children determined ineligible for EI;
- The date the IFSP is signed; or
- 90-days from the EI Intake Date when EI eligibility has not been determined or an IFSP has not been developed within 90-days from the EI Intake date.

Note: After development of the IFSP, ongoing EI Service Coordination Services are provided and may be reimbursed by DMAS until the child is discharged from the Early Intervention Services.

After the Initial Intake the Local Lead Agency (LLA) must record the Initial Intake Visit Date into the Infant and Toddler Online Tracking System (ITOTS) data system. For more information about ITOTS, you may go to: /. <https://www.itcva.online/> Once the Medicaid/FAMIS Plus or FAMIS child is enrolled in the EI program, EI Service Coordination can be billed and reimbursed by DMAS as long as all requirements are met.

LLAs must follow the Infant & Toddler Connection of Virginia Practice Manual procedures for data entry and notification to the Part C Office for activating and/or ending the EI benefit in the VaMMIS. The Infant & Toddler Connection of Virginia Practice Manual can be accessed at <https://www.itcva.online/>

The following programs are ways to inquire about the status of the child's Medicaid eligibility:

#### Virginia Medicaid Web Portal

The Virginia Medicaid Web Portal is the gateway for providers to transact all Medicaid and FAMIS business via one central location on the Internet. The web portal will provide access to Medicaid Memos, Provider Manuals, provider search capabilities, provider enrollment applications, training and education. Providers must register through the Virginia Medicaid Web Portal in order to access and complete those secured transactions listed below. The new Virginia Medicaid Web Portal can be accessed by going to: [www.viriniamedicaid.dmas.virginia.gov](http://www.viriniamedicaid.dmas.virginia.gov).

The following transactions are available to registered users:

1. Check Medicaid and FAMIS Member Eligibility.
2. Check Medicaid and FAMIS Member Service Limits.
3. Check the Status of a Submitted Claim.
4. Check a Weekly Medicaid and FAMIS Payment Amount.
5. Check on a Member Service Authorization.

#### **First Time Registrations to the Virginia Medicaid Web Portal**

First time users must navigate to the new Virginia Medicaid Web Portal at [www.viriniamedicaid.dmas.virginia.gov](http://www.viriniamedicaid.dmas.virginia.gov) and establish a user ID and password. By registering, individuals are acknowledging that they are the staff member who will have administrative rights for their organization. Answers to any questions regarding the

registration process may be located on the Web registration reference materials available on the Web Portal. If further assistance is required, please contact the Web Registration Support Call Center, toll free at 1-866-352-0496, from 8:00 A.M. to 5:00 P.M. Monday through Friday, except holidays.

### Eligibility Vendors

DMAS has contracts with the following eligibility verification vendors offering internet and/or integrated platforms. Eligibility details such as eligibility status, third party liability, limits for many service types and procedures are available. Contact information for each of listed below.

Passport Health Communications, Inc. <a href="http://www.passporthealth.com">www.passporthealth.com</a> <a href="mailto:sales@passporthealth.com">sales@passporthealth.com</a> Telephone: 1 (888) 661-5657	SIEMENS Medical Solutions – Health Services Foundation Enterprise Systems/HDX <a href="http://www.hdx.com">www.hdx.com</a> Telephone: 1 (610) 219-2322	Emdeon <a href="http://www.emdeon.com">www.emdeon.com</a> Telephone: 1 (877) 363- 3666
---	--	--

The eligibility vendor contact information is also available on the DMAS website: <http://dmasva.dmas.virginia.gov>.

### **Early Intervention Reimbursement**

All providers who wish to provide EI services must be certified by DBHDS as an EI provider. To be reimbursed for services rendered, each provider must have a valid signed provider agreement and a valid NPI or API number with DMAS for the type of services to be provided. See Chapter II of this manual for details about provider enrollment and see Chapter V for more information about reimbursement.

### **The Requirements Outlined Below Shall Apply To Children Covered Under Cardinal Care Managed Care Program**

Early Intervention (EI) services, authorized through Part C of the Individuals with Disabilities Education Act (20 USC § 1431 et seq.), are covered under the Cardinal Care MCO Contract. [Cardinal Care Managed Care \(virginia.gov\)](http://www.virginia.gov)

Medical necessity for the EI services shall be defined by the Member's Early Intervention Individualized Family Service Plan (IFSP), including in terms of amount, duration, and scope. Service authorization shall not be required.

IFSP - A written plan developed by the Member's interdisciplinary team including the MCO care coordinator and EI service team, for providing EI supports and services to eligible children and families.

The MCO shall ensure that its EI policies and procedures, including credentialing, follow Federal and State EI regulations and coverage and reimbursement rules as outlined in the *DMAS Early Intervention Services and the DBHDS Manuals*.

#### Treatment and Referrals

When a developmental delay has been identified by the provider for children under age 3, the MCO shall ensure appropriate referrals are made to the Infant and Toddler Connection and documented in the Member's records (visit [www.infantva.gov](http://www.infantva.gov) or call 804-786-3710). The MCO shall refer Members for further diagnosis and treatment or follow-up of all abnormalities uncovered or suspected. If the family requests assistance with transportation and scheduling to receive services for EI, the MCO is to provide this assistance.

Transition assistance shall be provided for children who "age-out" (age 3 and above) of the early intervention program and need services to continue. The Cardinal Care care coordinator shall ensure that services are transitioned to non-early intervention providers (Physical Therapy, Occupational Therapy, Speech Language Pathology, etc.).

#### Early Intervention Services

The MCO shall provide coverage for EI services as defined in 12VAC30-50-131, 12VAC30-50-415, and 12VAC35-225, and within the Department's coverage criteria and guidelines. The DMAS EI billing codes, reimbursement methodology, and coverage criteria shall be used and are described in the Department's EI Program Manual, on the DMAS website at <http://www.virginiamedicaid.dmas.virginia.gov/wps/portal>.

### Early Intervention Providers

. EI Providers must be certified with DBHDS as EI provider, enrolled with DMAS as an EI provider, and contracted and credentialed by the health plan as an EI provider.

For information about certification through DBHDS, contact Infant and Toddler Connection at 804-786-3710 or visit [Infant & Toddler Connection of Virginia \(itcva.online\)](#) Provider qualification requirements for EI are described at 12VAC30-50-131, 12VAC35-225 and in the DBHDS Practice Manual.

### Billing

Early intervention providers must be contracted with or have a memorandum of agreement with the local lead agency for the catchment area in which the Member resides. In order to ensure adequate early intervention provider participation, the MCO shall adhere to the Department's early intervention coverage rules and shall comply with special payment provisions described in the Cardinal Care contract :

- The MCO shall ensure clean claims from EI providers are processed within fourteen (14) calendar days of receipt of the clean claim(as defined in the Cardinal Care contract) for covered services rendered to covered Members who are enrolled with the MCO at the time the service was delivered.
- The MCO shall ensure EI providers are paid no less than the current Medicaid FFS rate.
- EI provider shall use the DMAS billing codes as described in the *Cardinal Care Coverage Chart* (
- For children with commercial insurance coverage, providers must bill the commercial insurance first for covered early intervention services except for:
  - Those services federally required to be provided at public expense as is the case for
    - assessment/EI evaluation,
    - development or review of the Individual Family Service Plan (IFSP); and,
    - targeted case management/service coordination;
  - Developmental services; and,
  - Any covered early intervention services where the family has declined access to their private health/medical insurance.

In accordance with federal regulations, the MCO shall require the EI provider complete the *Notification to the Department of Medical Assistance Services: Family Declining to Bill Private Insurance* form ([http://infantva.org/documents/ovw-st-TaskF-Mtg-20090520Form-DecliningPriv\\_Ins.pdf](http://infantva.org/documents/ovw-st-TaskF-Mtg-20090520Form-DecliningPriv_Ins.pdf)) and submit it with the bill to the MCO. The MCO

shall keep a copy of this form on the Member's file for a period of ten (10) years for audit purposes. Billing codes for EI services are reflected in the *Cardinal Care Covered Services* chart.