

Provider Network News

ECI and CCP Requirements

Some pediatric patients may fall under the Early Childhood Intervention (ECI) and/or Comprehensive Care Program (CCP).

ECI

Available to children 35 months of age or younger

PRE-AUTHORIZATION: NOT REQUIRED

Billing: Include **benefit code "EC1"** and the procedure (CPT/ICD-10) code.

Early Childhood Intervention (ECI) Program

The Early Childhood Intervention (ECI) program is a limited program available to children who are 35 months of age or younger (prior to the child's 3rd birthday) with disabilities or developmental delays or certain medical diagnoses.

See https://diagsearch.hhsc.state.tx.us/ for more information.

Billing: Include benefit code "EC1" and the procedure (CPT/ICD-10) code.

When billing using the ECI benefit you must include the benefit code "EC1" and the procedure (CPT/ ICD-10) code. Services which may be included in this benefit are hearing & vision educational services; speech, occupational, & physical therapy; nutrition/ dietary; specialized skills training; counseling; and/or assistive technology. Preauthorization is not required for services under this benefit but must be included in the patient's Individual Family Service Plan (IFSP).

CCP

Available for members under 20 years old

PRE-AUTHORIZATION: REQUIRED

Billing: Include **benefit code "CCP"** and the procedure (CPT/ICD-10) code.

Comprehensive Care Program (CCP) for Children

Comprehensive Care Program for Children is available from birth to age 20 years, allowing benefits/coverage for medically necessary treatment of physical or mental problems, even if the service is not covered under the state's Medicaid plan. This may include services such as speech-language pathology, Private Duty Nursing, some DME, and others.

Billing: Include benefit code "CCP" and the procedure (CPT/ICD-10) code.

In billing with this benefit, you must include the benefit code "CCP" with the procedure (CPT/ICD-10) code.

NOTE – Preauthorization is required for requests under this benefit. If preauthorization is required and not obtained, a denial for payment will be issued.



Resource: Texas Medicaid Provider Procedures Manual (TMPPM), December 2021, Volumes 1&2. If you have additional questions, please contact your PCHP Provider Business Consultant (PBC).