

Early Intervention Services Guide

Aetna Better Health of Florida (ABHFL) covers services under the Early Intervention Services (EIS) program for Florida's infants and toddlers from birth to 36 months of age who have EIS services authorized in their Individualized Family Support Plan and rendered through an Early Steps Program-approved provider.

- All services listed in the Florida Medicaid Early Intervention Services (EIS) Coverage Policy
- Child Targeted Case Management Services (TCM) as specified in the Florida Medicaid Child Health Services Targeted Case Management Coverage and Limitations Handbook (T1017TL)
- Therapy services listed in the Florida Medicaid Physical, Occupational, and Speech Language Pathology coverage policies when billed with the TL modifier (beginning April 1, 2020)

The TL Modifier must be billed as the primary modifier in order to ensure that claims are paying with the correct reimbursement fee when billing Early Intervention Services. Therapy services billed without the TL modifier in the first position will not be treated as an EIS-related claim and may result in the claim being denied or paid incorrectly.

Authorization Requirements

Aetna Better Health will not require prior authorization for Early Intervention Services and Targeted Case Management for Early Steps Providers (T1017 TL), or Physical, Occupational, or Speech Therapy services when rendered by a provider on the EIS Provider Master List and billed with the TL modifier.

Telemedicine Guidance for Early Intervention Services and Therapy Services

Aetna Better Health will reimburse for the delivery of early intervention screenings and evaluations (initial and follow-up) via telemedicine when the service is delivered in accordance with federal and state law requirements (e.g., multidisciplinary team requirements can be met through live, two-way audio and video capabilities). The service must be completed in its entirety, as detailed in the EIS coverage policy and fee schedule.

We will also reimburse for evaluation, diagnostic, and treatment recommendations for services included on the respective therapy services fee schedule to the extent services can be delivered in a manner that is consistent with the standard of care and all service components designated in the American Medical Association's Current Procedural Terminology and the Florida Medicaid coverage policy is provided.

To receive reimbursement for telemedicine the EIS and therapy provider must bill modifier GT with POS 02. For more information review the [Telemedicine Guidance for Early Intervention Services AHCA Bulletin](#).

Provider Renders Both EIS and Non-EIS Related Services

Providers should follow their normal authorization and claims processes for services rendered to members outside of the Early Steps program. Providers should follow the authorization and claim information provided in this guide for services rendered to members through the Early Steps program when specified on the IFSP.

Continuity of Care for EIS & TCM Services

Prior Authorized Services

If a new member is receiving prior authorized ongoing course of treatment with any provider, Aetna Better Health will continue that course of treatment and pay the existing provider for that treatment. No authorization will be required for up to 60 days after the effective date of enrollment. Please fax the current Individualized Family Support Plan (IFSP) to 1-860-607-8056.

Reimbursement Process

EIS and TCM services will be reimbursed at the current Medicaid rate. Non-participating providers will be reimbursed at the rate they received for services rendered to the member immediately prior to the member transitioning to the plan for a minimum of 30 days.

Single Case Agreements (SCAs)

Aetna Better Health will enter into single case agreements with existing providers to honor continuity of care requirements for any EIS member who was receiving EIS or TCM at the time of transition. A single case agreement is a contract between the health plan and an out-of-network provider for a specific service or patient, to ensure services are continued.

Ensuring Continuity of Care

Providers should not cancel appointments with current patients. Aetna Better Health will honor any ongoing treatment that was authorized prior to the recipient's enrollment into the plan for up to **60 days** after the roll-out date in each region.

Providers will be paid. Providers should continue providing any services that were previously authorized, regardless of whether the provider is participating in the plan's network. Aetna Better Health will pay for previously authorized services for up to **60 days** after the roll-out date in each region and will pay providers at the rate previously received for up to 30 days.

Contact Information

Aetna Better Health of Florida - Medicaid

261 N. University Drive
Plantation, FL 33324

Hours: Monday – Friday, 8 a.m. – 7 p.m. ET

Toll Free Number: 1-800-441-5501

Provider Services Fax: 1-844-235-1340

Prior Authorizations Fax: 1-860-607-8056 **Provider**

Services Email Address:

FLMedicaidProviderRelations@aetna.com

Network Email Address:

FLMedicaidContracting@aetna.com

EIS Contact Person:

Kimberley Bygrave

Email: BygraveK@aetna.com

Office: 954-858-3312

Mobile: 561-517-7591

Claims & Billing Information

Claim Form: CMS1500

Paper Claims:

Aetna Better Health of Florida
P.O. Box 982960, TX 79998-2960

Electronic Claims (EDI): Payor ID 128FL

WebConnect is our free provider claims submission portal via Change Healthcare (Emdeon) found at <https://office.emdeon.com/vendorfiles/AetnaFL.html>

Change Healthcare is a contracted vendor used by Aetna Better Health of Florida for electronic claim submission, processing, and support.

Additional training materials can be found on our website at: AetnaBetterHealth.com/Florida.

Early Intervention Services Procedure Codes

Code	Mod 1	Mod 2	Tele- medicine Modifier	Description of Service and Limits	Auth Required
T1023				Screening (Maximum 3 per calendar year per child)	No
T1024	GP	UK	GT	Initial Interdisciplinary Psychosocial and Developmental Evaluation rendered by a Physical Therapist (Maximum 1 per lifetime per child)	No
T1024	GN	UK	GT	Initial Interdisciplinary Psychosocial and Developmental Evaluation rendered by a Speech Therapist (Maximum 1 per lifetime per child)	No
T1024	GO	UK	GT	Initial Interdisciplinary Psychosocial and Developmental Evaluation rendered by an Occupational Therapist (Maximum 1 per lifetime per child)	No
T1024			GT	Initial Interdisciplinary Psychosocial and Developmental Evaluation rendered by a Licensed Early Intervention Professional (Maximum 1 per lifetime per child)	No
T1024	HN	UK	GT	Initial Interdisciplinary Psychosocial and Developmental Evaluation rendered by an ITDS (Maximum 1 per lifetime per child)	No
T1024	GP	TS	GT	Follow-up Psychosocial and Developmental Evaluation rendered by a Physical Therapist (Maximum 3 per calendar year per child)	No
T1024	GN	TS	GT	Follow-up Psychosocial and Developmental Evaluation rendered by a Speech Therapist (Maximum 3 per calendar year per child)	No
T1024	GO	TS	GT	Follow-up Psychosocial and Developmental Evaluation rendered by an Occupational Therapist (Maximum 3 per calendar year per child)	No
T1024	TL	TS	GT	Follow-up Psychosocial and Developmental Evaluation rendered by a licensed Early Intervention professional (Maximum 3 per calendar year per child)	No
T1024	TS		GT	Follow-up Psychosocial and Developmental Evaluation rendered by an ITDS	No

Code	Mod 1	Mod 2	Tele- medicine Modifier	Description of Service and Limits	Auth Required
				(Maximum 3 per calendar year per child)	
T1027	SC		GT	Early Intervention Individual Session Provided by an EIS professional (Maximum 1 hour per day)	No
T1027	TT	SC		Early Intervention Group Session Provided by an EIS professional (Maximum 1 hour per day)	No

Child Health Targeted Case Management Services Procedure Codes

Code	Mod 1	Description of Service and Limits	Auth Required
T1017	TL	Targeted Case Management for Children's Medical Services Early Steps Providers	No

Where can additional information be found?

For Florida Medicaid's policies and reimbursement rates, please refer to the Early Intervention Services Coverage Policy and Early Intervention Services Fee Schedule. The coverage policy also provides information on what services are excluded from this benefit. Health plans cannot be more restrictive than what is stipulated in the coverage policy.

Additional information can be located at:

- [Early Intervention Services Statewide Medicaid Managed Care Program](#)
- <http://www.floridahealth.gov/programs-and-services/childrens-health/early-steps/index.html>
- http://www.floridahealth.gov/AlternateSites/CMSKids/home/resources/es_policy/es_Policy.html
- https://ahca.myflorida.com/medicaid/review/fee_schedules.shtml