

PROVIDER BULLETIN

 AETNA BETTER HEALTH® OF FLORIDA 261 N. University Drive Plantation, FL 33324 www.AetnaBetterHealth.com/Florida	Date:	December 21, 2022
	Purpose:	Remind Providers on Policy Updates
	Subject:	Clinical Payment, Coding and Policy Reminders
	Products:	MMA, LTC, FHK
	From:	Provider Relations

Aetna Better Health® of Florida Clinical Payment, Coding and Policy Reminders

Dear Providers,

Aetna Better Health of Florida (ABHFL) regularly augment our clinical, payment and coding policy positions as part of our ongoing policy review processes. In an effort to keep our providers informed, please review the below Florida State Medicaid Policies that we have in place.

Florida State Medicaid Policies

- Durable Medical Equipment and Supplies - Age Requirement
According to our policy, which is based on Florida Medicaid Guidelines, certain DME items are only allowed for patients under the age of 21 years (i.e., apnea monitors, bilirubin lights).
- Durable Medical Equipment and Supplies - Maximum Units Over Time
According to Florida Medicaid guidelines, durable medical equipment (DME) and supplies have been assigned a maximum number of units that may be billed within a designated time frame regardless of the provider. For example- Foot inserts/arch supports, or molded shoes are allowed once per foot, per year.
- Durable Medical Equipment and Supplies - Phototherapy Light
According to our policy, which is based on Florida Medicaid Guidelines, phototherapy lights is limited to five units in patient's lifetime and limited to five consecutive days.
- Durable Medical Equipment and Supplies - Places of Service
According to Florida Medicaid guidelines and our policy, DME, medical supply, orthotic or prosthetic devices for patients 21 years of age or older are allowed for recipients residing in non-institutional settings only
- Evaluation and Management Services
According to Florida Medicaid guidelines, adult health screening Evaluation and Management (E/M) visits are allowed once per year for patient's 21 years of age or older.

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- Prescribed Drugs Services - Maximum Units
According to Florida Medicaid guidelines and our policy, certain physician administered prescribed drugs have been assigned a maximum number of units that may be billed per day. For example, ofatumumab (per 10mg) should not exceed more than 200 units billed per day.
- Claims Processing Parameters - Timely Filing Limits
According to Florida Medicaid guidelines, claims for services rendered must be received no later than a year from the date of service to be considered for payment.
- Mental Health - Targeted Case Management
According to Florida Medicaid guidelines, targeted case management must be reported without a modifier or with modifier HK (Specialized mental health programs for high-risk populations) for patients 18 years of age and older to indicate the Adult Mental Health Target Group.
- Reproductive Services
According to Florida Medicaid guidelines and our policy, treatment of infertility is non-covered. According to Florida Medicaid guidelines and our policy, prenatal visits reported with modifier TG indicates that healthy start prenatal risk screening has been completed during the first trimester as such this service requires an appropriate indication to be reported.
- Dental Services
Dental services are used for preventive measures for patients under the age of 21 years to promote oral health and function by preventing or reducing the onset and development of oral diseases or deformities. According to Florida Medicaid guidelines, topical application of fluoride varnish is allowed once every 181 days for patients 6 years of age and older. Additionally, topical application of fluoride varnish is limited to once every 90 days for patients less than 6 years of age.
- Podiatry Services
According to our policy, which is based on Florida Medicaid Guidelines, certain evaluation and management services are allowed up to 24 units in a calendar year (366 days) for providers with a Podiatry specialty.
- Home Health-Hospice Services
According to our policy, which is based on Florida Medicaid Guidelines, the billed procedure signifies home health aide visit unassociated with skilled nursing service and hence should not have a skilled nursing visit for the same date of service.
- Mammography Screening
According to Florida Medicaid guidelines, a screening mammogram is limited to one unit per year per recipient.
- Early Intervention Services (EIS)
Early intervention services (EIS) include screenings, initial or follow-up evaluations and individual or group sessions. According to Florida Medicaid guidelines, early intervention services are limited to the assigned units/visits per date of service, per year and/or per lifetime based on procedure code and modifier combinations outlined in the Florida Medicaid Early Intervention Services Fee Schedule.

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- Hearing Services
According to Florida Medicaid guidelines, bone anchored hearing aid non-implanted device is allowed for patients less than five years of age who have documented profound severe hearing loss in one or both ears.
- Visual Care Services
According to Florida Medicaid guidelines, visual field exams are not covered when performed in conjunction with a child health check-up.

Thank you for your continued participation in the Aetna Better Health of Florida network. As always, please don't hesitate to contact our Provider Services line if you have any questions at:

Phone: MMA: 1-800-441-5501

LTC: 1-844-645-7371

FHK: 1-844-528-5815

Email: FLMedicaidProviderRelations@aetna.com

Thank you,

Aetna Better Health of Florida

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