


# PROVIDER BULLETIN

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| <br><b>AETNA BETTER HEALTH® OF FLORIDA</b><br><br>261 N. University Drive<br>Plantation, FL 33324<br><a href="http://www.AetnaBetterHealth.com/Florida">www.AetnaBetterHealth.com/Florida</a> | <b>Date:</b>     | <b>May 5<sup>th</sup>, 2020</b>  |
|  | <b>Purpose:</b>  | <b>Provider Bulletin:</b> Clarify the order in which the modifiers for EIS should be billed. |
|  | <b>Subject:</b>  | TL Modifier Clarification for Early Intervention Therapy Services (EIS)                      |
|  | <b>Products:</b> | <b>Medicaid &amp; Healthy Kids</b>   |
|  | <b>From:</b>     | <b><u>Provider Relations</u></b>   |

Dear Providers,

This communication is to clarify the order in which the modifiers for Early Intervention Therapy Services (PT/OT/ST) should be billed.

The newly required TL Modifier, which was effective April 1<sup>st</sup>, 2020 should be billed as the primary modifier (Modifier #1 as indicated in the chart below). Modifiers HM and HA, when applicable, should be reported as a secondary modifier (Modifier #2 as indicated in the chart below).

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 Therapy services.

Please review the below table that we have included with details about the codes that will require the **TL Modifier** when billing Aetna Better Health of Florida. Prior Authorization for these services will NOT be required.

We appreciate the excellent care you provide to our members. If you have any questions please feel free to contact us via e-mail: [FLMedicaidProviderRelations@Aetna.com](mailto:FLMedicaidProviderRelations@Aetna.com). You can also fax us at 1-844-235-1340 or call us through our Provider Relations telephone line: 1-844-528-5815.

Thank you,

## Provider Relations Department

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FL-20-05-01

Proprietary

## Early Intervention Services (EIS) – Billing Therapy with TL Modifier

| Therapy Service         | Code  | Modifier #1 | Modifier#2 | Description  | Maximum Allowable Units |
|-------------------------|-------|-------------|------------|--|-------------------------|
| Physical Therapy        | 97110 | <b>TL</b>   |            | Physical Therapy Treatment Visit   | 4 per day, 14 per week  |
| Physical Therapy        | 97110 | <b>TL</b>   | HM         | Physical Therapy Visit Provided by a Physical Therapy Assistant          | 4 per day, 14 per week  |
| Occupational Therapy    | 97530 | <b>TL</b>   |            | Occupational Therapy Treatment Visit                                     | 4 per day, 14 per week  |
| Occupational Therapy    | 97530 | <b>TL</b>   | HM         | Occupational Therapy Visit Provided by an Occupational Therapy Assistant | 4 per day, 14 per week  |
| Speech-Language Therapy | 92507 | <b>TL</b>   |            | Speech Therapy Visit   | 4 per day, 14 per week  |
| Speech-Language Therapy | 92508 | <b>TL</b>   | HA         | Group Speech Therapy per child in the group per 15 minutes               | 4 per day, 14 per week  |
| Speech-Language Therapy | 92507 | <b>TL</b>   | HM         | Speech Therapy Visit Provided by a Speech Therapy Assistant              | 4 per day, 14 per week  |

**\* TL modifier should be billed as the primary modifier (Modifier #1).**