



Early Intervention Services (EIS) and Targeted Case Management (TCM)

Submission of electronic and paper claims

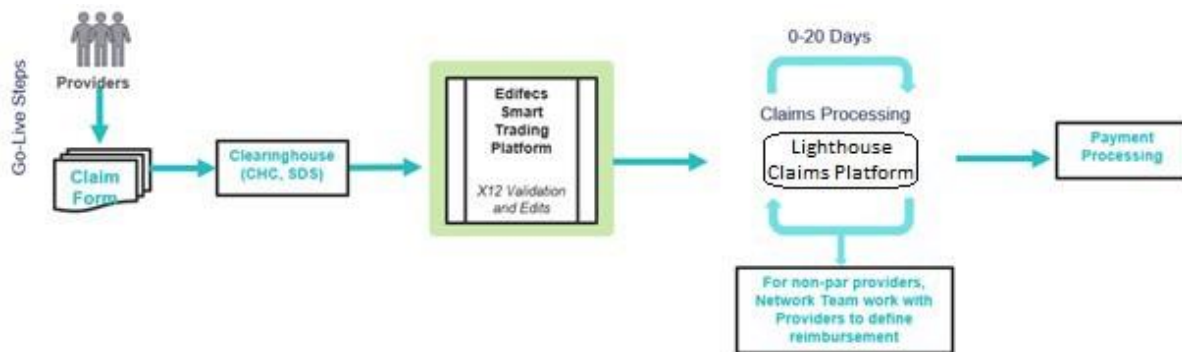
Lighthouse encourages all providers to submit claims electronically. For those interested in electronic claim filing, contact your EDI software vendor or the Change Healthcare (formerly Emdeon) Provider Support Line at (800) 845-6592 to arrange transmission. Lighthouse Electronic Payer ID: 31828.

If you choose to utilize paper claims, please submit to Lighthouse at the following address:

Lighthouse Health Plan PO Box 211156 Eagan, MN 55121

Process for reimbursement

Lighthouse will pay fifty percent (50%) of all clean claims submitted within seven (7) days, seventy percent (70%) of all clean claims submitted within ten (10) days, and ninety percent (90%) of all clean claims submitted within twenty (20) days. The following chart shows our end to end claims process:



For additional billing and claims information, please refer to the Lighthouse Provider Manual. If you have any questions about EIS or TCM billing and reimbursement, please contact Lighthouse Provider Relations at 844-243-5181.



Fee Schedules

Effective 04/01/2020, procedure codes for services provided to an EIS member must be billed in accordance with the AHCA Medicaid fee schedule and the modifiers listed in the table below. AHCA Medicaid fee schedules can be found at: https://ahca.myflorida.com/medicaid/review/fee_schedules.shtml

SERVICE	FEE SCHEDULE AND MODIFIER
Evaluation and screenings	Per the Early Intervention Services Fee Schedule (attached)
Assistive technology services and devices	Per the Durable Medical Equipment and Medical Supply Services Provider Fee Schedule for All Medicaid Recipients. Procedure codes must include the TL modifier.
Audiology services	Per the Hearing Services Fee Schedule. Procedure codes must include the TL modifier.
Nursing services	Per the Home Health Visit Services Fee Schedule. Procedure codes must include the TL modifier.
Medical services	Per the Practitioner Fee Schedule. Procedure codes must include the TL modifier.
Nutrition services	Must use Sessions as provided in the Early Intervention Services Fee Schedule.
Occupational therapy services	Per the Occupational Therapy Services Fee Schedule. Procedure codes must include the TL modifier.
Physical therapy services	Per the Physical Therapy Services Fee Schedule. Procedure codes must include the TL modifier.
Psychological services	Per the Community Behavioral Health Services Fee Schedule. Procedure codes must include the TL modifier.
Sessions	Per the Early Intervention Services Fee Schedule.
Speech-language pathology	Per the Speech-Language Pathology Services Fee Schedule. Procedure codes must include the TL modifier.
Vision services	Per the Visual Services Fee Schedule. Procedure codes must include the TL modifier.



**EARLY INTERVENTION SERVICES
FEE SCHEDULE 2020**

CODE	MOD 1	MOD 2	DESCRIPTION OF SERVICE AND LIMITS	MAXIMUM FEE
T1023			Screening (Maximum 3 per calendar year per child)	\$50.00
T1024	GP	UK	Initial Interdisciplinary Psychosocial and Developmental Evaluation rendered by a Physical Therapist (Maximum 1 per lifetime per child)	\$37.50 30 minute unit— maximum 4 units
T1024	GN	UK	Initial Interdisciplinary Psychosocial and Developmental Evaluation rendered by a Speech Therapist (Maximum 1 per lifetime per child)	\$37.50 30 minute unit— maximum 4 units
T1024	GO	UK	Initial Interdisciplinary Psychosocial and Developmental Evaluation rendered by an Occupational Therapist (Maximum 1 per lifetime per child)	\$37.50 30 minute unit— maximum 4 units
T1024	TL		Initial Interdisciplinary Psychosocial and Developmental Evaluation rendered by a Licensed Early Intervention Professional (Maximum 1 per lifetime per child)	\$37.50 30 minute unit— maximum 4 units
T1024	HN	UK	Initial Interdisciplinary Psychosocial and Developmental Evaluation rendered by an ITDS (Maximum 1 per lifetime per child)	\$27.75 30 minute unit— maximum 4 units
T1024	GP	TS	Follow-up Psychosocial and Developmental Evaluation rendered by a Physical Therapist (Maximum 3 per calendar year per child)	\$37.50 30 minute unit— maximum 4 units
T1024	GN	TS	Follow-up Psychosocial and Developmental Evaluation rendered by a Speech Therapist (Maximum 3 per calendar year per child)	\$37.50 30 minute unit— maximum 4 units
T1024	GO	TS	Follow-up Psychosocial and Developmental Evaluation rendered by an Occupational Therapist (Maximum 3 per calendar year per child)	\$37.50 30 minute unit— maximum 4 units
T1024	TL	TS	Follow-up Psychosocial and Developmental Evaluation rendered by a licensed Early Intervention professional (Maximum 3 per calendar year per child)	\$37.50 30 minute unit— maximum 4 units
T1024	TS		Follow-up Psychosocial and Developmental Evaluation rendered by an ITDS (Maximum 3 per calendar year per child)	\$27.75 30 minute unit— maximum 4 units
T1027	SC		Early Intervention Individual Session Provided by an EIS professional (Maximum 1 hour per day)	\$12.50 15 minutes maximum 4 units per day
T1027	TT	SC	Early Intervention Group Session Provided by an EIS professional (Maximum 1 hour per day)	\$6.25 15 minutes maximum 4 units per day