

Early Intervention Services Payment Policy

Policy

The Plan covers medically necessary early intervention services, provided by certified Early Intervention Specialists who are working in Early Intervention Programs certified by the Massachusetts Department of Public Health (MA DPH), for eligible plan members from birth to the third birthday.

The Plan covers medically necessary applied behavioral analysis (ABA) services under early intervention provided by Autism Specialty Service Providers (SSPs), for eligible plan members from birth to the third birthday. Effective October 1, 2021, the Plan will only services provided by contracted Autism SSPs chosen by the MA DPH. Coverage for ABA services under early intervention is consistent with Chapter 207 of the Acts of 2010 (An Act Relative to Insurance Coverage for Autism in the State of Massachusetts).

Please note, effective October 1, 2021, MassHealth will refer to ABA services under early intervention as early intensive behavior intervention (EIBI).

Guidelines for coverage of ABA services under early intervention (also referred to as EIBI)

- For commercial plan members, the subscriber (policy holder) is a resident of the Commonwealth of Massachusetts or the subscriber's principal place of employment is in Massachusetts.
- The plan member has a diagnosis of autism spectrum disorder (ASD), conferred by a physician or licensed psychologist. It is preferred that the diagnosis be made using a diagnostic tool and that the DSM-V criteria are referenced in the diagnostic evaluation summary.
- The plan member has documented behavior(s) attributable to ASD and the Individualized Family Service Plan (IFSP), evaluation and assessment, and interim progress report(s), if applicable, support ABA services as a treatment for these behaviors.
- From initial evaluation and assessment throughout the entire course of treatment, only direct face-to-face services provided to the plan member in the presence of the plan member's parent or legal guardian are covered.
- Continued coverage for ABA services will require documentation demonstrating that the plan member's progress is being monitored regularly, and if there has not been measureable progress toward functional outcomes, the IFSP shows appropriate modifications.

ABA services under early intervention (also referred to as EIBI) are not medically necessary when any one of the following criteria are met:

1. A plan member's individual treatment plan and goals have been met.
2. The plan member has achieved adequate stabilization of the challenging behavior, and less-intensive modes of treatment are appropriate and indicated.
3. The plan member no longer meets admission criteria or meets criteria for a less or more intensive services.
4. The child turns 3 years of age and has been transitioned to the Local Educational Agency (LEA) for services.
5. Treatment is making the symptoms persistently worse.
6. The individual is not making progress toward treatment goals, as demonstrated by the absence of any documented meaningful (i.e., durable and generalized) measurable improvement or stabilization of challenging behavior, and there is no reasonable expectation of progress.

Update related to coronavirus disease 2019 (COVID-19)

On March 10, 2020, Governor Baker declared a State of Emergency in the Commonwealth of Massachusetts in response to the 2019 novel coronavirus (COVID-19). To mitigate the spread of COVID-19, the Massachusetts Department of Public Health (MA DPH) is committed to providing

services in a manner that reduces exposure and transmission, to the extent possible. For the duration of the State of Emergency, MA DPH will allow reimbursement for early intervention services delivered via telehealth (also referred to as telemedicine), as an alternative to home visits, so long as such services are deemed medically necessary, are clinically appropriate, and are consistent with the MA DPH Early Intervention (EI) Reimbursement Manual. MA DPH is not imposing specific requirements for technologies used to deliver services via telehealth. Providers are encouraged to use appropriate technologies to communicate with families and should, to the extent feasible, ensure the same rights to confidentiality and security as provided in face-to-face services. Providers must inform families of any relevant privacy considerations. Families must give verbal consent to engage in telehealth services and this consent must be documented in the child's EI record. Documentation of services delivered via telehealth must be in the child's EI record.

MassHealth ACO members

Effective March 12th, 2020, telehealth is a covered delivery modality for the provision of medically necessary Early Intervention treatment and/or treatment planning services when the provider determines the services to be clinically appropriate and the family has consented to engage in telehealth. Through All Provider Bulletin 314, MassHealth announced that it would maintain the agency's telehealth policy through the date that is 90 days after the termination of the Governor's March 10, 2020, declaration of a state of emergency in the Commonwealth due to the Coronavirus disease 2019 (COVID-19) outbreak. The Governor terminated his declaration of a State of Emergency effective June 15, 2021. Therefore, All Provider Bulletin 314 effectively extended MassHealth's emergency telehealth policy until September 15, 2021. MassHealth Managed Care Entity Bulletin 60 requires managed care plans to maintain telehealth policy consistent with All Provider Bulletin 314. All Provider Bulletin 324 issued in September 2021 supersedes All Provider Bulletin 314, and extends the telehealth policy described in All Provider Bulletin 314 through October 15, 2021. MassHealth Managed Care Entity Bulletin 68 requires managed care plans to maintain telehealth policy consistent with All Provider Bulletin 324. All Provider Bulletin 327 issued in October 2021 supersedes All Provider Bulletin 324, and extends the telehealth policy described in All Provider Bulletin 324 through December 31, 2022. MassHealth Managed Care Entity Bulletin 74 requires managed care plans to maintain telehealth policy consistent with All Provider Bulletin 327.

Commercial plan members

Effective March 16th, 2020, telehealth is a covered delivery modality for the provision of medically necessary Early Intervention treatment and/or treatment planning services when the provider determines the services to be clinically appropriate and the family has consented to engage in telehealth. Governor Baker terminated the State of Emergency due to COVID-19 in the Commonwealth of Massachusetts as of June 15, 2021. On January 1, 2021, Chapter 260 of the Acts of 2020 was signed into law by Governor Baker. The provisions of Section 53 of Chapter 260 provide coverage for health care services delivered via telehealth when the health care services may be appropriately delivered through the use of telehealth. The Commonwealth continues to see impacts of COVID-19, and additional telehealth transition time will help to ease ongoing difficulties related to the challenges related to COVID-19. Fallon Health will continue to monitor and assess potential impacts of COVID-19. We will share additional information as it becomes available.

Extension of coverage for early intervention services

Note: This extension of coverage for early intervention services ended on October 15, 2020 as indicated below.

In accordance with Division of Insurance Bulletin 2020-19 and MassHealth Managed Care Entity Bulletin 34, Fallon Health will extend coverage for Early Intervention Services provided between June 1, 2020 and October 15, 2020 for children who turn 3 between March 15, 2020 and August 31, 2020 and who meet either of the following criteria:

- Have been referred to their Local Education Agency (LEA) to be evaluated for federal IDEA Part B (Special Education) services but have not yet been evaluated to determine eligibility for Special Education due to delays related to COVID-19.

- Have a signed Individualized Education Plan (IEP) and continued Early Intervention Services are necessary to support the transition to Early Childhood Special Education (ECSE).

The extension of coverage will continue until the child has successfully transitioned to ECSE or until October 15, 2020, whichever comes first.

Early Intervention providers must ensure there is no duplication of services with services provided by LEAs during the transition period.

Definitions

Assessment: The ongoing procedures used by appropriately qualified personnel throughout the child's eligibility to identify (1) the child's unique strengths and needs; and (2) the resources, priorities, and concerns of the family and the supports and services necessary to enhance the family's capacity to meet the developmental needs of the child. Eligibility evaluations (see definition below) may take place as part of an assessment. When evaluation and assessment take place simultaneously, both eligibility and the strengths and needs of the child are determined by a multidisciplinary team. This even is referred to as an eligibility evaluation and assessment.

Autism Specialty Service Providers (SSPs) are certified by the Massachusetts Department of Public Health as a Specialty Service Providers and work with infants and toddlers diagnosed with Autism Spectrum Disorder (ASD). Effective October 1, 2021, Autism SSPs must be contracted with Fallon Health's behavioral health vendor in order to provide ABA services under early intervention (also referred to as EIBI) to Fallon Health plan members. Direct services may be provided by a Board Certified Behavior Analyst (BCBA) or paraprofessional who is supervised by a licensed Board Certified Behavior Analyst (BCBA). A licensed Applied Behavior Analyst (LABA) without a BCBA cannot supervise a paraprofessional.

Certified Early Intervention Specialists are individuals who meet criteria specified in Section V. Service Providers and Roles, of the MA DHP Early Intervention Operational Standards and who have been certified by the MA DHP as an Early Intervention Specialist prior to billing for early intervention services. Early Intervention Specialists must possess one of the following minimum credentials: developmental specialist, registered nurse, occupational therapist, physical therapist, psychologist, licensed clinical social worker or licensed independent clinical social worker, speech and language pathologist, or specialty provider. Early intervention specialists provide supervision to early intervention assistants and early intervention associates who may not bill for early intervention services.

Individualized Family Service Plan (IFSP): A document produced collaboratively by program staff and family members that contains the agreed-upon early intervention services. The IFSP is based on a multidisciplinary assessment.

Reimbursement

Early Intervention Services, including ABA services under early intervention, are covered for commercial and MassHealth ACO plan members.

ABA services under early intervention (also referred to as EIBI)

- Effective October 1, 2021, Autism SSPs must be contracted with Fallon Health's behavioral health vendor in order to provide ABA services under early intervention (also referred to as EIBI) to Fallon Health plan members.
- Effective October 1, 2021, Autism SSPs will bill Fallon Health's behavioral vendor directly for ABA services under early intervention (also referred to as EIBI) for commercial and MassHealth ACO plan members.
- The maximum number of hours of services reimbursed per week is 30 hours which may be made up of a combination of assessment/treatment planning, supervision, parent training, and direct instruction.
- There are three MA DPH-approved service models for Autism SSPs currently utilized in early intervention:
 - Applied Behavior Analysis (ABA)

- Early Start Denver Model (ESDM)
 - DIR/Floortime
- Services rendered by Autism SSPs utilizing the DIR/Floortime model should be billed directly to MA DPH for all plan members.

Reimbursement for early intervention services delivered via telehealth during the COVID-19 State of Emergency

Early intervention services, including ABA services under early intervention, delivered via telehealth during the COVID-19 State of Emergency will be reimbursed at the same rate as in-person services. Governor Baker terminated the State of Emergency due to COVID-19 in the Commonwealth of Massachusetts as of June 15, 2021.

MassHealth ACO members

In accordance with MassHealth Managed Care Entity Bulletin 74, Fallon Health will reimburse early intervention services, including ABA under early intervention, delivered via any telehealth modality at the same rate as an in-person service through December 31, 2022,

Commercial plan members

The Commonwealth continues to see impacts of COVID-19, and additional telehealth transition time will help to ease ongoing difficulties related to the challenges related to COVID-19. Fallon Health will continue to monitor and assess potential impacts of COVID-19 and will share additional information as it becomes available.

Referral/notification/prior authorization requirements

Prior authorization is required for ABA services under early intervention (also referred to as EIBI). Requests for prior authorization must be submitted to Fallon Health’s behavioral health vendor. The plan member must have a referral for ABA services from an early intervention program.

Billing/coding guidelines

Early Intervention services delivered via telehealth

Early intervention services, including ABA services under early intervention, delivered via telehealth should be billed with the CPT code(s) and modifiers that would be appropriate for the same service(s) when delivered in-person.

Please include Place of Service (POS) Code 02 or POS Code 10, as appropriate, on all claims for early intervention services, including ABA services under early intervention, delivered via telehealth:

- POS 02: Telehealth Provided Other than in Patient’s Home
- POS 10: Telehealth Provided in Patient’s Home

For MassHealth ACO members only, in accordance with MassHealth Managed Care Entity Bulletin 74, effective for dates of service on or after October 16, 2021,* in addition to POS 02 or POS 10, please add one of the following modifiers:

- Modifier 95 to indicate services rendered via audio-video telehealth
- Modifier V3 to indicate services rendered via audio-only telehealth
- Modifier GQ to indicate services rendered via asynchronous telehealth

* Effective for dates of service between October 16, 2021 and April 15, 2022, Fallon Health will not deny claims containing POS 02 or POS 10 that are missing one of these modifiers. Effective April 16, 2022, Fallon Health will deny claims containing POS 02 or POS 10 that are missing one of these modifiers.

Early intervention services

Code	Description	Modifiers	Service level Limitations*
96164	Health behavior intervention, group (2 or more patients), face-to-face; initial 30 minutes	U1	Use for EI-only child-focused group sessions**

			Maximum units allowed per member = 2 units per week
96165	Health behavior intervention, group (2 or more patients), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)	U1	Add-on code (see 96164 U1 above) Maximum units allowed per member = 6 units per week
96164	Health behavior intervention, group (2 or more patients), face-to-face; initial 30 minutes	U2	Use for EI and non-EI child-focused group sessions Maximum units allowed per member = 2 units per week
96165	Health behavior intervention, group (2 or more patients), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)	U2	Add-on code (see 96164 U2 above) Maximum units allowed per member = 6 units per week
H2015	Comprehensive community support services, per 15 minutes	AH, AJ, GN, GO, GP, HN, TD, TE	Use for individual child visits, not center-based Maximum units allowed per member = 16 units per member per day, not to exceed two visits per day
T1015	Clinic visit/encounter, all-inclusive	TL	Use for individual child visits, center based Maximum units allowed per member = 8 units per day
T1023	Screening to determine appropriateness of consideration of an individual for participation in a specified program, project, or treatment protocol, per encounter	AH, AJ, GN, GO, GP, HN, TD, TE	Use for EI screening/intake Maximum units allowed per member = 8 units per 12-month period
T1024	Evaluation and treatment by an integrated, specialty team contracted to provide coordinated care to multiple or severely handicapped children, per encounter	AH, AJ, GN, GO, GP, HN, TD, TE	Use for EI assessments Maximum units allowed per member = 40 units per 12-month period
T1027	Family training and counseling for child development, per 15 minutes	TL	Use for parent-focused group session

			Maximum units allowed per member = 6 units per EI session, one session per week
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* Unless otherwise specified, one unit = 15 minutes; Service Level Limitations per MassHealth Early Intervention Program Manual Subchapter 6 (eff 3-12-20)

** Clinical justification required for EI services to be provided in an EI-only child-focused group sessions, rather than in child-focused group sessions including both children enrolled in EI and those not enrolled in EI (96164-U2).

ABA services under early intervention (also referred to as EIBI)

Effective October 1, 2021, ABA services under early intervention (also referred to as EIBI) must be submitted with the following code and modifier combinations.

Code	Description	Modifier
H2019	Therapeutic behavioral services, per 15 minutes (Direct instruction by a paraprofessional working under the supervision of a licensed professional.)	TL
H2012	Behavioral health day treatment, per hour (Direct instruction by a licensed professional/parent training for home services by a licensed professional.)	TL
H0031	Mental health assessment, by nonprofessional (Assessment and case planning for home services by a licensed professional. 15-minute rate.)	TL
H0032	Mental health service plan development by non-physician (Supervision for home services by a licensed professional. 15-minute rate.)	TL
97156	Family adaptive behavior treatment guidance, administered by a licensed professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), every 15 minutes	TL

Modifier Descriptions

Modifier	Description
U1	Medicaid level of care 1, as defined by each state
U2	Medicaid level of care 2, as defined by each state
AH	Services provided by a clinical psychologist
AJ	Services provided by a clinical social worker
GN	Services provided by a speech language pathologist
GO	Services provided by an occupational therapist
GP	Services provided by a physical therapist
HN	Bachelors degree level (services provided by a developmental specialist)
TD	Services provided by a registered nurse
TE	Services provided by a licensed practical nurse LPN/LVN
TL	Early intervention

Place of service

This policy applies to services rendered in outpatient settings.

Policy history

Origination date: June 1, 2018
 Connection date & details: April 2018 – Introduced as New Policy
 January 2019 – Clarified which codes require authorization.
 April 2019 – Added/clarified coding.
 April 30, 2020 – Removed CPT code 96153 (deleted 12/31/2019) added CPT codes 96164, 96165; added update for

services delivered via telehealth during the COVID-19 public health emergency.

June 26, 2020 – Added documentation relative to extension of coverage Early Intervention Services.

October 2021 – Updated to include changes related to Autism Special Service Providers effective October 1, 2021.

January 2022 – Updated Billing/coding guidelines for telehealth services for MassHealth ACO members; added Service Level Limitations for early intervention services.

The criteria listed above apply to Fallon Health plan and its subsidiaries. This payment policy has been developed to provide information regarding general billing, coding, and documentation guidelines for the Plan. Even though this payment policy may indicate that a particular service or supply is considered covered, specific provider contract terms and/or member individual benefit plans may apply and this policy is not a guarantee of payment. The Plan reserves the right to apply this payment policy to all of the Plan companies and subsidiaries. The Plan routinely verifies that charges billed are in accordance with the guidelines stated in this payment policy and are appropriately documented in the medical records. Payments are subject to post-payment audits and retraction of overpayments.