

Early Intervention Services Payment Policy

Applicability

This Policy applies to the following Fallon Health products:

- Fallon Medicare Plus HMO
- MassHealth ACO
- NaviCare HMO SNP
- Summit Eldercare PACE
- Fallon Health Weinberg PACE
- Community Care

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 cover 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 Community Care 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), or Down syndrome effective January 1, 2026¹, 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 measurable 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.

¹ In accordance with AN ACT RELATIVE TO APPLIED BEHAVIORAL ANALYSIS THERAPY (<https://malegislature.gov/Laws/SessionLaws/Acts/2024/Chapter388>).

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.

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 Community Care and MassHealth ACO 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 must bill Fallon Health's behavioral vendor directly for ABA services under early intervention (also referred to as EIBI) for Community Care and MassHealth ACO 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.

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 Community Care members, Fallon Health does not require telehealth modifiers in addition to POS 02 or 10 on professional claims. Modifier 93 or modifier 95 may be reported for codes in Appendix T or P of the AMA CPT Manual but are not required.

For MassHealth ACO members only, in accordance with MassHealth All Provider Bulletin 379, effective for dates of service on or after October 1, 2023, in addition to POS 02 or POS 10, professional claims for telehealth services must include one of the following modifiers:

- Modifier 95 to indicate counseling and therapy services rendered via audio-video telehealth;
- Modifier 93 to indicate services rendered via audio-only telehealth;
- Modifier FQ to indicate counseling and therapy services provided using audio-only telehealth;
- Modifier FR to indicate a supervising practitioner was present through a real-time two way, audio and video communication technology; and/or
- Modifier GQ to indicate services rendered via asynchronous telehealth.

Modifier GT is required on the institutional claim, for the distant-site provider, when there is an accompanying professional claim containing POS 02 or 10.

Early intervention services

Providers must include the appropriate modifier with each service code when submitting PA requests or when submitting claims for payment.

Unless otherwise specified, one unit = 15 minutes.

Service Level Limitations per MassHealth Early Intervention Program Manual Subchapter 6 (eff 11/28/2025).

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 health behavior intervention group).

			<p>Maximum 2 units per week allowed per child.</p> <p>Clinical justification required for EI services to be provided in an EI-only health behavior intervention group, rather than an EI community health behavior intervention group (96164-U2).</p> <p>Services must be documented in the member's Individual Family Service Plan (IFSP) and justification for services occurring outside the natural environment must be documented in member's Individual Family Service Plan (IFSP) in accordance with DPH operational standards.</p>
96164	Health behavior intervention, group (2 or more patients), face-to-face; initial 30 minutes	U2	<p>Use for EI community health behavior intervention group, including both children enrolled in EI and those not enrolled in EI.</p> <p>Maximum 2 units per week per member and services must be documented in the member's IFSP.</p>
96165	Health behavior intervention, group (2 or more patients), face-to-face; each additional 15 minutes following the initial 30 minutes in EI-only health behavior intervention group (96164-U1) (List separately in addition to code for primary service)	U1	Maximum 6 units per week per child and services must be documented in the member's IFSP and justification for services occurring outside the natural environment must be documented in member's IFSP.
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	Maximum 6 units per week per child and services must be documented in the member's IFSP.
H2015	Comprehensive community support services, per 15 minutes	AH, AJ, GN, GO, GP, HN, TD, TE	Use for individual child visits, not center-based.

			<p>Maximum 16 units per child per day, not to exceed two visits per day</p> <p>Services must be documented in the member's IFSP.</p>
T1015	Clinic visit/encounter, all-inclusive	TL	<p>Use for individual child visits, center based or individual child visits occurring at applied behavior analysis centers.</p> <p>Maximum 8 units per week per child.</p> <p>Clinical justification for the need for services to be provided at an early intervention center or applied behavior analysis centers rather than a community site must be documented in the member's IFSP and justification for services occurring outside the natural environment must be documented in the member's IFSP in accordance with DPH operational standards.</p>
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	<p>Use for EI screening/intake.</p> <p>Maximum 8 units per 12-month period per child.</p>
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	<p>Use for EI assessments.</p> <p>Maximum 40 units per 12-month period per child.</p>
T1027	Family training and counseling for child development, per 15 minutes	TL	<p>Use for parent-focused group session.</p> <p>Maximum 6 units per EI session, one session per week and services must be documented in the member's IFSP.</p>

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	Bachelor's 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.
July 2026 – Under Policy, Guidelines for coverage of ABA services under early intervention (also referred to as EI/BI), added Down Syndrome as a covered diagnosis effective January 1, 2026, under Billing/coding guidelines, updated instructions for billing for telehealth 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.