Early Intervention Payment Policy

Applies to the following Tufts Health Plan products:

☒ Tufts Health Plan Commercial (including Tufts Health Freedom Plan)¹
☐ Tufts Medicare Preferred HMO (a Medicare Advantage product)
☐ Tufts Health Plan Senior Care Options (SCO) (a dual-eligible product)

The following payment policy applies to Tufts Health Plan contracting providers who are Massachusetts Department of Public Health (DPH), Rhode Island Department of Human Services, and New Hampshire Insurance Department-certified early intervention providers. Refer to the applicable entity for more information on early intervention services.

In addition to the specific information contained here, providers must adhere to the policy information outlined in the Professional Services and Facilities Payment Policy.

Note: Audit and disclaimer information is located at the end of this document.

POLICY

Tufts Health Plan covers early intervention services, as described below.

GENERAL BENEFIT INFORMATION

Services and subsequent payment are pursuant to the member's benefit plan document. Member eligibility and benefit specifics should be verified prior to initiating services by logging on to the secure Provider website or by contacting Commercial Provider Services.

Massachusetts and Rhode Island-based Employer Groups

Early intervention is a state-mandated, integrated developmental program available to members from birth to three years of age who are identified with developmental disabilities, or who are at risk for developmental delay, due to adverse birth or environmental circumstances. The Rhode Island mandate applies to all members who have coverage through a Rhode Island-based employer group. Some self-insured employer groups are not subject to these mandates.

Members enrolled in Rhode Island plans may self-refer for early intervention services.

New Hampshire-based Employer Groups

Early intervention services provided by a PT, OT, or ST therapist or licensed social worker (LICSW) are covered from birth up to three years of age for Tufts Health Freedom Plan members who are identified with developmental disabilities and/or delay, pursuant to the member's benefit plan document².

Note: For additional information regarding coverage of autism spectrum disorders for all Commercial members, refer to the Autism Professional Payment Policy.

BILLING INFORMATION

Rhode Island Early Intervention Providers

Refer to the Early Intervention Procedure Code List for Rhode Island Providers for a list of procedure code(s) that Rhode Island providers may bill in accordance with the codes set forth by the Rhode Island Department of Human Services.

Massachusetts and New Hampshire Early Intervention Providers:

Massachusetts and New Hampshire providers may bill only the following procedure code(s) in accordance with the codes set forth by the Massachusetts DPH and the New Hampshire Insurance Department.

¹ Commercial products include HMO, POS, PPO, Tufts Health Freedom Plan, and CareLink™ when Tufts Health Plan is the primary administrator.
² Per N.H. RSA 415:18-s.
**Note:** The absence and/or presence of a CPT procedure code is not an indication and/or guarantee of coverage and/or payment.

<table>
<thead>
<tr>
<th>Procedure Codes</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>H2015</td>
<td>Comprehensive community support services, per 15 minutes; 2 visits per day, up to 16 units per day</td>
</tr>
<tr>
<td>T1015</td>
<td>Clinic visit/encounter, all inclusive (8-unit maximum per visit)</td>
</tr>
<tr>
<td>96153&lt;sup&gt;3&lt;/sup&gt;</td>
<td>Health and behavior intervention, each 15 minutes, group</td>
</tr>
<tr>
<td>96153&lt;sup&gt;4&lt;/sup&gt;</td>
<td>Health and behavior intervention, each 15 minutes, group</td>
</tr>
<tr>
<td>T1027</td>
<td>Family training and counseling for child development, per 15 minutes</td>
</tr>
<tr>
<td>T1023</td>
<td>Screening to determine the appropriateness of consideration for individual to participate in specified program, project, or treatment protocol per encounter (an encounter is defined by the Massachusetts DPH as a 15 minute block of time)</td>
</tr>
<tr>
<td>T1024</td>
<td>Team evaluation and management, per encounter (an encounter is defined by the Massachusetts DPH as a 15 minute block of time)</td>
</tr>
</tbody>
</table>

**Note:** Time should be billed in units of 15 minutes (15 mins = 1 unit/2 hr max = 8 units/10 hr max = 40 units).

Maximum units are per discipline per day. For example, a physical therapist is allowed a 2 hour max (8 units) on one day and a speech therapist is also allowed a 2 hour max (8 units) on the same day.

Assessment code maximums are cumulative per 12-month period for all disciplines. For example, if a physical therapist bills a 2 hour initial assessment (8 units) and an occupational therapist bills a 3 hour initial assessment (12 units) the next month, 5 hours are counted against the total 10 hour maximum for the initial assessment. When more than one discipline is involved in the screening and/or assessment on the same date of service, the total number of units should be billed on one line (do not bill each discipline separately).

**DOCUMENT HISTORY**

- June 2018: Template updates
- March 2018: Template updates
- May 2017: Policy reviewed by committee; clarified employer group coverage by state
- January 2017: Template updates
- January 2016: Added billing information for Tufts Health Freedom Plan members
- September 2015: Template conversion, template updates
- October 2013: Revised policy language.
- June 2013: Policy reviewed, procedure code H2015 description updated per Massachusetts mandate, template updates.
- April 2012: Template updates.
- March 2012: Updated CareLink disclaimer language.
- October: 2011: Template updates, no content changes.
- January 2011: Reviewed document for clarity, no content changes made.
- January 2009: Added information regarding Rhode Island early-intervention services
- February 2008: Revised general benefit information with self-service channels information

**AUDIT AND DISCLAIMER INFORMATION**

Tufts Health Plan reserves the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in this payment policy. If such an audit determines that an office/facility did not comply with this payment policy, Tufts Health Plan will expect the office/facility to refund all payments related to noncompliance. For more information about Tufts Health Plan’s audit policies, refer to the Provider website.

This policy provides information on Tufts Health Plan claims adjudication processes. As every claim is unique, this policy is neither a guarantee of payment, nor a final indication of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service.

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<sup>3</sup> Use modifier U1 if billing for early intervention-only child group.

<sup>4</sup> Use modifier U2 if billing for community child group.
coordination of benefits, referral/authorization and utilization management requirements (when applicable), adherence to plan policies and procedures, and claims editing logic. An authorization is not a guarantee of payment. Claims for services subject to authorization may be reviewed for accuracy and compliance with payment policies.

This policy applies to the Tufts Health Plan products, as identified in the checkboxes on the first page, and to CareLinkSM for providers in Massachusetts and Rhode Island service areas. Providers in the New Hampshire service area are subject to Cigna’s provider agreements with respect to CareLink members. This policy does not apply to the Private Health Care Systems (PHCS) network (also known as Multiplan). Tufts Health Plan reserves the right to amend a payment policy at its discretion.