

## Early Intervention Payment Policy

Applies to the following Tufts Health Plan products:

- Tufts Health Plan Commercial (including Tufts Health Freedom Plan)<sup>1</sup>
- Tufts Medicare Preferred HMO (a Medicare Advantage product)<sup>2</sup>
- Tufts Health Plan Senior Care Options (SCO) (a dual-eligible product)<sup>2</sup>

Applies to the following Tufts Health Public Plans products:

- Tufts Health Direct (a Massachusetts Qualified Health Plan [QHP]; a commercial product)
- Tufts Health Together (a MassHealth MCO Plan and Accountable Care Partnership Plans)
- Tufts Health RITogether (a Rhode Island Medicaid Plan)
- Tufts Health Unify (OneCare Plan; a dual-eligible product)

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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 (EI) providers. Refer to the applicable entity for more information on early intervention services.

In addition to the specific information contained in this policy, providers must adhere to the 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 medically necessary EI services, in accordance with the member's benefits.

### **DEFINITION**

Early intervention is a state-mandated, integrated developmental program available to members from birth until their third birthday who are identified with developmental disabilities, or who are at risk for developmental delay, due to adverse birth or environmental circumstances. EI services include, but are not limited to, screenings and assessments, outpatient physical, occupational, speech, and hearing therapy, nursing care, and psychological counseling.

### **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 the Behavioral Health Department at one of the following numbers:

- Commercial: 800.208.9565
- Tufts Health Direct and Tufts Health Together: 888.257.1985
- Tufts Health RITogether: 844.301.4093

**Note:** For additional information regarding coverage of autism spectrum disorders, refer to the [Autism Professional Payment Policy](#).

**Note:** There is no member responsibility for covered services for Tufts Health Together or Tufts Health RITogether members.

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<sup>1</sup> Commercial products include HMO, POS, PPO, Tufts Health Freedom Plan, and CareLink<sup>SM</sup> when Tufts Health Plan is the primary administrator.

<sup>2</sup> Tufts Medicare Preferred and Tufts Health Plan SCO are collectively referred to in this payment policy as Senior Products.

### **Massachusetts and Rhode Island-based Employer Groups**

The Massachusetts and Rhode Island mandates apply to all members who have coverage through a Massachusetts-based or 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 EI 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 until the member's third birthday for Tufts Health Freedom Plan members who are identified with developmental disabilities and/or delay, pursuant to the member's benefit plan document<sup>3</sup>.

**Note:** Coverage of early intervention services for Tufts Health Freedom Plan members is provided in accordance with [NH HB 1162](#), effective for dates of service on or after September 18, 2020.

### **REFERRAL/AUTHORIZATION/NOTIFICATION REQUIREMENTS**

Certain procedures, items and/or services may require referral and/or prior authorization. While you may not be the provider responsible for obtaining prior authorization, as a condition of payment you must confirm that prior authorization has been obtained. For more information refer to the [Referral, Authorization and Notification Policy](#).

Prior authorization is not required for EI services that meet applicable state mandate standards, including the following Tufts Health Together members:

- Children ages three and younger
- Families of children whose identified disabilities cause developmental concerns
- Children whose birth or environmental circumstances affect their typical development.

### **BILLING INSTRUCTIONS**

Unless otherwise stated, Tufts Health Plan follows industry standard coding guidelines. Refer to current industry standard coding guidelines for a complete list of ICD, CPT/HCPCS, revenue codes, modifiers and their usage. Providers may only bill the procedure code(s) in accordance with the applicable financial exhibits of their provider agreements and applicable fee schedules. For more information, refer to the [Professional Services and Facilities Payment Policy](#).

### **Commercial Products**

#### **Rhode Island EI Providers**

Refer to the [Early Intervention Procedure Code List](#) for procedure codes 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 Department of Public Health and the New Hampshire Insurance Department.

**Note:** The absence and/or presence of a CPT procedure code is not an indication and/or guarantee of coverage and/or payment.

<b>Code</b>	<b>Description</b>
H2015	Comprehensive community support services, each 15 minutes (max. 2 visits/day, up to 16 units/day)
T1015	Clinic visit/encounter, all inclusive (8-unit maximum per visit)
96164 <sup>4,5</sup>	Health and behavior intervention; group (two or more patients); initial 30 minutes; face-to-face
96165	Health and behavior intervention; group (two or more patients); additional 15 minutes; face-to-face
T1027	Family training and counseling for child development, each 15 minutes

<sup>3</sup> Per N.H. RSA 415:18-s.

<sup>4</sup> Use modifier U1 if billing for early intervention-only child group.

<sup>5</sup> Use modifier U2 if billing for community child group.

Code	Description
T1023	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)
T1024	Team evaluation and management, per encounter (an encounter is defined by the Massachusetts DPH as a 15-minute block of time)

### Tufts Health Direct and Tufts Health Together Members

In accordance with [101 CMR 349.00](#), providers should bill the following codes for early intervention services for dates of service on or after January 1, 2020:

Code	Description
H2015	Comprehensive community support services, each 15 minutes
T1015	Clinic visit/encounter, all inclusive
96164 <sup>6,7</sup>	EI-only child group (30 minutes)
96165	EI-only child group (15 minutes)
T1027	Family training and counseling for child development, each 15 minutes
T1023	Screening to determine the appropriateness of consideration for individual to participate in specified program, project, or treatment protocol, each 15 minutes
T1024	Team evaluation and management, each 15 minutes

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

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).

### COMPENSATION/REIMBURSEMENT INFORMATION

Providers are compensated according to the applicable network contracted rates and applicable fee schedules, regardless of the address where the service is rendered. For additional information, refer to the [Professional Services and Facilities Payment Policy](#).

### State and Federal Mental Health Parity Law (Commercial and Tufts Health Direct members)

Under the mental health parity laws, benefits for mental/behavioral health services and substance use disorder services must be comparable to benefits for medical/surgical services. This means that copays, coinsurance and deductibles for mental/behavioral health and substance use disorder services must be at the same level as those for medical/surgical services. Also, Tufts Health Plan's review and authorization of mental/behavioral health or substance use disorder services must be handled in a way that is comparable to the review and authorization of medical/surgical services.

Tufts Health Plan compensates appropriately certified EI providers, in accordance with applicable state mandates in effect on the date of services rendered.

### ADDITIONAL RESOURCES

- MassHealth Regulations: 130 CMR 440.000 — [Early Intervention Services](#)
- Rhode Island General Laws § 27-18-64 – [Coverage for early intervention services](#)
- [Rhode Island Medical Assistance Claim Reimbursement Guidebook for Early Intervention Services](#)
- RI EOHHS [EI Program Certification Standards](#)

<sup>6</sup> Use modifier U1 if billing for early intervention-only child group.

<sup>7</sup> Use modifier U2 if billing for community child group.

## DOCUMENT HISTORY

- September 2020: Added information regarding early intervention service coverage in accordance with [NH HB 1162](#) for Tufts Health Freedom Plan members, effective for dates of service on or after September 18, 2020.
- June 2020: Added early intervention codes for Tufts Health Direct and Tufts Health Together members, per 101 CMR 349.00
- May 2019: Policy reviewed by committee; policy updated to include applicable Tufts Health Public Plans content
- June 2018: Template updates
- March 2018: Template updates
- December 2017: Updated to include RITogether
- May 2017: Policy reviewed by committee; clarified employer group coverage by state
- February 2017: Template updates
- 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 a provider/facility did not comply with this payment policy, Tufts Health Plan will expect the provider/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, 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 CareLink<sup>SM</sup> 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.