

Early Intervention Services Payment Policy

Policy

The Plan covers medically necessary Early Intervention Services delivered 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 also covers medically necessary Applied Behavioral Analysis (ABA) Services delivered by Autism Specialty Service Providers (SSPs) approved by the MA DPH and contracted by an Early Intervention Program certified by the MA DPH, for eligible plan members from birth to the third birthday. 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).

Guidelines for coverage of ABA Services:

- 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 been diagnosed with Autism Spectrum Disorder (ASD), as defined by the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders. The diagnosis has been made by a pediatric neurologist, developmental pediatrician, or psychologist or psychiatrist experienced in the diagnosis of autism.
- 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 are not medically necessary when the functional outcomes documented in the current IFSP have not been met, or if the plan member is not making progress toward functional outcomes nor is there any expectation of progress.

Update related to coronavirus disease 2019 (COVID-19)

To mitigate the spread of COVID-19, the Massachusetts Department of Public Health (MA DPH) remains committed to providing services in a manner that reduces exposure and transmission, to the extent possible. For the duration of this public health 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.

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.

Extension of coverage for Early Intervention Services

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 individuals meeting the credentialing requirements specified in the MA DPH EI Operational Standards and who have knowledge and expertise in treating infants and toddlers with Autism Spectrum Disorder (ASD). Direct services are provided by a 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

Reimbursement is subject to prior authorization being obtained when applicable codes require authorization. Coverage for Early Intervention Services is only for Commercial and MassHealth products.

The MA DPH has approved specific Autism SSPs to provide ABA Services under the Early Intervention Program. Autism SSPs do not bill commercial insurers, MassHealth or MA DPH directly for ABA Services under Early Intervention. Each of the Early Intervention Programs contracts with one or more Autism SSPs to provide ABA Services for children in their geographic area. The Autism SSP invoices their services to the Early Intervention Program and the Early Intervention Program then bills the appropriate payer.

Services rendered by Autism SSPs utilizing the DIR/Floortime model are billed directly to MA DPH for all plan members.

Early Intervention Services delivered via telehealth during the COVID-19 public health emergency will be reimbursed at the same rate as in-person services.

Referral/notification/prior authorization requirements

Prior Authorization is required for codes H0031, H0032, H2012, and H2019. All other codes listed below do not require Prior Authorization.

Billing/coding guidelines

The below coding is for Early Intervention Service, please note that for MassHealth members the Plan does not reimburse codes H0031, H0032, H2012, and H2019 as they should be billed directly to MassHealth.

For Early Intervention Services delivered via telehealth during the COVID-19 public health emergency, providers should bill the procedure code(s) that would be appropriate for the same service(s) when delivered in-person.

Please include Place of Service Code 02 on claims for services delivered via telehealth.

Code type	Code	Description	Modifiers
CPT	96164	Health behavior intervention, group (2 or more patients), face-to-face; initial 30 minutes	U1, U2
	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, U2
HCPCS	H0031	Mental health assessment, by nonphysician	U2
	H0032	Mental health service plan development by nonphysician	U2
	H2012	Behavioral health day treatment, per hour	U2
	H2015	Comprehensive community support services, per 15 minutes	AH, AJ, GN, GO, GP, HN, TD, TE
	H2019	Therapeutic behavioral service, per 15 minutes	U2
	T1015	Clinic visit/encounter, all-inclusive	TL

	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
	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
	T1027	Family training and counseling for child development, per 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	Clinical psychologist
AJ	Clinical social worker
GN	Services delivered under an outpatient speech language pathology plan of care
GO	Services delivered under an outpatient occupational therapy plan of care
GP	Services delivered under an outpatient physical therapy plan of care
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

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.

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.