

Reimbursement Policy

Early Intervention

Policy Number: 4.3

Version Number: 7

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Product Applicability	<input type="checkbox"/> All Plan+ Products
Well Sense Health Plan	Boston Medical Center HealthNet Plan
<input type="checkbox"/> Well Sense Health Plan	<input checked="" type="checkbox"/> MassHealth MCO
	<input checked="" type="checkbox"/> MassHealth ACO
	<input checked="" type="checkbox"/> Qualified Health Plans/ConnectorCare/Employer Choice Direct
	<input type="checkbox"/> Senior Care Options

Note: Disclaimer and audit information is located at the end of this document.

Policy Summary

The Plan reimburses covered services based on the provider's contractual rates with the Plan and the terms of reimbursement identified within this policy.

Note: *Early Intervention Specialty Services provided to children from birth until age three years with a confirmed diagnosis of an Autism Spectrum Disorder are managed by the Plan's contracted behavioral health vendor Beacon Health Strategies.*

Prior-Authorization

Please refer to the Plan's Prior Authorization Requirements Matrix at www.bmchp.org.

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Definitions

Early Intervention (EI) Program – A program that shows evidence of having met the Early Intervention Standards of the Department of Public Health and that provides services such as medical, therapeutic, educational, developmental, and social services for children and their families. Services are provided to children from birth until the child's third birthday when they are at biological, environmental or established risk.

Provider Reimbursement

Services are reimbursed from birth until the child's third birthday when a child is at risk for developmental delay due to medical, biological or environmental factors and failure to receive early intervention services is expected to impede the member's development.

The Plan pays Early Intervention programs for the following services when they are furnished by a nurse, an occupational therapist, a physical therapist, a speech and language pathologist, a social worker, a psychologist, a developmental specialist, a physical therapy assistant, or an occupational therapy assistant:

- Home visits
- Center-based individual visits
- Child-focused group sessions
- Parent-focused group sessions
- Evaluation/assessment
- Intake/screening

Service Limitations

The following services are not reimbursable:

- Research or experimental treatment
- Educational services
- Nutritional counseling
- Respite services
- Department of Public Health (DPH) annual participation fees for families receiving early intervention services
- Recreational or other non-therapeutic services
- Home or center-based visits not conducted by a nurse, an occupational therapist, a physical therapist, a speech and language pathologist, a social worker, or a psychologist
- Any visits, screenings, group sessions, or assessments that are missed or canceled by a member

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Applicable Coding and Billing Guidelines

Applicable coding is listed below, subject to codes being active on the date of service. Because the American Medical Association (AMA), Centers for Medicare & Medicaid Services (CMS), and the U.S. Department of Health and Human Services may update codes more frequently or at different intervals than Plan policy updates, the list of applicable codes may not be all inclusive. These codes are not intended to be used for coverage determinations.

Coding Notes

When two or more specialty services are performed on the same day, list each service (PT, OT, ST) on separate lines with the number of units for each service provided and include the appropriate servicing provider type modifier. Failure to report a modifier may result in a claim or line denial.

HCPCS - Modifier	Description	Plan Notes
H2015	Comprehensive community-support services, per 15 minutes (use for individual child visits, not center-based);	16 Maximum allowed units per member per day, not to exceed two visits per day
H2015-AH	services provided by clinical psychologist	
H2015-AJ	services provided by clinical social worker	
H2015-GN	services provided by speech/language therapist	
H2015-GO	services provided by occupational therapist	
H2015-GP	services provided by physical therapist	
H2015-TD	services provided by registered nurse	
H2015-TE	services provided by licensed practical nurse	
H2015-HN	Bachelor's degree level services provided by developmental specialist	
T1015-TL	Clinic visit/encounter, all-inclusive (one encounter is defined as a 15-minute unit) (use for individual child visits, center-based)	Maximum units allowed are 8 per day
T1023	Screening to determine the appropriateness of consideration for individual for participation in a specified program, project, or treatment protocol, per encounter (one encounter is defined as a 15-minute unit) (use for screening/intake);	Maximum units allowed per member are 8 units per 12-month period
T1023-AH	services provided by clinical psychologist	

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HCPCS - Modifier	Description	Plan Notes
T1023-AJ	services provided by clinical social worker	
T1023-GN	services provided by speech/language therapist	
T1023-GO	services provided by occupational therapist	
T1023-GP	services provided by physical therapist	
T1023-TD	services provided by registered nurse	
T1023-TE	services provided by licensed practical nurse	
T1023-HN	Bachelor's degree level services provided by developmental specialist	
T1024	Evaluation and treatment by an integrated specialty team contracted to provide coordinated care to multiple or severely handicapped children, per encounter (one encounter is defined as a 15-minute unit) (use for EI assessments);	Maximum units allowed per member are 40 units per 12-month period
T1024-AH	services provided by clinical psychologist	
T1024-AJ	services provided by clinical social worker	
T1024-GN	services provided by speech/language therapist	
T1024-GO	services provided by occupational therapist	
T1024-GP	services provided by physical therapist	
T1024-TD	services provided by registered nurse	
T1024-TE	services provided by licensed practical nurse	
T1024-HN	Bachelor's degree level services provided by developmental specialist	
T1027-TL	Family training and counseling for child development, per 15 minutes (use for parent-focused group session, per member)	Maximum units allowed per member are 6 units per EI session and 1 session per week
96164 U1	EI Only Child Group, initial 30 minutes Health Behavior Intervention – Group – 2 or more patients- face to face initial 30 minutes.	Maximum 2 units per week per member
96164 U2	EI Community Child Group, initial 30 minutes Health Behavior Intervention – Group – 2 or more patients- face to face initial 30 minutes	Maximum 2 units per week per member

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HCPCS - Modifier	Description	Plan Notes
96165 U1	EI Only Child Group for each additional 15 minutes Health Behavior Intervention – Group – 2 or more patients- face to face for each additional 15 minutes (list separately in addition to code for primary service)	Maximum 6 units per week per member
96165 U2	EI Community Child Group each additional 15 minutes Health Behavior Intervention , Group – 2 or more patients- face to face for each additional 15 minutes (list separately in addition to code for primary service)	Maximum 6 units per week per member

Policy History

Original Approval Date	Original Effective Date	Policy Owner	Approved by
08/09/2011	01/01/2012	Payment Policy	Payment Policy Committee

Policy Revisions History			
Review Date	Summary of Revisions	Revision Effective Date	Approved by
12/02/2013	Updated template, product applicability section, and references for BMC HealthNet Plan Qualified Health Plans, including ConnectorCare	12/02/2013	Payment Policy Committee
07/19/2016	New template, annual review, updated service limitation section, updated policy summary to include statement about Specialty EI services for Autism	10/01/2016	Payment Policy Committee
12/9/2019	Removed deleted code 96153 and added 96164, 96165 to coding table	01/01/2020	Payment Policy Committee
02/03/2020	Added limits for 96164 and 96165	01/01/2020	Payment Policy Committee
05/18/2021	Annual Review, changes to coding table, updates to frequency limits	06/01/2021	Payment Policy Committee
09/21/2021	Revised statement that Autism Spectrum Disorder managed by MassHealth to state by Beacon Health Strategies instead	11/01/2021	Payment Policy Committee

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Other Applicable Policies

- General Billing and Coding Guidelines, 4.31
- General Clinical Editing and Payment Accuracy Review Guidelines, 4.108
- Modifiers, 4.23

References

- 101 CMR 349.00: Rates for Early Intervention Program
- Contract between The Office of Health and Human Services (EOHHS), and Boston Medical Center HealthNet Plan MassHealth
- Evidence of Coverage, Form No. BMCHP CChoice-1
- BMC HealthNet Plan Qualified Health Plans, including ConnectorCare Evidence of Coverage

Disclaimer Information

This Policy provides information about the Plan's reimbursement/claims adjudication processing guidelines. The use of this Policy is neither a guarantee of payment nor a final prediction of how specific claim(s) will be adjudicated. Reimbursement is based on many factors, including member eligibility and benefits on the date of service; medical necessity; utilization management guidelines (when applicable); coordination of benefits; adherence with applicable Plan policies and procedures; clinical coding criteria; claim editing logic; and the applicable Plan – Provider agreement. Member cost-sharing (deductibles, coinsurance and copayments) may apply – depending on the member's benefit plan. Unless otherwise specified in writing, reimbursement will be made at the lesser of billed charges or the contractual rate of payment. Plan policies may be amended from time to time, at Plan's discretion. Plan policies are developed in accordance with applicable state and federal laws and regulations, and accrediting organization guidelines (including NCQA). The Plan reserves the right to conduct Provider audits to ensure compliance with this Policy. If an audit determines that the Provider did not comply with this Policy, the Plan will expect the Provider to refund all payments related to non-compliance. For more information about the Plan's audit policies, refer to the Provider Manual.

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