



## Payment Policy

### Early Intervention Services Payment Policy

#### Purpose

The purpose of this payment policy is to define how Minuteman Health, Inc. (MHI) reimburses for Early Intervention Services.

#### Applicable Plans

- MHI MA Plans
- MHI NH Plans

#### Definitions

MHI pays early intervention services based on members' evidence of coverage (EOC). Benefit specifics should be verified by provider prior to initiating services. Early intervention services are state mandated programs (MA & NH) available to all members from birth to three years of age who are identified as having developmental disabilities or at risk for developing development delays due to adverse birth conditions or other environmental circumstances.

#### Requirements

MHI covers early intervention (EI) services with no Copay, Coinsurance, or Deductible, and no maximum benefit. These services must be delivered by certified EI specialists. These specialists work in EI programs and are certified by the Department of Public Health. Coverage is for Members from birth until age 3.

EI is explicitly excluded in the EOC from:

1. **Substance Abuse Services**
2. **Services provided under [M.G.L. Chapter 71B](#) in Massachusetts (referred to as "Chapter 766"). These service include, for example:**
  3.
    - Adaptive physical education
    - Physical and occupational therapy
    - Educational services or testing, except services covered under the benefit for Early Intervention (EI) services
    - Services for problems of school performance
    - Psychological counseling
    - Speech and language therapy
    - Transportation

**4. Educational or vocational services or testing, except services covered under the benefit for Early Intervention services. Excluded services include for example:**

- School or sports related physical exams
- Job retraining
- Vocational and driving evaluations
- Therapy to restore function for a specific occupation

**Billing Information:**

- Providers should check to ensure patient is eligible for MHI benefit coverage at every appointment
- Claims should be submitted using the most updated industry codes.

In MA early intervention providers may only bill the following codes in accordance with MH Public Health Guidance.

Procedure Code	Description
H2015	Comprehensive community support services, per 15 minutes; 2 visits per day, up to 16 units per day.
T1015	Clinic visit/encounter, all inclusive (8-unit maximum per visit)
96153 U1	Health and behavior intervention, each 15 minutes, group (Use U1 modifier for Early Intervention on child group)
T1027	Family training and counseling for child development, per 15 minutes
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 Department of Public Health as a 15 minute block of time)
T1024	Team evaluation and management, per encounter (an encounter is defined by the Massachusetts Department of Public Health as a 15 minute block of time)

Note: Time should be billed in units of 15 minutes (15 mins = 1 unit; 2 hours = 8 units; 10 hours = 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 does a 2 hour initial assessment (8 units) and an occupational therapist does 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).

**Reference for NH:**

**415:6-n Coverage for Children's Early Intervention Therapy Services.** – Each insurer that issues or renews any individual policy, plan, or contract of accident or health insurance providing benefits for

medical, rehabilitation, or hospital expenses, shall provide to certificate holders of such insurance, who are residents of this state, coverage for expenses arising from the services of licensed and credentialed occupational therapists, physical therapists, speech-language pathologists, and clinical social workers working with children from birth to 36 months of age with an identified developmental disability and/or delay as specified in rules adopted pursuant to RSA 171-A:18, IV as long as the providing therapist receives a referral from the child's primary care physician if applicable. The benefits included in this section may be subject to deductibles, copayments, coinsurance, or other terms and conditions of the policy, and may have a cap of \$3,200 per child per year not to exceed \$9,600 by the child's third birthday. Notwithstanding any provision of law or rule to the contrary, the coverage under this section shall apply to the medical assistance program, pursuant to RSA 161 and RSA 167.

**Source.** 2007, 338:1, eff. Sept. 14, 2007.

## Authorization Requirements

None

## Attachments

None

## Important Note About This Reimbursement Policy

Providers are responsible for submission of accurate claims. All EDI claims must be submitted in accordance with HIPAA 5010 Standards and Paper claims must be submitted on either CMS1500 or CMS1450 (UB04) claim forms. MHI's reimbursement policy includes the use of Current Procedural Terminology (CPT<sup>®1</sup>), guidelines from the Centers for Medicare and Medicaid Services (CMS), and other coding guidelines.

Providers will be reimbursed based on the codes(s) that correctly describe the health care services provided.

MHI may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to MHI enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to, legislative mandates, the type of provider agreement and the terms of that agreement, the MHI Provider Manual, and/or the enrollee's benefit coverage documents.

MHI reserves the right to audit any provider and/or facility to ensure compliance with the guidelines stated in this payment policy in accordance with our provider review policy.

## History

Updated 11/1/2015, 11/01/2016

1 CPT<sup>®</sup> is a registered trademark of the American Medical Association.