

Early Intensive Behavioral Intervention Services

Policy

AllWays Health Partners covers Early Intervention Behavioral Intervention (EIBI) services for eligible members from birth up to 3 years of age. Early Intensive Behavioral Intervention providers (also referred to as Specialty Service Providers-SSP) must be approved by the Massachusetts Department of Public Health (DPH).

Effective October 1, 2021 AllWays Health Partners will directly reimburse providers approved by the MA DPH for “Early Intensive Behavioral Intervention” services (EIBI). Qualifying members must have an “Autism Spectrum Disorder” diagnosis as defined by the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders and be actively involved in an Early Intervention program. The diagnosis must be made by a physician, psychologist, or psychiatrist experienced in the diagnosis of autism. Documentation must support behavior(s) attributable to Autism Spectrum Disorder and the IFSP (Individual Family Service Plan) must support EIBI treatment for these behaviors. Coverage of EIBI Services under Early Intervention are consistent with Chapter 207 of the Acts of 2010 (An Act Relative to Insurance Coverage for Autism in the State of Massachusetts).

Membership Limitations

This policy applies to members from birth until the age of 3 who are enrolled in an AllWays Health Partners My Care Family (Mass Health) or Commercial plan.

Authorization and Referral

AllWays Health Partners covers prior authorized EIBI* services for children enrolled in My Care Family (Mass Health) and Commercial plans. EIBI providers must submit claims and Prior Authorization requests to AllWays Health Partners. Please see [Prior Authorization Guidelines](#) and [Claims Submission Process](#) for additional details.

Membership	Age Group	Service	Authorization Requirement
Commercial and My Care Family (MassHealth)	Up to age 3 and involved in Early Intervention	EIBI- Early Intensive Behavioral Intervention	<ul style="list-style-type: none"> AllWays Health Partners Prior authorization is required
Commercial and My Care Family (MassHealth)	Up to age 3 and Not involved in Early Intervention	ABA-Applied Behavioral Analysis ¹	<ul style="list-style-type: none"> Contact Optum Behavioral Health for requirements
Commercial and My Care Family (MassHealth)	3 years of age and older	ABA-Applied Behavioral Analysis	<ul style="list-style-type: none"> Contact Optum Behavioral Health for requirements

*Also known as Early Intervention Applied Behavioral Analysis (EI-ABA).

Policy & Coverage Limitations

This policy applies to all qualifying and authorized places of service (POS), as set forth in this policy and in accordance with the National POS code set. Specialty services are covered for the following diagnoses on the autism spectrum:

- *ICD-10 F84.5, F84.8*
Asperger's Syndrome
Other pervasive developmental disorders
- *ICD-10 F84.0*
Autistic disorder
- *ICD-10 F84.3*
Other childhood disintegrative disorder
- *ICD-10 F84.9*
Pervasive developmental disorder, unspecified
- *ICD-10 F84.2*
Rett's Syndrome

Member Cost-Sharing

EIBI applies Early Intervention cost sharing for Commercial Plan members. Please refer to the member's individual plan materials, including the Schedule of Benefits for details. Cost-Sharing does not apply to members enrolled in My Care Family (MassHealth) plans.

Provider Limitations

All EIBI providers (Specialty Service Providers) and their respective staff members and specialists must be approved by the Massachusetts Department of Public Health prior to billing for services. Medically necessary services must be provided by or supervised by a qualified and certified Board Certified Behavioral Analyst (BCBA) specialist, as defined by MDPH.

Definitions

Early Intensive Behavioral Intervention (EIBI): Children involved in an Early Intervention program that receive a diagnosis of Autism Spectrum Disorder (ASD) from a physician, psychologist, or psychiatrist experienced in the diagnosis of autism are eligible to receive EIBI services.

Autism Spectrum Disorder (ASD): ASD is a developmental disorder that can cause significant social, communication, and behavioral challenges. ASD can be diagnosed at any age but, is considered a "developmental disorder" because symptoms generally appear within the first two years of life. According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), people with ASD can experience:

- Difficulty with communication and interaction with other people
- Restricted interests and repetitive behaviors
- Symptoms that hurt the person's ability to function properly in school, work, and other areas of life

Specialty Service Provider (SSP): Agencies that Early Intervention programs may contract with for EIBI services.

AllWays Health Partners Does NOT Reimburse:

- ASD research-based programs, experimental treatments, or use of tools not approved by MDPH
- Educational services such as tutoring or home schooling
- Recreational services not described or included within the scope of EIBI or SSP services
- visits not conducted by MDPH approved providers
- Services reported with an ‘unassigned’ place of service code
- Unauthorized services that require authorization as defined in this policy
- Missed appointments

Billing Requirements

- EIBI (SSP) providers are required to bill the appropriate CPT and/or HCPCS service code and corresponding modifier, where applicable, to denote type of service and/or qualification level of professional rendering the services (Refer to Modifier Table).
- When 2 or more specialty services are provided on the same date of service, list each service on separate lines with the number of units for each service provided. Include the appropriate servicing provider type modifier.
- Claims submitted must include the appropriate primary diagnosis from the ICD-10 list based on the clinical determination.
- MDPH EIBI (SSP) service and visit limits apply, please see the MDPH Early Intervention Reimbursement Guide.
- EI agencies/programs are required to bill units in fifteen-minute increments within the billing restrictions for each service. A service unit is the basis on which Early Intervention services are reported and reimbursed.

Service Codes

Service Code	Description	Maximum Allowed
H0031	Mental health assessment, by non-physician	
H0032	Mental health service plan development by non-physician	
H2012	Behavioral health day treatment, per hour	Maximum of three hours per session Maximum of six hours per day
H2019	Therapeutic behavioral services, per 15 minutes	
97156	Family adaptive behavior treatment guidance, each 15	

Modifiers

Submit one of the following appropriate modifiers in the first modifier field identifying the servicing provider and/or level of service provided.

Modifier	Descriptor
HO	Master's Degree Level
HN	Bachelor's Degree Level
U1	Medicaid Level of Care 1
U2	Medicaid Level of Care 2
TL	Early Intervention/Individualized Family Service Plan (IFSP)

References

Massachusetts Department of Public Health Early Intervention Policies and Operational Standards:
<https://www.mass.gov/lists/early-intervention-policies>

Massachusetts Department of Public Health Early Intervention Billing & Reimbursement:
<https://www.mass.gov/lists/early-intervention-billing-and-reimbursement>

Early Intervention Autism Specialty Services DPH Billing Requirements & Guidance
<https://www.mass.gov/regulations/130-CMR-450000-administrative-and-billing-regulations>

MassHealth EI Program Manual Series:
<https://www.mass.gov/lists/early-intervention-program-manual-for-masshealth-providers>

Massachusetts Department of Public Health Specialty Service Documents for Providers
<https://www.mass.gov/lists/specialty-service-documents-for-providers#process-for-specialty-services-referral->

Massachusetts Division of Medical Assistance Provider Manual Series:
<https://www.mass.gov/lists/masshealth-provider-manuals>

MassHealth Children's Behavioral Health Initiative link:
<https://www.mass.gov/masshealth-childrens-behavioral-health-initiative>

Related Policies

[Early Intensive Behavioral Intervention Medical Policy](#)

Publication History

Topic: Autism Spectrum Disorders	Owner: Reimbursement Strategy
<i>September 12, 2021</i>	<i>Original Document.</i>

This document is designed for informational purposes only. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization/notification and utilization management guidelines when applicable, adherence to plan policies and procedures, claims editing logic, and provider contractual agreement. In the event of a conflict between this payment guideline and the provider's agreement, the terms and conditions of the provider's agreement shall prevail. Payment policies are intended to assist providers in obtaining AllWays Health Partners' payment information. Payment policy determines the rationale by which a submitted claim for service is processed and paid. Payment policy formulation takes into consideration a variety of factors including: the terms of the participating providers' contract(s); scope of benefits included in a given member's benefit plan; clinical rationale, industry-standard procedure code edits, and industry-standard coding conventions.

AllWays Health Partners includes AllWays Health Partners, Inc. and AllWays Health Partners Insurance Company.