

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-1
Early Intervention Program Manual	Transmittal Letter EIP-22	Date 03/12/20

601 Service Codes and Descriptions

Unless otherwise specified, one unit = 15 minutes.

MassHealth pays for the services represented by the codes listed in Subchapter 6 in effect at the time of service, subject to all conditions and limitations in MassHealth regulations at 130 CMR 440.000: *Early Intervention Plan Services* and 450.000: *Administrative and Billing Regulations*. An early intervention provider may request prior authorization (PA) for any medically necessary service reimbursable under the federal Medicaid Act, in accordance with 130 CMR 450.144, 42 U.S.C. 1396d(a) and 42 U.S.C. 1396d(r)(5), for a MassHealth Standard or CommonHealth member younger than 21 years of age, even if it is not designated as covered or payable in Subchapter 6 of the *Early Intervention Program Manual*.

For EPSDT-eligible members, the maximum units allowed refers to the maximum number of units payable unless the provider has obtained PA in accordance with 130 CMR 450.144(A)(2).

Providers must include the appropriate modifier with each service code when submitting PA requests or when submitting claims for payment.

Note: Rates paid by MassHealth for codes previously covered under this Subchapter 6 for early intervention specialty services, including therapeutic behavioral services, mental health assessments, mental health service plan development, and behavioral health day treatment, are as specified in 101 CMR 358.00: *Rates of Payment for Applied Behavior Analysis*.

Rates paid by MassHealth for telephonic codes covered under this Subchapter 6 are as specified in 101 CMR 317.00: *Medicine*.)

Service

Code-Modifier Service Description

H2015	Comprehensive community support services, per 15 minutes (use for individual child visits, not center-based). (Maximum units allowed per member equal 16 units per member per day, not to exceed two visits per day)
H2015-AH	services provided by a clinical psychologist
H2015-AJ	services provided by a clinical social worker
H2015-GN	services provided by a speech/language therapist
H2015-GO	services provided by an occupational therapist
H2015-GP	services provided by a physical therapist
H2015-HN	Bachelors degree level (services provided by a developmental specialist)
H2015-TD	services provided by a registered nurse
H2015-TE	services provided by a licensed practical nurse LPN/LVN
T1015-TL	Clinic visit/encounter, all-inclusive (one encounter is defined as one unit) (Use for individual child visits, center-based.) (maximum units allowed = eight units per day). Early intervention/individualized family service plan (IFSP) (Clinical justification for the need for services to be provided at an early intervention center rather than a community site must be documented in the member's Individual Family Service Plan (IFSP) in accordance with DPH operational standards.)

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-2
Early Intervention Program Manual	Transmittal Letter EIP-22	Date 03/12/20

Service

Code-Modifier Service Description

T1023	Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project, or treatment protocol, per encounter (use for EI screening/intake); (use the appropriate modifier(s) below to denote who provided the service); (maximum units allowed per member = eight units per 12-month period)
T1023-AH	services provided by a clinical psychologist
T1023-AJ	services provided by a clinical social worker
T1023-GN	services provided by a speech/language therapist
T1023-GO	services provided by an occupational therapist
T1023-GP	services provided by a physical therapist
T1023-TD	services provided by a registered nurse
T1023-TE	services provided by a licensed practical nurse
T1023-HN	Bachelor's degree level (services provided by a developmental specialist)
T1024	Evaluation and treatment by an integrated specialty team contracted to provide coordinated care to multiple or severely handicapped children, per encounter (use for EI assessments); (use the appropriate modifier(s) below to denote who provided the service); (maximum units allowed per member = 40 units per 12-month period)
T1024-AH	services provided by a clinical psychologist
T1024-AJ	services provided by a clinical social worker
T1024-GN	services provided by a speech/language therapist
T1024-GO	services provided by an occupational therapist
T1024-GP	services provided by a physical therapist
T1024-TD	services provided by a registered nurse
T1024-TE	services provided by a licensed practical nurse
T1024-HN	Bachelors degree level (services provided by a developmental specialist)
T1027-TL	Family training and counseling for child development, per 15 minutes Early intervention/individualized family service plan (IFSP) (use for parent-focused group session) (maximum units allowed per member = six units per EI session, one session per week)
96164-U1	Health behavior intervention, group (2 or more patients), (face-to-face), (initial 30 minutes), (maximum 2 units per week allowed per child), (use for EI-only health behavior intervention group), (clinical justification required for EI services to be provided in an EI-only health behavior intervention group, rather than an EI community health behavior intervention group (96164-U2)), (services must be documented in the member's Individual Family Service Plan (IFSP) in accordance with DPH operational standards).
96164-U2	Health behavior intervention, group (2 or more patients), (face-to-face), (initial 30 minutes), (use for EI community health behavior intervention group, including both children enrolled in EI and those not enrolled in EI), (maximum 2 units per week per member).
96165-U1	Health behavior intervention, group (2 or more patients), (face-to-face), (each additional 15 minutes following the initial 30 minute units in EI-only health behavior intervention group (96164-U1)), (list separately in addition to code for primary service), (maximum 6 units per week per child).

<p align="center">Commonwealth of Massachusetts MassHealth Provider Manual Series</p>	<p align="center">Subchapter Number and Title 6. Service Codes and Descriptions</p>	<p align="center">Page 6-3</p>
<p align="center">Early Intervention Program Manual</p>	<p align="center">Transmittal Letter EIP-22</p>	<p align="center">Date 03/12/20</p>

Service

Code-Modifier Service Description

96165-U2 Health behavior intervention, group (2 or more patients), (face-to-face), (each additional 15 minutes following the initial 30 minute units in EI community health behavior intervention group (96164-U2)), (list separately in addition to code for primary service), (maximum 6 units per week per child).

Telephonic Service Codes and Descriptions

98966 Telephone assessment and management service provided by a qualified non physician care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days not leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion.

98967 Telephone assessment and management service provided by a qualified non physician care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days not leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion.

98968 Telephone assessment and management service provided by a qualified non physician care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days not leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion.

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-4
Early Intervention Program Manual	Transmittal Letter EIP-22	Date 03/12/20

This page is reserved.