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| <b>Commonwealth of Massachusetts</b><br><b>MassHealth</b><br><b>Provider Manual Series</b><br><br><b>Early Intervention Program Manual</b> | <b>Subchapter Number and Title</b><br><br>Table of Contents | <b>Page</b><br><br>vi       |
|  | <b>Transmittal Letter</b><br><br>EIP-23                     | <b>Date</b><br><br>11/28/25 |

## Subchapter 6: Early Intervention Program

### Table of Contents

|  |     |
|--|-----|
| 6. Service Codes and Descriptions  |     |
| 601. Introduction .....  | 6-1 |
| 602. Service Codes and Descriptions .....  | 6-1 |
| Appendix A. Directory .....  | A-1 |
| Appendix C. Third-Party-Liability Codes .....  | C-1 |
| Appendix T. CMSP Covered Codes.....  | T-1 |
| Appendix U. DPH-Designated Serious Reportable Events That Are Not Provider Preventable Conditions..... | U-1 |
| Appendix V. MassHealth Billing Instructions for Provider Preventable Conditions.....                   | V-1 |
| Appendix W. EPSDT Services: Medical and Dental Protocols and Periodicity Schedules.....                | W-1 |
| Appendix X. Family Assistance Copayments and Deductibles .....   | X-1 |
| Appendix Y. EVS Codes and Messages .....   | Y-1 |
| Appendix Z. EPSDT/PPHSD Screening Services Codes .....   | Z-1 |

| <b>Commonwealth of Massachusetts<br/>MassHealth<br/>Provider Manual Series</b> | <b>Subchapter Number and Title</b><br>6. Service Codes and Descriptions | <b>Page</b><br>6-2      |
|--|---|-------------------------|
| <b>Early Intervention Program Manual</b>                                       | <b>Transmittal Letter</b><br>EIP-23                                     | <b>Date</b><br>11/28/25 |

## 601 Introduction

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 for all codes covered under this Subchapter 6 are as specified in 101 CMR 349.00: *Rates for Early Intervention Program Services*.

## 602 Service Codes and Descriptions

| <u>Service Code</u> | <u>Modifier</u> | <u>Service Description</u>   |
|---------------------|-----------------|--|
| 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). Services must be documented in the member's Individual Family Service Plan (IFSP). |
| 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 pathologist   |
| 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  |

| <b>Commonwealth of Massachusetts<br/>MassHealth<br/>Provider Manual Series</b> | <b>Subchapter Number and Title</b><br>6. Service Codes and Descriptions | <b>Page</b><br>6-2      |
|--|---|-------------------------|
| <b>Early Intervention Program Manual</b>                                       | <b>Transmittal Letter</b><br>EIP-23                                     | <b>Date</b><br>11/28/25 |

602 Service Codes and Descriptions (cont.)

| <u>Service Code</u> | <u>Modifier</u> | <u>Service Description</u>   |
|---------------------|-----------------|--|
| T1015               | TL              | Clinic visit/encounter, all-inclusive (per 15 minutes) (Use for individual child visits, center-based or individual child visits occurring at applied behavior analysis centers.) (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 or applied behavior analysis centers rather than a community site must be documented in the member's IFSP and justification for services occurring outside the natural environment must be documented in the member's IFSP in accordance with DPH operational standards.) |
| 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 pathologist   |
| 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 pathologist   |
| 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 and services must be documented in the member's IFSP)  |

| <b>Commonwealth of Massachusetts<br/>MassHealth<br/>Provider Manual Series</b> | <b>Subchapter Number and Title</b><br>6. Service Codes and Descriptions | <b>Page</b><br>6-4      |
|--|---|-------------------------|
| <b>Early Intervention Program Manual</b>                                       | <b>Transmittal Letter</b><br>EIP-23                                     | <b>Date</b><br>11/28/25 |

602 Service Codes and Descriptions (cont.)

| <u>Service Code</u> | <u>Modifier</u> | <u>Service Description</u>   |
|---------------------|-----------------|--|
| 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) and justification for services occurring outside the natural environment must be documented in member's 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 and services must be documented in the member's Individual Family Service Plan (IFSP)).   |
| 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, services must be documented in the member's Individual Family Service Plan (IFSP) and justification for services occurring outside the natural environment must be documented in member's IFSP).  |
| 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 and services must be documented in the member's Individual Family Service Plan (IFSP)).   |

This publication contains codes that are copyrighted by the American Medical Association. Certain terms used in the service descriptions for HCPCS codes are defined in the Physician's Current Procedural Terminology (CPT) code book.