

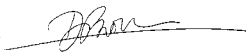


Commonwealth of Massachusetts
Executive Office of Health and Human Services
Division of Medical Assistance

600 Washington Street
Boston, MA 02111
www.mass.gov/dma

MASSHEALTH
TRANSMITTAL LETTER EIP-16
August 2003

TO: Early Intervention Programs Participating in MassHealth

FROM: Douglas S. Brown, Acting Commissioner 

RE: *Early Intervention Program Manual* (Revisions to Service Codes and Descriptions)

This letter transmits revisions to the service codes and descriptions (Subchapter 6) in the *Early Intervention Program Manual*. These revisions are effective for dates of service on or after September 1, 2003. Related updates to the program regulations will be sent separately.

The Centers for Medicare and Medicaid Services (CMS) has revised the Healthcare Common Procedure Coding System (HCPCS). New national service codes have been added, and MassHealth local codes have been removed from the *Early Intervention Program Manual*. Please note that you must use a modifier with some codes to accurately reflect the service provided. The attached Subchapter 6 contains codes with modifiers, where applicable.

I. General Billing Guidelines

In addition to the revised Subchapter 6, you will find a table that crosswalks the obsolete MassHealth local service codes to the new national service codes and modifiers. The crosswalk provides a description of the old and new service codes, the new codes and their modifiers, and other requirements for billing MassHealth for early intervention services. Please note that providers must use these new codes and modifiers when billing MassHealth for early intervention services provided on or after September 1, 2003.

Please note that all early intervention services must be billed in 15-minute increments (1 unit = 15 minutes). For early intervention screenings and assessments, one encounter has been defined as one 15-minute unit.

II. Modifiers

Please refer to the attached Subchapter 6 and attached crosswalk for instructions on when and how to use modifiers. Failure to use the appropriate modifier as required by a given service will result in a denied claim. The attached crosswalk table explains which modifiers must be used with each service code, and describes the function of the modifier. A list of modifier descriptions is also attached.

Certain services must be billed with a modifier to precisely identify the profession of the early intervention specialist that provided the service. These services include all individual child visits (H2015), all early intervention screenings (T1023), and all early intervention assessments (T1024). Only one modifier may be used per claim line, and one modifier is required when billing for these services.

Please note that MassHealth pays for a developmental specialist (indicated by modifier HN) only for early intervention screenings and assessments (T1023, T1024), and only when the developmental specialist provides the service in conjunction with an early intervention clinician. (See 130 CMR 440.412(B).)

III. Place of Service (POS)

The Division pays for different locations of service in accordance with the applicable fee schedule of the Division of Health Care Finance and Policy. These different locations of service will no longer be described by different service codes. The provider must use the appropriate place of service code on the claim form to indicate where particular services were provided. The Division will automatically pay for each place of service using this place of service code. Please see the attached crosswalk for the applicable place of service (POS) codes.

Please note that the CMS POS codes differ somewhat from the MassHealth POS codes. The CMS POS codes are available at <http://cms.hhs.gov/states/poshome.asp>. These codes must be used when submitting HIPAA-compliant 837 professional claims. MassHealth POS codes must be used when submitting paper claims on the no. 9 claim form or with the proprietary EMC format, even for claims submitted after October 15, 2003.

IV. Payment Limitations

The Division is modifying its payment limitations for early intervention services. Some of these modifications reflect changes made by the Department of Public Health (DPH) that were implemented January 13, 2003. Effective September 1, 2003, the following payment limitations apply to early intervention services covered by MassHealth:

- **child visit:** two working hours per visit and no more than one visit per day.
- **center-based individual visit:** two working hours per visit. 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 child's Individual Family Service Plan (IFSP) in accordance with DPH Operational Standards.
- **early intervention-only child group:** two times per week for a total period not to exceed two-and-one-half working hours per week. Clinical justification for the need for services to be provided in an early intervention-only child group rather than a community group must be documented in the child's Individual Family Service Plan (IFSP) in accordance with DPH operational standards.
- **community child group:** two times per week for a total period not to exceed two-and-one-half working hours per week.
- **parent-focused group session:** one-and-a-half working hours per session, and one session per week.
- **assessment/evaluation:** 10 working hours per 12-month period.
- **screening/intake:** two working hours per 12-month period.

Note: A working hour is defined as one hour worked on a screening/intake, assessment/evaluation, or other early intervention service as described in 130 CMR 440.421, by one professional staff member. (For example, if three professionals work together for one hour to complete an assessment, the assessment is billed for three working hours.)

V. Fee Schedule with the New Service Codes

If you wish to obtain a fee schedule with the new service codes, you may purchase Division of Health Care Finance and Policy (DHCFP) regulations from either the Massachusetts State Bookstore or from DHCFP (see addresses and phone numbers below). You must contact them first for the price of the publication. You may also obtain the regulation from the DHCFP Web site. The regulation title is 114.3 CMR 49.00.

Massachusetts State Bookstore
State House, Room 116
Boston, MA 02133
Telephone: 617-727-2834
www.mass.gov/sec/spr

Division of Health Care Finance and Policy
Two Boylston Street
Boston, MA 02116
Telephone: 617-988-3100
www.mass.gov/dhcfp

VI. Web Site Access and Questions

This transmittal letter and the revised regulations are available on the Division's Web site at <http://www.mass.gov/dma>.

VII. Contact Information

If you have questions about the contents of this transmittal letter, please call MassHealth Provider Services at 617-628-414 or 1-800-325-5231.

NEW MATERIAL

(The pages listed here contain new or revised language.)

Early Intervention Program Manual

Pages 6-1 and 6-2

OBSOLETE MATERIAL

(The pages listed here are no longer in effect.)

Early Intervention Program Manual

Pages 6-1 and 6-2 — transmitted by Transmittal Letter EIP-15

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601 Service Codes and Descriptions

Service

Code-Modifier Service Description

H2015-AH	Comprehensive community-support services, per 15 minutes (use for individual child visits, not center-based); 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
T1015-TL	Clinic visit/encounter, all-inclusive (one encounter is defined as a 15-minute unit) (use for individual child visits, center-based)
T1023-AH	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); services provided by clinical psychologist
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	services provided by developmental specialist
T1024-AH	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); 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	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)
96153-U1	Health and behavior intervention, each 15 minutes, face-to-face; group (two or more patients) (use for EI-only child group, including only those children who are enrolled in EI)
96153-U2	group (two or more patients) (use for community child group, for groups of children that include both children enrolled in EI and those not enrolled in EI)

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MassHealth Early Intervention Service Code Crosswalk

Obsolete Code	Obsolete Code Description	New Service Code	Modifier (see attached list for description)	New Code Description	Modifier Required?	Use the modifier to:	CMS POS-- <i>must be used on 837P</i>	DMA POS-- <i>must be used on all paper claims and on current EMC format</i>	Comment
X2312	Child visit--day-care	H2015	AH, AJ, GN, GO, GP, TD, or TE	Comprehensive community-support services, per 15 minutes	Yes	denote who provided the service. Use only one of these modifiers per claim line.	03 (school)	10 (school-based health center)	Use POS 99 to denote a child visit provided at a community site other than school, home, or hospital.
X2313	Child visit--hospital	H2015	AH, AJ, GN, GO, GP, TD, or TE	Comprehensive community-support services, per 15 minutes	Yes	Denote who provided the service. Use only one of these modifiers per claim line.	21 (inpatient hospital)	03 (hospital inpatient)	
X2314	Child visit--home	H2015	AH, AJ, GN, GO, GP, TD, or TE	Comprehensive community-support services, per 15 minutes	Yes	Denote who provided the service. Use only one of these modifiers per claim line.	12 (home)	02 (home)	
X2315	Center-based individual child visit	T1015	TL	Clinic visit/encounter, all-inclusive	Yes	Denote that this is an early intervention service.	11 (office)	01 (office)	One encounter is defined as a 15-minute unit. Use "office" as place of service for center-based services.
X2316	Early intervention-only child group	96153	U1	Health and behavior intervention, each 15 minutes, face-to-face; group (two or more patients)	Yes	Indicate that you are billing for an EI-only child group.	Specify where service was provided: 11 (office) or 99 (other place of service)	Specify where service was provided: 01 (office) or 99 (other location)	For groups of children including only children who are enrolled in EI. Use place of service 99 to indicate "community."
X2317	Parent-focused group	T1027	TL	Family training and counseling for child development, per 15 minutes	Yes	Denote that this is an early intervention service.	Not specified	Not specified	
X5432	Community child group	96153	U2	Health and behavior intervention, each 15 minutes, face-to-face; group (two or more patients)	Yes	Indicate that you are billing for an integrated, community child group.	Specify where service was provided: 11 (office) or 99 (other place of service)	Specify where service was provided: 01 (office) or 99 (other location)	For groups of children that include both children enrolled in EI and children not enrolled in EI. Use place of service 99 to indicate "community."

MassHealth Early Intervention Service Code Crosswalk

Obsolete Code	Obsolete Code Description	New Service Code	Modifier (see attached list for description)	New Code Description	Modifier Required?	Use the modifier to:	CMS POS-- <i>must be used on 837P</i>	DMA POS-- <i>must be used on all paper claims and on current EMC format</i>	Comment
X2318	Intake/screening	T1023	AH, AJ, GN, GO, GP, TD, TE, or HN	Screening to determine the appropriateness of consideration for individual for participation in a specified program, project, or treatment protocol, per encounter	Yes	Denote who provided the service. Use only one of these modifiers per claim line.	Not specified	Not specified	One encounter is defined as a 15-minute unit.
X2319	Assessment (ongoing)	T1024	AH, AJ, GN, GO, GP, TD, TE, or HN	Evaluation and treatment by an integrated specialty team contracted to provide coordinated care to multiple or severely handicapped children, per encounter	Yes	Denote who provided the service. Use only one of these modifiers per claim line.	Not specified	Not specified	One encounter is defined as a 15-minute unit.

CMS/HCPCS Modifier	Description
AH	clinical psychologist
AJ	clinical social worker
GN	speech language pathologist
GO	occupational therapist
GP	physical therapist
HN	bachelor's degree level (use for Educator, bachelor's level or higher)
TD	registered nurse
TE	licensed practical nurse
TL	early intervention
U1	Medicaid Level of Care 1 (use this modifier for EI-only child groups)
U2	Medicaid Level of Care 2 (use this modifier for community child groups)