



Transmittal Letter EIP-23

DATE: November 2025

TO: Early Intervention Programs Participating in MassHealth

FROM: Monica Sawhney, Chief of Provider, Family, and Safety Net Programs

RE: *Early Intervention Program Manual (Update to 130 CMR 440.000 Subchapter 6)*

Background

This letter transmits revisions to Subchapter 6 of the Early Intervention Program Manual, as described below.

Effective for dates of service beginning November 28, 2025, early intervention (EI) services delivered at applied behavior analysis centers must be billed using T1015-TL (clinic visit/encounter).

MassHealth is also revising this section of Subchapter 6 to:

- correct the description of T1015 to be per 15 minutes;
- remove telephonic codes 98966, 98967, and 98968, which were added during the COVID-19 Public Health Emergency that has now expired;
- clarify speech/language pathologist; and
- update descriptions of EI codes with certain modifiers

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Questions?

- Call the MassHealth Customer Service Center at (800) 841-2900, TDD/TTY: 711, or
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New Material

The pages listed here contain new or revised language.

All Provider Manuals

Pages vi, 6-1 through 6-3

Obsolete Material

The pages listed here are no longer in effect.

All Provider Manuals

Page vi — transmitted by Transmittal Letter EIP-20

Pages 6-1 through 6-4— transmitted by Transmittal Letter EIP-22

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Subchapter 6: Early Intervention Program

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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

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). 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

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Service

Code Modifier Service Description

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)

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602 Service Codes and Descriptions (cont.)

Service

Code Modifier Service Description

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.