

Early Intervention

Policy

Harvard Pilgrim reimburses early intervention (EI) services mandated in Connecticut, Maine, Massachusetts and New Hampshire when provided by a contracted early intervention provider. Services are covered from birth up to the child's third birthday when a child is at risk for developmental delay due to medical, biological or environmental factors. It is available to members enrolled in most Connecticut, Maine, Massachusetts and New Hampshire group and non-group health plans, irrespective of the member's place of residence.

Policy Definition

Early Intervention Programs are certified by the Department of Public Health (MA, ME, NH) and by the Department of Social Services (CT) which provide coordinated developmental services that are educational, therapeutic and social in nature. These programs are designed for children ages birth up to the child's third birthday who have developmental delays or have a high potential for developmental delay due to medical, biological or environmental factors. Services include combinations of therapies such as physical therapy, occupational therapy, and speech therapy. The duration of the therapy may last for months or years.

Prerequisite(s)

HMO/POS/PPO

None.

Harvard Pilgrim Reimburses¹

HMO/POS/PPO

Harvard Pilgrim reimburses covered early intervention services. Reimbursement may be subject to benefit limitations in accordance with state mandates.

Services include:

- Physical, occupational, and speech therapy (PT, OT, ST)
- Psychological counseling, educational services and nursing care
- Screening and assessment

Harvard Pilgrim Does *Not* Reimburse

HMO/POS/PPO

- Providers who are not licensed or credentialed to render services for members that are enrolled in a group or non-group health plan in Maine and New Hampshire
- Department of Public Health (DPH) annual participation fees for families receiving early intervention services
- Research or experimental treatment.
- Recreational care and services not rendered by a qualified professional
- Services that exceed the dollar limit for early intervention services for members enrolled in Maine and New Hampshire group and non-group health plans.

Member Cost-Sharing

Services may be subject to applicable member out-of-pocket cost (e.g., copayment, coinsurance, deductible) refer to the member's statement of benefits.

Provider Billing Guidelines and Documentation

Coding²

Code	Description	Comment
96164	Health behavior intervention, group (2 or more patients), face-to-face; initial 30 minutes	Requires modifier U1 or U2

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Code	Description	Comment
96165	Health behavior intervention, group (2 or more patients), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)	Requires modifier U1 or U2
H2015	Comprehensive community support, per 15 minutes (Individual Child visit)	Requires HCPCS modifier ³
T1015	Clinic visit/encounter, all inclusive (Center-based individual visit)	Requires HCPCS modifier ³
T1023	Screening to determine appropriateness of consideration of an individual for participation in a specified program, project of treatment protocol, per encounter	Requires HCPCS modifier ³
T1024	Evaluation and treatment by an integrated, specialty team contracted to provide coordinate care to multiple or severely handicapped children, per encounter	Requires HCPCS modifier ³
T1027	Family training and counseling for child development, per 15 minutes	Requires HCPCS modifier ³

Modifiers (for contracted providers in MA, ME, and NH)

Bill all lines using one of the following modifiers in the first modifier position.

HCPCS Modifier	Servicing Provider Type	HCPCS Modifier	Servicing Provider Type
AH	Clinical psychologist	TD	RN
AJ	Clinical social worker	TE	LPN/LVN
GN	Services delivered under an outpatient speech language pathology plan of care	TJ	Program group, child and/or adolescent
GO	Services delivered under an outpatient occupational therapy plan of care	U1 ⁴	Medicaid level of care 1 (as defined by each state)
GP	Services delivered under an outpatient physical therapy plan of care	U2 ⁴	Medicaid level of care 2 (as defined by each state)
HN ³	Bachelor's degree level		

Connecticut Birth to Three providers may only bill and be reimbursed for the following codes.

Code	Description	Comment
T2024	IFSP meeting/ service assessment/plan of care development, waiver	Performed by a practitioner considered a professional
H2014	Treatment-Professional/ Skills training and development, per 15 minutes	This code is to be used when the service provided is less than 1.5 hours in duration
H2014	Treatment-Professional High Utilization/ Skills training and development, per 15 minutes	This code and modifier are to be used when the service provided is greater than 1.5 hours in duration; Requires HCPCS modifier TF (intermediate level of care)

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Code	Description	Comment
T1027	Treatment-Para-Professional/ Family training and counseling for child development, per 15 minutes	This code is to be used when the service provided is less than 1.5 hours in duration
T1027	Treatment-Para-Professional High Utilization/Family training and counseling for child development, per 15 minutes	This code and modifier are to be used when the service provided is greater than 1.5 hours in duration Requires HCPCS modifier TF (intermediate level of care)

Modifiers (for contracted providers in CT)

Bill all applicable lines using the following modifier in the first modifier position.

Code	Description
TF	Intermediate level of care

Claims submitted without a HCPCS modifier identifying the servicing provider type will be denied and will need to be resubmitted with the appropriate modifier to be considered for reimbursement.

Other Information

- When two or more specialty services are performed on the same day, list each service (PT, OT, ST) on separate lines with the number of units for each service provided and include the appropriate servicing provider type modifier. For example, if a child receives 30 minutes of PT and 30 minutes of OT during a single one-hour home visit, submit claim lines as follows:
 - H2015-GO with two units for 30 minutes of occupational therapy
 - H2015-GP with two units for 30 minutes of physical therapy
- Claims for early intervention are accepted in the CMS-1500 or electronic 837P
 - Unless otherwise specified, 1 unit = 15 minutes
 - Encounters are reimbursed as a 15-minute block of time which is defined by state regulations

Related Policies

None

PUBLICATION HISTORY

01/01/02	original documentation
01/01/02	educational services added to reimbursement 12/20/01
07/01/03	2003 coding update effective 09/01/03
07/01/04	removed codes for 2003 service dates; added HCPCS modifier codes
07/01/05	annual review
08/01/06	annual review; clarified policy
07/31/07	annual review; no changes
10/31/07	annual review; added New Hampshire-mandated services, HN educator lever services not covered for NH health plans
07/31/08	annual review; minor edit for clarity
07/15/09	annual review; updated coding and HCPC modifier tables, added New Hampshire under Harvard Pilgrim reimburses
08/15/09	added language to align with 7/09 Massachusetts mandate
09/15/10	annual review; added Maine mandates services effective 01/01/11
06/15/11	annual review; minor edit for clarity
01/01/12	removed First Seniority Freedom information from header
06/15/12	annual review; updated coding grid; minor edits for clarity
07/15/13	annual review; removed at a rate set forth by; removed limitations in coding grid
06/15/14	added <i>Connecticut Open Access HMO</i> referral information to Prerequisites
07/15/14	annual review; added Connecticut to states HP covers for mandates
07/15/15	annual review; administrative edits
07/15/16	annual review; administrative edits
07/15/17	annual review; removed Connecticut prerequisite statement

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09/04/18	annual review; added CT Birth to Three coding guidelines; clarified encounter and unit based services; added Early Intervention Program certification for CT in the Policy Definition section; administrative edits
08/01/19	annual review; no changes
02/03/20	annual coding update
08/03/20	annual review; no changes
08/02/21	annual review; administrative edit

¹This policy applies to the products of Harvard Pilgrim Health Care and its affiliates—Harvard Pilgrim Health Care of Connecticut, Harvard Pilgrim Health Care of New England, and HPHC Insurance Company—for services performed by contracted providers. Payment is based on member benefits and eligibility, medical necessity review, where applicable, and provider contractual agreement. Payment for covered services rendered by contracted providers will be reimbursed at the lesser of charges or the contracted rate. (Does not apply to inpatient per diem, DRG, or case rates.) HPHC reserves the right to amend a payment policy at its discretion. CPT and HCPCS codes are updated annually. Always use the most recent CPT and HCPCS coding guidelines.

²The table may not include all provider claim codes related to early intervention.

³Harvard Pilgrim requires the HCPCS modifier that identifies the servicing provider type. Claims submitted with the modifier HN for members enrolled in a ME or NH health plan will deny as not a covered service.

⁴Only reimbursable for 96164 or 96165 when billed by an EI (Early Intervention) provider.