Harvard Pilgrim Health Care | TUFTS Health Plan

Point32Health companies

Payment Policy:
Early Intervention

Applies to:

Commercial Products

☒ Harvard Pilgrim Health Care Commercial products
☒ Tufts Health Plan Commercial products

Public Plans Products

☒ Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product)
☒ Tufts Health Together – MassHealth Accountable Care Partnership Plans
☒ Tufts Health RITogether – A Rhode Island Medicaid Plan
☒ Tufts Health One Care – A dual-eligible product

Senior Products

☒ Tufts Health Plan Senior Care Options (SCO) (a dual-eligible product)
☒ Tufts Medicare Preferred HMO/PPO (Medicare Advantage products)

Policy

Point32Health reimburses contracted early intervention providers for provision of state mandated early intervention (IE) services. This applies to early intervention programs certified by the Department of Public Health (MA), Maine Department of Education, New Hampshire Department of Health and Human Services, the Connecticut Office of Early Childhood, and the Rhode Island Executive Office of Health and Human Services. These programs are designed for children from birth up to the child's third birthday who have developmental delays or have high potential for developmental delays due to medical, biological, or environmental factors.

Tufts Health Together Only
Early intervention services are provided to eligible children (as defined above) aged three or under.

Prerequisites

Applicable Point32Health referral, notification, and authorization policies may apply. Refer to the appropriate sections within the Provider Manuals for more information.

General Benefit Information

Services are pursuant to the member's benefit plan documents and are subject to applicable member out-of-pocket cost (e.g., copayment, coinsurance, deductible). Member eligibility and benefit specifics should be verified prior to initiating services.

Use of non-contracted labs may have the unintended consequence of subjecting the member to unnecessary services not ordered by the treating provider or other unreasonable financial exposure. In such circumstances, Point32Health may hold the ordering provider accountable for any inappropriate behavior on the part of the nonparticipating lab that has been selected.

Point32Health Reimburses

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

Point32Health Does *Not* Reimburse

- Department of Public Health (DPH) annual participation fees for families receiving early intervention services
- Providers who are not licensed or credentialed to render 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, when applicable

Provider Billing Guidelines and Documentation

Providers are reimbursed according to the applicable contracted rates and fee schedules.

Coding
These code tables may not be all inclusive

Commercial (MA, ME & NH) and Tufts Health Public Plans (MA) Only

Code	Description
96164	Health behavior intervention, group (2 or more patients), face-to-face, initial 30 minutes- Requires modifier U1 or U2
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 visit (individual child visit)
T1015	Clinic visit/encounter, all inclusive (center-based individual visit)
T1015-TL	Early Intervention/individualized family service plan services delivered at an ABA center, per 15 minutes *Effective for DOS beginning Nov. 28, 2025 for Tufts Health Together members only*
T1023	Screening to determine appropriateness of consideration of an individual for participation in a specified program, project, or treatment protocol, per encounter
T1024	Evaluation and treatment by an integrated, specialty team contracted to provide coordinated care to multiple or severely handicapped children, per encounter
T1027	Family training and counseling for child development, per 15 minutes

Rhode Island Plans only
This is not a comprehensive list. For more information, please refer to the RI Medical Assistance Claim Reimbursement Guidebook for Early Intervention Services.

Code	Description
H0046	Supervision- Use the following modifiers as appropriate: HN (bachelor's level); HO (master's level) or HP (doctoral level)
H2015	Comprehensive community support services, each 15 minutes
S9446	Family education and support – parent education
T1013	Translator/interpreter
T1016	Transition planning
T1023	Intake/family assessment (use modifier TL for IFSP meeting)
T1024	Team treatment
T1027	Family training education and support

Connecticut Plans Only (Connecticut Birth to Three)

Code	Description
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- Services longer than 1.5 hours require modifier TF (intermediate level of care)
T1027	Treatment-Para-Professional/family training and counseling for child development, per 15 minutes- Services longer than 1.5 hours require modifier TF (intermediate level of care)

*When modifier TF is applicable, bill in the first modifier position

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

Code	Description
AH	Clinical psychologist
AJ	Clinical social worker
GN	Services delivered under an outpatient speech language pathology plan of care
GO	Services delivered under an occupational therapy plan of care
GP	Services delivered under an outpatient physical therapy level of care
HN	Bachelor's degree level (will deny for members enrolled in ME or NH health plan)
TD	RN
TE	LPN/LVN
TL	Services provided under an Early Intervention (EI) program
TJ	Program group, child and/or adolescent
U1	Medicaid level of care 1 (as defined by each state)- Only to be used with CPT codes 96164 or 96165
U2	Medicaid level of care 2 (as defined by each state)- Only to be used with CPT codes 96164 or 96165

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

Other Information

- An evaluation must be conducted upon the member's enrollment in the program and then annually to determine continued eligibility. An assessment may be conducted periodically to determine the child's strengths and needs. Payment is limited to 10 working hours per 12-month period for evaluation/assessment.
- 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 services provider type modifier
- Claims for early intervention are accepted on the CMS-1500 claim form or electronic 837P
- Unless otherwise specified, 1 unit = 15 minutes, which is defined by state regulations
- Maximum units are per day, unless otherwise noted

Related Policies and Resources

Payment Policies

- Applied Behavioral Analysis (ABA)
- Maximum Units
- Physical, Occupational, and Speech Therapy

Clinical Policies

- Applied Behavior Analysis (ABA) Including Early Intervention for Tufts Health RITogether
- Early Intensive Behavioral Intervention (EIBI)

Publication History

07/01/2026: Annual review; administrative edits
01/01/2026: Added T1015-TL to indicate EI/IFSP services performed at an ABA center, effective for DOS beginning Nov. 28, 2025 for Tufts Health Together members
07/01/2024: Annual review; no changes
11/01/2023: Policy moved to new template; includes all lines of business

Background and Disclaimer Information

This policy applies to the products of Harvard Pilgrim Health Care and Tufts Health Plan and their affiliates, as identified in the check boxes on the first page for services performed by contracted providers.

Payment is based on member benefits and eligibility on the date of service, medical necessity review, where applicable, and the provider's network participation agreement with the Plan. As every claim is unique, this policy is neither a guarantee of payment, nor a final indication of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on

the date of service, coordination of benefits, referral/authorization, and utilization management requirements (when applicable), adherence to Plan policies and procedures, and claims editing logic. An authorization is not a guarantee of payment.

Point32Health reserves the right to amend a payment policy at its discretion. CPT and HCPCS codes are updated as applicable; please adhere to the most recent CPT and HCPCS coding guidelines.

We reserve the right to conduct audits on any provider and/or facility to ensure accuracy and compliance with the guidelines stated in this payment policy. If such an audit determines that a provider/facility did not comply with this payment policy, Harvard Pilgrim Health Care and Tufts Health Plan will expect the provider/facility to refund all payments related to noncompliance.