Harvard Pilgrim Health Care | TUFTS Health Plan

Point32Health companies

Medical Necessity Guidelines: **Early Intensive Behavioral Intervention (EIBI)**

Effective: July 1, 2026

Prior Authorization Required If REQUIRED, submit supporting clinical documentation pertinent to service request to the FAX numbers below.	Yes ☐ No ☒
Notification Required	Yes ☐ No ☒

Applies to:

- Harvard Pilgrim Health Care Commercial products
- Tufts Health Plan Commercial products
- Tufts Health Direct

We recommend submitting prior authorization electronically. If you opt to submit prior authorization requests via fax, please refer to this reference chart for the appropriate fax number (varies by product).

For details on all our products, please visit the Our Plans page on our provider website. For additional Prior Authorization and Notification details on other lines of business not listed on our Medical Necessity Guidelines page, please also reference our Prior Authorization Resources page.

Note: While you may not be the provider responsible for obtaining prior authorization or notifying Point32Health, as a condition of payment you will need to ensure that any necessary prior authorization has been obtained and/or Point32Health has received proper notification. If notification is required, providers may additionally be required to provide updated clinical information to qualify for continued service.

Overview

Autism spectrum disorders (ASD) are a group of neurodevelopmental disorders characterized by difficulties in social interaction, impaired communication (both verbal and nonverbal), and repetitive, restrictive behaviors that present in early childhood. ASD has heterogeneous etiology and comorbidities. Diagnostic criteria and nomenclature for these disorders have changed over the years and, while the current terminology in the Diagnostic and Statistical Manual 5 (DSM 5) uses a single category called Autism Spectrum Disorders, previous versions divided this into multiple subcategories.

Early Intensive Behavioral Intervention (EIBI): A well-developed scientific discipline among the helping professions that focuses on the analysis, design, implementation, and evaluation of social and other environmental modifications to produce meaningful changes in human behavior. It includes the use of direct observation, measurement, and functional analysis of the relations between environment and behavior. It uses changes in environmental events, including antecedent stimuli and consequences, to produce practical and significant changes in behavior.

Types of behavioral interventions include, but are not limited to, direct services from a team of specialists providing home-based Early Intensive Behavioral Intervention, Assessments and treatment planning, Parent training, Consultation and training for early intervention staff, Co-visits with Early Intensive (EI) professionals, Parental and caregiver involvement in the process and continued use of the strategies outside of the formal sessions is important for the success of the treatment in the long- term.

EIBI is typically an intensive treatment program for children 0-3 years of age, designed to address challenging behaviors as defined in the admission criteria. It is not a center-based program. It can only occur in settings that are natural or typical for a same-age infant or toddler without a disability. Natural settings may include home or community settings. Community settings are Childcare centers, childcare homes, libraries, parks.

Clinical Guideline Coverage Criteria

Admission of Early Intensive Behavioral Intervention Services

The Plan considers early intensive behavioral intervention services as reasonable and medically necessary when **ALL** of

the following are met:

1. The Member has a referral from an Early Intervention Provider (EIP); **and**
2. If required, EIBIs obtain a Prior Authorization to conduct an assessment. (In most cases, EIBIs do not need to wait until the family has selected a specific provider to obtain the Prior Authorization for the assessment); **and**
3. The child must have a confirmed diagnosis of Autism Spectrum Disorder (ASD), conferred by a physician or licensed psychologist allowing children to get started with services as soon as possible. It is preferred that the diagnosis be made using a diagnostic tool and that the DSM-V criteria are referenced in the diagnostic evaluation summary **OR**

For Massachusetts Members only: The Member has a diagnosis of Down Syndrome from a physician who is licensed and qualified to make such a diagnosis

Continuation of Early Intensive Behavioral Intervention Services

The Plan considers the continuation of early intensive behavioral intervention services as reasonable and medically necessary when **ALL** of the following are met:

1. The individual's condition continues to meet admission criteria for EIBI, either due to continuation of presenting problems, or appearance of new problems or symptoms; and
2. There is reasonable expectation that the individual will benefit from the continuation of EIBI services. Treatment planning is individualized and appropriate to the individual's changing condition with realistic and specific goals and objectives stated. The treatment plan is updated based on treatment progress including the addition of new target behaviors; **and**
3. Initial assessment from a BCBA, LABA with the request for EIBI services; **and**
4. A Member's progress is monitored regularly evidenced by behavioral graphs, progress notes, and daily session notes. The treatment plan is to be modified, if there is no measurable progress toward decreasing the frequency, intensity and/or duration of the targeted behaviors and/or increase in skills for skill acquisition to achieve targeted goals and objectives; **and**
5. There is documented skills transfer to the individual and treatment transition planning from the beginning of treatment; **and**
6. Services must be written on the IFSP and consented to by the family; and
7. Services are not duplicative of services that are part of an Individual Educational Plan (IEP) or Individual Service Plan (ISP).

Discharge from Early Intensive Behavioral Intervention Services

The Plan considers discharge from early intensive behavioral intervention services as reasonable and medically necessary when **ONE** of the following is met:

1. A Member's individual treatment plan and goals have been met; or
2. The individual has achieved adequate stabilization of the challenging behavior, and less-intensive modes of treatment are appropriate and indicated; or
3. The individual no longer meets admission criteria or meets criteria for a less or more intensive services; or
4. The child turns 3 years of age and has been transitioned to the Local Educational Agency (LEA) for services; or
5. Treatment is making the symptoms persistently worse; or
6. The individual is not making progress toward treatment goals, as demonstrated by the absence of any documented meaningful (i.e., durable and generalized) measurable improvement or stabilization of challenging behavior, and there is no reasonable expectation of progress.

Limitations

The Plan considers early intensive behavioral intervention services are not medically necessary for **ANY** of the following:

1. The individual has medical conditions or impairments that would prevent beneficial utilization of services.
2. The individual requires the 24-hour medical/nursing monitoring or procedures provided in a hospital setting.
3. The following services are not included within the EIBI treatment process and will not be certified:
    - vocational rehabilitation
    - supportive respite care
    - recreational therapy
    - respite care
4. The services are primarily for school or educational purposes.
5. The treatment is investigational or unproven, including, but not limited to facilitated communication, Auditory Integration Therapy (AIT), Holding Therapy, and Higashi (Daily Life Therapy).

Codes

The following code(s) are associated with these services

For the purposes of this Medical Necessity Guideline, the Plan will require the use of the following diagnosis code(s)Table 1: ICD-10 Codes

Code	Description
F84.0	Autistic disorder
*Q90.0	Trisomy 21, non-mosaicism (meiotic nondisjunction)
*Q90.1	Trisomy 21, mosaicism (mitotic nondisjunction)
*Q90.2	Trisomy 21, translocation
*Q90.9	Down syndrome, unspecified

*Applies to Massachusetts Only

Table 2: CPT/HCPCS Codes

Please note that the following codes apply to **Harvard Pilgrim Health Care Commercial and Tufts Health Plan Commercial** products only

Code	Description
97151-TL	Behavior identification assessment, administered by physician or other qualified healthcare professional, 15 mins
97152-TL	Behavior identification assessment by technician, 15 mins
97155-TL	Adaptive behavior treatment with protocol administered by physician or other qualified healthcare professional, 15 mins
97153-TL	Adaptive behavior treatment by technician, 15 mins
97154-TL	Group adaptive behavior treatment protocol technician, 15mins
97158-TL	Group adaptive behavior with protocol administered by physician or other qualified healthcare professional, 15 mins
97156-TL	Family adaptive behavior treatment guidance administered by physician or other qualified healthcare professional, 15 mins
97157-TL	Multiple - family group adaptive behavior treatment guidance administered by physician or other qualified healthcare professional, 15 mins
0362T-TL	Behavior identification supporting assessment, each 15 mins of technician time face to face with a patient, requiring the following components, administered by the physician or other qualified health professional who is on site, with the assistance of two or more technicians, for a patient who exhibits destructive behavior, completed in an environment that is customized to the patient's behavior
0373T-TL	Adaptive behavior treatment with protocol modification ,each 15 mins of technician time face to face with a patient, requiring the following components, administered by the physician or other qualified health professional who is on site, with the assistance of two or more technicians, for a patient who exhibits destructive behavior, completed in an environment that is customized to the patient's behavior

Table 3: CPT/HCPCS Codes

Please note that the following codes apply to **Tufts Health Direct** products only.

Code	Description
H2019-TL	Therapeutic behavioral services, per 15 minutes (Direct instruction by a paraprofessional working under the supervision of a licensed professional.)
H2012-TL	Behavioral health day treatment, per hour (Direct instruction by a licensed professional/parent training for home services by a licensed professional.)
H0031-TL	Mental health assessment, by nonprofessional (Assessment and case planning for home services by a licensed professional. 15-minute rate.)
H0032-TL	Mental health service plan development by nonphysician (Supervision for home services by a

Code	Description
	licensed professional. 15-minute rate.)
97156-TL	Family adaptive behavior treatment guidance, administered by a licensed professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), every 15 minutes

References:

1. Commonwealth of Massachusetts, Office of Behavioral Health, Medical Necessity Criteria, Early Intensive Behavioral Intervention (EIBI), November 2020.
2. Massachusetts Executive Office of Health and Human Services. Early Intervention Program for Autism Spectrum Disorder: Early Intensive Behavioral Intervention (EIBI). Commonwealth of Massachusetts; 2024. Accessed on October 18, 2024 at https://www.mass.gov/info-details/early-intervention-ei-autism-spectrum-disorder-specialty-services?_gl=1*1rrupo8*_ga*NzIyNjQzMTI2LjE3MjkyODEyNjE.*_ga_MCLPEGW7WM*MTcyOTI4MTI2MC4xLjEuMTcyOTI4MTYzNS4wLjAuMA..#autism-spectrum-disorder-(asd)-services:-early-intensive-behavioral-intervention-(eibi)-

Approval And Revision History

September 15, 2021 : Reviewed by the Medical Policy Approval Committee (MPAC), effective October 1, 2021

Subsequent endorsement date(s) and changes made:

- October 7, 2021: Updated term from “EIs” to EIBIs” in admission criterion two, as clarified by State within their EIBI MNC.
- October 26, 2021: Clarified Discharge Criteria, replaced reference to “Therapeutic Mentoring” to “Early Intensive Behavioral Intervention Services”.
- April 5, 2022: Template updated
- September 21, 2022: Reviewed by Medical Policy Approval Committee (MPAC), renewed without changes
- August 16, 2023: Reviewed by MPAC, renewed without changes, template updated effective November 1, 2023
- November 2023: Unify name changed to One Care effective January 1, 2024
- September 19, 2024: Reviewed by MPAC, renewed without changes effective November 1, 2024
- November 19, 2025: Reviewed by MPAC for annual review, renewed without changes effective January 1, 2026
- December 2025: Administrative updates effective January 1, 2026
- May 20, 2026: Reviewed by MPAC. Removed Tufts Health Together as applicable product, addition of Down Syndrom as applicable diagnosis, administrative update to guideline template; effective July 1, 2026

Background, Product and Disclaimer Information

Medical Necessity Guidelines are developed to determine coverage for benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. We make coverage decisions using these guidelines, along with the Member’s benefit document, and in coordination with the Member’s physician(s) on a case-by-case basis considering the individual Member's health care needs.

Medical Necessity Guidelines are developed for selected therapeutic or diagnostic services found to be safe and proven effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in our service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. We revise and update Medical Necessity Guidelines annually, or more frequently if new evidence becomes available that suggests needed revisions.

For self-insured plans, coverage may vary depending on the terms of the benefit document. If a discrepancy exists between a Medical Necessity Guideline and a self-insured Member’s benefit document, the provisions of the benefit document will govern. For Tufts Health Together (Medicaid), coverage may be available beyond these guidelines for pediatric members under age 21 under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefits of the plan in accordance with 130 CMR 450.140 and 130 CMR 447.000, and with prior authorization.

Treating providers are solely responsible for the medical advice and treatment of Members. The use of this guideline is not a guarantee of payment or a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to eligibility and benefits on the date of service, coordination of benefits, referral/authorization, utilization management guidelines when applicable, and adherence to plan policies, plan procedures, and claims editing logic.