Harvard Pilgrim Health Care | TUFTS Health Plan

Point32Health companies

Medical Necessity Guidelines: **Early Intensive Behavioral Intervention (EIBI) for Tufts Health Together**

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:

- Tufts Health Together

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

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. Applied Behavior Analysis (ABA) includes the use of direct observation, measurement, and functional analysis of the relations between environment and behavior. ABA 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 EIBI; assessments and treatment planning; parent training; consultation and training for early intervention staff; co-visits with EI professionals; parental and caregiver involvement in the process; and continued use of the strategies outside of the formal sessions. All are 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 include, but are not limited to, childcare centers, childcare homes, libraries, and parks.

Clinical Guideline Coverage Criteria

Admission

The Plan considers EIBI services reasonable and medically necessary when **All** of the following criteria are met:

1. The Member, who is under the age of three, has a referral from an Early Intervention (EI) provider.
2. If required, the EIBI provider will obtain Prior Authorization to conduct an assessment. The Member has a confirmed diagnosis of Autism Spectrum Disorder (ASD) and/or Down Syndrome.
    A. **ASD**: diagnosis must be made by a licensed physician (e.g., PCP, etc.), Advanced Practice Registered Nurse, Physician Assistant, or Psychologist experienced in the diagnosis and treatment of autism with developmental or child/adolescent expertise.
        - Evidence may be gathered by a multidisciplinary team to assist in the diagnostic process.

- Documentation used to confer ASD diagnosis must include evidence that aligns with current Diagnostic and Statistical Manual of Mental Disorders (DSM) criteria across ASD core deficits.

B. **Down Syndrome**: The Member has a diagnosis of Down Syndrome from a physician who is licensed and qualified to make such a diagnosis and the diagnosis is confirmed by genetic testing.

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.
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.
3. The initial assessment was from a Board-Certified Behavior Analyst (BCBA) and Licensed Applied Behavior Analyst (LABA) with request for EIBI services.
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.
5. There is documented skills transfer to the individual and treatment transition planning from the beginning of treatment.
6. Services must be written on the Individual Family Service Plan (IFSP) and consented to by the family.
7. Services are consented to by the parent/guardian and 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 **Any** of the following are met:

1. A Member's individual treatment plan and goals have been met.
2. The individual has achieved adequate stabilization of the challenging behavior, and less-intensive modes of treatment are appropriate and indicated.
3. The individual no longer meets admission criteria or meets criteria for less- or more-intensive services.
4. The child turns 3 years of age and/or has been transitioned to the Local Education Agency (LEA) for services.
5. Treatment is making the symptoms persistently worse.
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 **Any** of the following to be an exclusion for EIBI services::

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 individual is receiving ongoing In-Home Behavioral Services or services similar to ABA.

4. The following services are not included within the EIBI treatment process and will not be certified:
   a. Vocational rehabilitation
   b. Supportive respite care
   c. Recreational therapy
   d. Respite care
5. The services are primarily for school or educational purposes.
6. 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

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

Table 2: CPT/HCPCS Codes

Please note that the following codes are associated with this service

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 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. MassHealth. Early Intensive Behavioral Intervention (EIBI) Medical Necessity Criteria [PDF]. Effective June 1, 2026. Boston, MA: Massachusetts Executive Office of Health and Human Services; 2026. Distributed via email.

Approval And Revision History

May 20, 2026: Reviewed by the Medical Policy Approval Committee (MPAC), 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.