

Medical Necessity Guidelines

Early Intensive Behavioral Intervention (EIBI) (Retired)

Policy Number: 019

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Overview

The purpose of this document is to describe the guidelines Mass General Brigham Health Plan uses to determine medical necessity for Early Intensive Behavioral Intervention (EIBI) as a treatment for members up to age 3 who have a confirmed diagnosis of Autism Spectrum Disorder or Down Syndrome.

Medicare Advantage

Prior Authorization Required	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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Mass General Brigham Health Plan uses guidance from the Centers for Medicare and Medicaid Services (CMS) for medical necessity determinations for its Medicare Advantage plan members. National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Local Coverage Articles (LCAs), and documentation included in the Medicare manuals are the basis for medical necessity determinations. When there is no guidance from CMS for the requested service, Mass General Brigham Health Plan’s medical policies are used for medical necessity determinations. **Due to age restrictions, Medicare Advantage members cannot meet the medical necessity requirements for EIBI.**

Mass General Brigham ACO

Prior Authorization Required	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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Mass General Brigham Health Plan uses guidance from MassHealth for medical necessity determinations for its Mass General Brigham ACO members. When there is no guidance from MassHealth for the requested service, Mass General Brigham Health Plan’s medical policies are used for medical necessity determinations. **At the time of Mass General Brigham Health Plan’s most recent policy review, MassHealth did not have medical necessity guidelines for EIBI, but did have:**

- [130 CMR 440.000: Early Intervention Services](#)

- [Early Intervention \(EI\) Autism Spectrum Disorder Specialty Services](#)

One Care and Senior Care Options (SCO)

Prior Authorization Required	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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Mass General Brigham Health Plan uses guidance from CMS for medical necessity determinations for its One Care and SCO plan members. NCDs, LCDs, LCAs, and documentation included in the Medicare manuals are the basis for medical necessity determinations. When there is no guidance from CMS for the requested service, Mass General Brigham Health Plan uses medical necessity guidelines from MassHealth. When there is no guidance from CMS or from MassHealth, Mass General Brigham Health Plan’s medical policies are used for medical necessity determinations. **Due to age restrictions, One Care and SCO members cannot meet the medical necessity requirements for EIBI.**

Commercial and Qualified Health Plans

Prior Authorization Required	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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Coverage Criteria

Admissions Criteria:

Mass General Brigham Health Plan covers EIBI for members up to age 3 when **all** of the following are met:

1. The Member has a referral from an EIP (Early Intervention Provider).
2. The EIBI provider obtains authorization to conduct assessment.
3. The member meets one of the following criteria:
 - a. The member has 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 summary.
 - b. The member has Down syndrome, defined as a chromosomal condition that results in the presence of an extra whole or partial copy of chromosome 21.

Continuing Treatment Criteria:

Mass General Brigham Health Plan covers continuing treatment when **all** of the following are met:

1. The member’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 member will benefit from the continuation of EIBI services. Treatment planning is individualized and appropriate to the member’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. Initial assessment from a Board Certified Behavior Analyst, Licensed Applied Behavior Analyst, with the 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 member and treatment transition planning from the beginning of treatment.
6. Services must be written on the Individualized Family Service Plan and consented to by the family.
7. Services are not duplicative of services that are part of an Individual Educational Plan (IEP) or Individual Service Plan.

Discharge Criteria:

Discharge from EIBI will occur when any of the following are met:

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

Exclusions

1. The member has medical conditions or impairments that would prevent beneficial utilization of services.
2. The member 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:
 - a. vocational rehabilitation
 - b. supportive respite care
 - c. recreational therapy
 - d. 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).

Definitions

Applied Behavioral Analysis (ABA): ABA is the process of applying interventions and techniques, which are based on the principles of learning derived from experimental psychology research, in order to systematically change behavior. Documentation must demonstrate that the interventions and techniques used are responsible for the observable improvement in behavior.

Autism Intake Service: A face-to-face meeting between the family and an autism specialty provider for the purpose of information gathering.



Autism spectrum disorders (ASD): 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. 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.

Codes

The following codes are included below for informational purposes only; inclusion of a code does not constitute or imply coverage or reimbursement.

Authorized Code	Code Description
97151	Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care professional's time face-to-time with patient and/or guardian(s)/caregiver(s) administering assessments and discussing findings and recommendations, and non-face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan.
97153	Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patient, each 15 minutes.
97154	Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with two or more patients, each 15 minutes
97155	Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of technician, face-to-face with one patient, each 15 minutes
97156	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
97157	Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of guardians/caregivers, each 15 minutes.
H0031-U2	Mental health assessment by physician or other qualified health professional (Assessment and case planning for home services by a licensed professional. 15-minute rate.)

Related Policies



- [Early Intensive Behavioral Intervention Services Payment Policy](#)

Effective Dates

July 1, 2026: Policy retired. Refer to Optum policy for EIBI eligibility guidelines.

February 2026: Ad hoc review. Reformatted policy. Updated links in Mass General Brigham ACO variation. Fixed wording in Medicare and One Care and SCO variations.

January 2026: Annual Review. Fixed code disclaimer. Added links to MassHealth regulations. Added coverage for Down syndrome. Updated prior authorization table and added variation for One Care and SCO members.

October 2024: Annual Review. Added Medicare and MassHealth variation language.

October 2023: Annual Review. Medicare Advantage added to table.

October 2022: Annual Review.

October 2021: Effective Date.

References

The Commonwealth of Massachusetts. Division of Medical Assistance Provider Manual Series 130 CMR 440.000: Early Intervention Services

Massachusetts General Laws (MGL) c. 721

EOHHS ACPP Contract

RETIRED

