

States with EI Programs Billing in 15-Minute Increments

Several U.S. states' Early Intervention (EI) programs bill services in **15-minute units** (1 unit = 15 minutes), often tied to Medicaid or state-specific payment procedures.

Examples from current data:

- **Massachusetts (MassHealth)** – All EI services, including screenings, assessments, and treatment, must be billed in 15-minute increments. One encounter for screenings or assessments counts as one unit [Mass.gov](#).
- **Other states using 15-minute billing** – Many states that participate in Medicaid's **HCPCS T1017** (Targeted Case Management) also bill EI case coordination and related services in 15-minute units. This includes states like **California, Florida, Texas, and others** where Medicaid EI programs follow CMS T-code rules [Pabau](#). These states require at least 8 minutes of direct service before billing one unit and use modifiers to identify the provider's role.

Key points:

- The 15-minute unit is common in **Medicaid EI programs** that use CMS T-codes (e.g., T1017 for targeted case management, T1023/T1024 for screenings/assessments) [Pabau+1](#).
- State-specific rules may vary; some states bill all EI services in 15-minute units, while others use a mix of time-based and flat-rate billing.

in **Texas**, specialized rehabilitation services under the Early Childhood Intervention (ECI) program are billed in 15-minute intervals.

According to the Texas Administrative Code, the **unit of service** for these services is **one hour**, but it is **pro-rated for 15-minute intervals** for both individual and group services [eLaws](#). This means that if a provider delivers a 30-minute session, it would be billed as two 15-minute units, and a 45-minute session as three units.

For example, the Texas Medicaid Fee Schedule lists **Specialized Skills Training (SST)** under ECI with a **maximum rate per 15 minutes**. For individual SST, the rate is **\$31.63 per 15 minutes**, and for group SST, it is **\$7.91 per 15 minutes** [Provider Finance Department](#). These rates apply to each 15-minute billing unit, regardless of whether the service is delivered in a single block or split across multiple sessions.

Key points:

- **Unit of service:** 1 hour total, billed in 15-minute increments [eLaws](#).
- **Billing:** Each 15-minute segment is charged separately at the applicable per-unit rate [Provider Finance Department](#).
- **Application:** Applies to both individual and group ECI services, including specialized rehabilitation and skills training [eLaws+1](#).
- **Rate basis:** Rates are set by the Texas Health and Human Services Commission and can be adjusted based on cost data and inflation factors [eLaws](#).

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If you are a provider, you must bill each 15-minute service segment separately and ensure documentation supports the time delivered. If you are a family, understanding this billing structure can help clarify how ECI service costs are calculated.

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in **Massachusetts** Early Intervention billing, certain services are billed **per 15 minutes**.

MassHealth's updated Early Intervention Program Manual, effective **November 28, 2025**, specifies that **telehealth service code T1015-TL** — "clinic visit/encounter, all-inclusive (per 15 minutes)" — is used for early intervention services delivered at an **Applied Behavioral Analysis (ABA) center** when clinical justification supports that location over a community site [Point32Health](#). This means that when billing for such services, the provider must use the T1015-TL code and document the 15-minute billing unit.

This per-15-minute billing applies to the **encounter/visit** portion of the service, not necessarily the total time spent. It is part of the MassHealth Early Intervention billing and reimbursement framework, which governs how contracted providers submit claims for services under the Massachusetts Department of Public Health's Early Intervention Program [Mass.gov+1](#).

Key points for providers:

- Use **T1015-TL** for ABA center services billed per 15 minutes.
- Ensure documentation justifies why the service is provided at the ABA center rather than a community site.
- Other telehealth codes added during the COVID-19 emergency (98966, 98967, 98968) are no longer covered for early intervention [Point32Health](#).
- Billing must follow MassHealth's administrative and service code rules in the Early Intervention Program Manual [Mass.gov](#).

If you are submitting claims for such services, confirm with your MassHealth provider portal or billing office that the correct code and documentation are in place to avoid denials.

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in **Florida's** Medicaid Early Intervention Services (EIS) fee schedule, **many individual and group sessions are billed in 15-minute units.**

According to the 2025 EIS fee schedule, the following services are explicitly listed with a **15-minute unit** as the billing increment:

- **Early Intervention Individual Session** (provided by an EIS professional): \$13.50 per 15-minute unit, with a maximum of **4 units per day** [Florida Agency for Health Care Administration](#).
- **Early Intervention Group Session** (provided by an EIS professional): \$6.75 per 15-minute unit, with a maximum of **4 units per day** [Florida Agency for Health Care Administration](#).

These 15-minute units are the standard billing period for both individual and group EIS sessions under Medicaid reimbursement rules. Other EIS services, such as evaluations, may be billed in 30-minute units, but the session delivery itself for these two service types is structured in 15-minute increments.

Key points:

- The 15-minute unit is the smallest billing increment for these session types.
- Limits apply: up to 4 units per day for each type of session.
- Billing is based on actual time delivered, not just the number of sessions.

If you are planning services or tracking time, it's important to ensure that each session is documented and billed in 15-minute increments to meet Medicaid reimbursement requirements. [Florida Agency for Health Care Administration](#)

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California's Birth to Three Early Intervention Services (EITS) program, administered by the Department of Social Services (DSS), uses **15-minute billing units** for certain services when calculating Medicaid reimbursement

How 15-Minute Units Work

- **Assessment:** \$142 per hour, billed in 15-minute units
- **Individual Family Service Plan (IFSP) meetings:** \$142 per hour, billed in 15-minute units
- **EI Treatment Services (EITS):**
 - Professional rates: \$142/hour if **six or fewer 15-minute units** are billed per practitioner per day.
 - If more than six units are billed in a day, all units in that day are paid at \$96/hour
- **Para-professional rates:**
 - \$95/hour if six or fewer 15-minute units per day.
 - If more than six units, all units in the day are paid at \$48/hour

These rates apply to services provided under the **California Early Intervention Services Act (CEISA)**, which is the state's implementation of the federal Individuals with Disabilities Education Act (IDEA, Part C) [CA Department of Developmental Services](#).

Medicaid Connection

Medicaid covers Early Start services for eligible infants and toddlers (birth–3 years) with developmental delays or at risk for disability. The **Medicaid EPSDT benefit** includes early intervention services, and DSS uses the above 15-minute unit billing for Medicaid reimbursement [Medicaid.gov](#). This means that when billing Medicaid for EITS, providers must track and bill services in 15-minute increments for the applicable rate.

Key Takeaways

- **Yes** — California Early Intervention Medicaid billing uses 15-minute units for many services.
- Rates vary by service type and number of units billed per day.
- Providers must follow DSS billing procedures and limits to ensure correct Medicaid reimbursement.

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Pennsylvania's Early Intervention program bills in 15-minute increments. Under the state's Medical Assistance and [Office of Child Development and Early Learning \(OCDEL\)](#) frameworks, **one unit of service is strictly defined as 15 minutes** of direct face-to-face treatment or evaluation. [[1](#), [2](#), [3](#)]

Key Billing Rules for Providers

- **Unit Equals 15 Minutes:** 1 unit = 15 minutes. A 45-minute session is billed as 3 units, while a 60-minute session is billed as 4 units. [[1](#), [2](#)]
- **Exact Time Tracking:** Providers must track and document the exact start and end times of face-to-face treatment. [[1](#), [2](#)]
- **No Rounding Up:** Pennsylvania Medicaid explicitly prohibits rounding partial time up to the next full 15-minute unit if the required time threshold is not met. [[1](#)]
- **No Combining Separate Sessions:** Partial units from different days (e.g., 5 minutes leftover on Monday and 10 minutes on Tuesday) cannot be combined to form a full unit. [[1](#), [2](#)]
- **No Cost to Families:** While providers submit these 15-minute unit claims to the [Pennsylvania Medicaid \(PROMISE\) system](#) or insurance, services are legally mandated to be provided at **no cost to families**