

# Tufts Health Together and Tufts Health Direct Behavioral Health Prior Authorization and Notification Grid



a Point32Health company

In-network providers must fax **888-977-0776** or call **888-257-1985** for prior authorization (PA), notification, or medical necessity review for behavioral health (BH) services as outlined in the charts below. Refer to the appropriate resources, including Medical Necessity Guidelines (MNGs), for additional information. Out-of-network providers are required to request PA before initiating services. Refer to the following sections for PA and/or notification instructions for a particular service:

- ▶ **Inpatient Services**
- ▶ **Diversionary Services**
- ▶ **Outpatient Services**
- ▶ **Intensive Home- and Community-Based Services for Youth**

**Note:** Services and subsequent payment are pursuant to the member's benefit plan document. Member eligibility and benefit specifics should be verified prior to initiating services by logging on to the secure [Provider portal](#) or by contacting Provider Services.

## ▶ Inpatient Services

**Inpatient Services** are 24-hour services that provide clinical intervention for acute mental health or substance use disorder diagnosis. Refer to the inpatient services below for specific PA and notification requirements.

| Level of care   | PA/Notification/ MNG Resources         | PA or Notification for Admission   | Notification Process  | PA and/or Medical Necessity Review Process   | Continued Authorization Process |
|---|--|--|---|--|---------------------------------|
| <b>Inpatient Mental Health Services</b><br>Hospital services to evaluate and treat an acute psychiatric condition   | InterQual®                             | PA not required for urgent admission.<br>ESP/admitting facility required to notify THPP. | Admitting facility submits notification via portal, or faxes <a href="#">Behavioral Health Notification Form-Psychiatric &amp; Substance Use Treatment</a> and the BH assessment to THPP. | Admitting facility contacts THP within 72 hours of date of admission to notify THP of admission and request continuing stay medical necessity review on the last covered day.<br><i>*If 72 hours falls on a weekend or holiday, notification is deferred to the next business day.</i> | Facility calls THPP.            |
| <b>Inpatient Substance Use Disorder Services (Level 4)</b><br>Hospital services that provide detoxification regime of medically directed care and treatment | InterQual® the ASAM Criteria Navigator | PA not required. Notification within 7 days of admission.                                | Admitting facility submits notification via portal, or faxes <a href="#">Behavioral Health Notification Form-Psychiatric &amp; Substance Use Treatment</a> and the BH assessment to THPP. | Admitting facility contacts THPP within 7 days of admission to notify THPP of admission and request concurrent medical necessity review on the last covered day.   | Facility calls THPP.            |

| Level of care  | PA/Notification/ MNG Resources                       | PA or Notification for Admission   | Notification Process  | PA and/or Medical Necessity Review Process  | Continued Authorization Process      |
|--|--|--|---|---|--------------------------------------|
| <b>Observation/ Holding Beds</b><br><br>Hospital services for a period of up to 24 hours to assess, stabilize, and identify appropriate resources for enrollees                                  | InterQual®   | PA not required for urgent admission.<br><br>ESP and admitting facility required to notify THPP. | Admitting facility contacts THPP.<br><br>ESP faxes <a href="#">ED/CBHC Notification Form</a> and the BH assessment to THPP. | Admitting facility calls THPP after 48 hours of admission to notify THPP of admission and request continuing stay medical necessity review. | Facility calls THPP.                 |
| <b>Administratively Necessary Day (AND) Services*</b><br><br>Day(s) of inpatient hospitalization for enrollees who are ready for discharge, but for whom an appropriate setting is not available | MA Together:<br>N/A, as this is not a level of care. | MA Together:<br>PA   | N/A   | MA Together: Facility discusses AND payment during continuing stay medical necessity review.  | MA Together:<br>Facility calls THPP. |

## ► **Diversionary Services**

**Diversionary Services** are mental health or substance use disorder services provided as an alternative to inpatient services, to support a member returning to the community after a 24-hour acute placement or to provide intensive support to maintain functioning in the community. These services are provided in a 24-hour facility or a non-24-hour setting. Refer to the sections below for PA and notification requirements for the following types of settings:

- **24-hour diversionary services**
- **Non-24-hour diversionary services**

### ► **24-hour diversionary services**

| Level of care   | PA/Notification/ MNG Resources | PA or Notification for Admission   | Notification Process  | PA and/or Medical Necessity Review Process   | Continued Authorization Process |
|---|--------------------------------|--|---|--|---------------------------------|
| <b>Community Crisis Stabilization</b><br><br>Services provided as an alternative to hospitalization, providing 24-hour treatment as a diversionary level of care. | InterQual®                     | PA not required for urgent admission from ED.<br><br>ESP or admitting facility required to notify THPP within 72 hours of admission. | Admitting facility submits notification via portal, or faxes <a href="#">Behavioral Health Notification Form-Psychiatric &amp; Substance Use Treatment</a> and the BH assessment to THPP. | Admitting facility contacts THPP within 72 hours of date of admission to notify THPP of admission and request concurrent medical necessity review. | Facility calls THPP.            |

| Level of care  | PA/Notification/ MNG Resources         | PA or Notification for Admission  | Notification Process  | PA and/or Medical Necessity Review Process  | Continued Authorization Process   |
|--|--|---|---|---|---|
| <b>Community-Based Acute Treatment for Children and Adolescents (CBAT); and Intensive Community-Based Acute Treatment for Children and Adolescents (ICBAT)</b><br><br>Mental health services provided on a 24-hour basis with sufficient clinical supports to ensure safety for children or adolescents  | InterQual®                             | PA not required for urgent admission from ED.<br><br>ESP or admitting facility required to notify THPP. | Admitting facility submits notification via portal, or faxes <a href="#">Behavioral Health Notification Form-Psychiatric &amp; Substance Use Treatment</a> and the BH assessment to THPP.         | Admitting facility contacts THPP within 72 hours of date of admission to notify THPP of admission and request continuing stay concurrent medical necessity review.<br><br><i>*If 72 hours falls on a weekend or holiday, notification is deferred to the next business day.</i> | Facility calls THPP.  |
| <b>Acute Treatment Services (ATS) for Substance Use Disorders (Level 3.7)</b><br><br>24-hour medically monitored addiction treatment services that provide evaluation and withdrawal management<br><br><b>Note:</b> Enhanced Level 3.7 services include EATS (Enhanced Acute Treatment Services) and DDART (Dual Diagnosis Acute Residential Treatment). | InterQual® the ASAM Criteria Navigator | Notification required for days 1-14.<br><br>Medical necessity review required for days 15+.             | Admitting facility submits notification within 72 hours of date of admission via portal, or faxes <a href="#">Behavioral Health Notification Form-Psychiatric &amp; Substance Use Treatment</a> . | Facility calls THPP on the last covered day to complete concurrent medical necessity review.  | Facility calls THPP.  |
| <b>Clinical Support Services for Substance Use Disorders (Level 3.5)</b><br><br>24-hour treatment services which can be used independently or following an Acute Treatment Services facility stay  | InterQual® the ASAM Criteria Navigator | Notification required for days 1-14.<br><br>Medical necessity review required for days 15+.             | Admitting facility submits notification within 72 hours of date of admission via portal, or faxes <a href="#">Behavioral Health Notification Form-Psychiatric &amp; Substance Use Treatment</a> . | Facility calls THPP to complete the concurrent medical necessity review on the last covered day.  | Facility calls THPP.  |
| <b>Residential Rehabilitation Services (Level 3.1)</b><br><br><b>Note:</b> This is a covered benefit for Tufts Health Together members. This is not a covered benefit for Tufts Health Direct members.   | InterQual® the ASAM Criteria Navigator | No PA required.<br><br>Notification is required within seven days of admission.                         | Facility faxes the <a href="#">Residential Rehabilitation form</a> within one week of admission.<br><br>Provider may bill for up to 90 days upon timely notification.                             | Facility faxes <a href="#">First Clinical Review form</a> within one week prior to or after end date of initial authorization.  | Within one week prior to or after end date of latest authorization, facility calls THPP to complete medical necessity review via telephone. |

| Level of care  | PA/Notification/<br>MNG Resources | PA or Notification<br>for Admission | Notification<br>Process | PA and/or Medical<br>Necessity Review<br>Process  | Continued<br>Authorization<br>Process |
|--|-----------------------------------|-------------------------------------|-------------------------|---|---------------------------------------|
| <b>Transitional Care<br/>Unit (TCU)</b><br><br>Community-based therapeutic programs offering high levels of supervision, support, and intensity of service for children under 18 years old | InterQual®                        | N/A                                 | N/A                     | Inpatient or CBAT facility coordinates with state agency, if involved, and makes phone or fax referral to THPP. | Facility calls THPP.                  |

## ► Non-24-hour diversionary services

| Level of care  | PA/Notification/<br>MNG Resources                    | PA or Notification<br>for Admission  | Notification<br>Process   | PA and/or Medical<br>Necessity<br>Review Process   | Continued<br>Authorization<br>Process        |
|--|--|--|---|--|--|
| <b>Partial Hospitalization (PHP)</b><br><br>An alternative to inpatient services, PHP offers short-term day mental health programming available 5 to 7 days a week.                              | InterQual® or InterQual® the ASAM Criteria Navigator | For in-network providers, PA is not required.<br><br>Notification is required one calendar day after starting treatment. | Admitting facility submits notification within one calendar day from date of admission via portal, or faxes <a href="#">Behavioral Health Notification Form-Psychiatric &amp; Substance Use Treatment</a> . | Provider calls THPP on the last covered day to complete concurrent medical necessity review. | Provider calls THPP on the last covered day. |
| <b>Psychiatric Day Treatment</b><br><br>A program of diagnostic, treatment, and rehabilitative services  | N/A  | No PA or notification is required.<br><br>Providers bill directly for this service.                                      | N/A   | N/A  | N/A  |
| <b>Structured Outpatient Addition Program (SOAP)</b><br><br>Clinically intensive, structured day and/or evening SUD services   | N/A  | No PA or notification is required.<br><br>Providers bill directly for this service.                                      | N/A   | N/A  | N/A  |
| <b>Intensive Outpatient Program (IOP)</b><br><br>A clinically intensive service designed to improve functional status, provide stabilization in the community, and divert an inpatient admission | N/A  | No PA or notification is required.<br><br>Providers bill directly for this service.                                      | N/A   | N/A  | N/A  |
| <b>Community Support Program (CSP)</b><br><br>An array of services delivered by a community-based, mobile multidisciplinary team   | InterQual®   | No PA or notification is required for first six months.<br><br>Medical necessity review is required after month six.     | N/A   | Provider calls THPP.   | Provider calls THPP.                         |

| Level of care  | PA/Notification/ MNG Resources  | PA or Notification for Admission   | Notification Process   | PA and/or Medical Necessity Review Process  | Continued Authorization Process  |
|--|---|--|--|---|--|
| <b>Community Support Program for Homeless Individuals (CSP-HI) and Tenancy Preservation Program (TPP)</b><br><br><b>Note:</b> These are covered benefits for Tufts Health Together members. They are not covered benefits for Tufts Health Direct members.   | Medical Necessity Guidelines: <a href="#">Community Support Programs including Specialized Community Support Programs</a> | Notification is required.  | Facility faxes the <a href="#">CSP-HI-TPP Notification form</a> .  | This service requires notification only, not prior authorization.   | Annually – Facility faxes the <a href="#">CSP-HI-TPP Notification form</a> .   |
| <b>Community Support Program for Individuals with Justice Involvement (CSP-JI)</b><br><br><b>Note:</b> These are covered benefits for Tufts Health Together members. They are not covered benefits for Tufts Health Direct members.  | Medical Necessity Guidelines: <a href="#">Community Support Programs including Specialized Community Support Programs</a> | Notification is required. Medical necessity review is required for days 180+.              | Facility notifies THPP by faxing the <a href="#">CSP-JI Notification form</a> within seven days of start of service. Providers may bill up to 180 days upon timely notification.                       | Facility calls THPP.  | Within one week prior to or after end date of latest authorization, facility calls THPP to complete medical necessity review via telephone.  |
| <b>Peer Recovery Coach</b><br><br>A non-clinical service provided by peers who have SUD experience and are certified peer recovery coaches   | Medical Necessity Guidelines: <a href="#">Peer Recovery Coach</a>   | Notification is required. Medical necessity review is required for days 180+.              | Facility notifies THPP by faxing the <a href="#">Peer Recovery Notification form</a> within 14 days of start of service. Providers may bill up to 180 days upon timely notification.                   | Facility faxes THPP for first medical necessity review. Subsequent medical necessity reviews completed via telephone. | Fax <a href="#">First Clinical Review form</a> within one week prior to or after the initial 180-day treatment period.<br><br>Within one week prior to or after end date of latest authorization, facility calls THPP to complete medical necessity reviews via phone. |
| <b>Recovery Support Navigators – Tufts Health Together Only</b><br><br>Specialized care coordination services intended to engage enrollees with SUD in accessing and continuing SUD treatment<br><br><b>Note:</b> These are covered benefits for Tufts Health Together members. They are not covered benefits for Tufts Health Direct members. | Medical Necessity Guidelines: <a href="#">Recovery Support Navigator</a>  | Notification is required. Medical necessity review is required for days 90+ or 360+ units. | Facility notifies THPP by faxing the <a href="#">Recovery Support Navigator form</a> to THPP within one week of start of service. Providers may bill up to 90 days/360 units upon timely notification. | Facility calls THPP.  | Within one week prior to or after end date of latest authorization, facility calls THPP to complete medical necessity review via phone.  |

| Level of care   | PA/Notification/<br>MNG Resources | PA or Notification<br>for Admission     | Notification<br>Process | PA and/or<br>Medical<br>Necessity<br>Review Process | Continued<br>Authorization<br>Process |
|---|-----------------------------------|---|-------------------------|---|---------------------------------------|
| <b>Program of Assertive<br/>Community Treatment<br/>(PACT)</b><br><br>A multidisciplinary team approach to providing acute, active, ongoing, and long-term community-based psychiatric treatment, assertive outreach, rehabilitation, and support. (This is a covered benefit for Tufts Health Together members.) | N/A                               | None – Providers bill for this service. | N/A                     | N/A   | N/A                                   |

## ► Outpatient Behavioral Health Services

**Outpatient behavioral health services** are services that provide clinical intervention for acute mental health or substance use diagnosis in an outpatient setting. Refer to the outpatient services below for specific PA and notification requirements.

| Level of care   | PA/Notification/<br>MNG<br>Resources   | PA or Notification<br>for Admission  | Notification<br>Process | PA and/or<br>Medical Necessity<br>Review Process | Continued<br>Authorization<br>Process  |
|---|--|--|-------------------------|--|--|
| <b>Preventive Behavioral Health Services for Members Younger than 21 – Tufts Health Together Only</b><br><br>For members who have a positive behavioral health screen and are recommended by a physician or other licensed practitioner for preventive behavioral health services | N/A<br><br>Refer to the <a href="#">Outpatient Behavioral Health &amp; Substance Use Disorder Payment Policy</a> . | No PA or notification is required.   | N/A                     | N/A  | During delivery of preventive behavioral health services, if the provider determines that a member has further clinical needs, the provider should refer the member and family to outpatient behavioral health providers for evaluation, diagnostic, and treatment services. |
| <b>Family Consultation</b><br><br>Meeting with enrollee's family to identify and plan for services, coordinate a treatment plan, and review progress or revise the treatment plan   | N/A<br><br>See <a href="#">Behavioral Health Outpatient Services Performance Specifications</a> .                  | No PA or notification is required.<br><br>Provider may bill in conjunction with outpatient therapy visits. | N/A                     | N/A  | N/A  |

| Level of care   | PA/Notification/<br>MNG<br>Resources  | PA or Notification<br>for Admission  | Notification<br>Process | PA and/or<br>Medical Necessity<br>Review Process | Continued<br>Authorization<br>Process |
|---|---|--|-------------------------|--|---------------------------------------|
| <b>Case Consultation</b><br><br>A meeting with the treating provider, PCP and other behavioral health professionals to identify and plan for services, coordinate a treatment plan, review progress, and revise the treatment plan  | N/A<br><br>See <a href="#">Behavioral Health Outpatient Services Performance Specifications</a> . | No PA or notification is required.<br><br>Provider can bill in conjunction with outpatient therapy visits. | N/A                     | N/A  | N/A                                   |
| <b>Diagnostic Evaluation</b><br><br>An assessment of an enrollee's level of functioning to diagnose and design a treatment plan   | N/A<br><br>This is an evaluation, not a level of care.  | N/A  | N/A                     | N/A  | N/A                                   |
| <b>Dialectical Behavioral Therapy (DBT)</b><br><br>An outpatient treatment that combines strategies from behavioral, cognitive, and supportive psychotherapies  | Medical Necessity Guidelines: <a href="#">Outpatient Psychotherapy</a>                            | N/A  | N/A                     | N/A  | N/A                                   |
| <b>Psychiatric Consultation on an Inpatient Medical Unit</b><br><br>Meeting between a psychiatrist or advanced practice registered nurse clinical specialist and an enrollee at the request of the medical unit to assess the enrollee's mental status and consult on a behavioral health or psychopharmacological plan | N/A<br><br>This is an evaluation, not a level of care.  | N/A  | N/A                     | N/A  | N/A                                   |
| <b>Medication Visit</b><br><br>An individual visit specifically for psychopharmacological evaluation, prescription, review, and/or monitoring by a psychiatrist or R.N. clinical specialist   | N/A   | N/A  | N/A                     | N/A  | N/A                                   |
| <b>Couples/Family Treatment</b><br><br>Psychotherapeutic and counseling techniques in the treatment of an enrollee and his/her partner and/or family simultaneously in the same session   | Medical Necessity Guidelines: <a href="#">Outpatient Psychotherapy</a>                            | N/A  | N/A                     | N/A  | N/A                                   |
| <b>Group Treatment</b><br><br>Psychotherapeutic or counseling techniques in the treatment of a group  | Medical Necessity Guidelines: <a href="#">Outpatient Psychotherapy</a>                            | N/A  | N/A                     | N/A  | N/A                                   |

| Level of care  | PA/Notification/<br>MNG<br>Resources  | PA or Notification<br>for Admission                                     | Notification<br>Process | PA and/or<br>Medical Necessity<br>Review Process       | Continued<br>Authorization<br>Process |
|--|---|---|-------------------------|--|---------------------------------------|
| <b>Individual Treatment</b><br>Psychotherapeutic or counseling techniques in the treatment of an individual  | Medical Necessity Guidelines: <a href="#">Outpatient Psychotherapy</a>  | N/A   | N/A                     | N/A  | N/A                                   |
| <b>Inpatient-Outpatient Bridge visit</b><br>Consultation conducted by an outpatient provider while an enrollee remains on an inpatient psychiatric unit  | Medical Necessity Guidelines: <a href="#">Outpatient Psychotherapy</a>  | N/A   | N/A                     | N/A  | N/A                                   |
| <b>Assessment for Safe and Appropriate Placement (ASAP)</b><br>An assessment, required by MGL 119 Sec. 33B, conducted by a diagnostician with specialized training and experience in the evaluation and treatment of sexually abusive youth or arsonists   | N/A<br>This is an evaluation, not a level of care.  | PA is required.   | N/A                     | In conjunction with DCF, treating provider calls THPP. | N/A                                   |
| <b>Collateral Contact</b><br>A communication between a provider and individuals who are involved in the care or treatment of an enrollee under 21 years of age   | N/A<br>See <a href="#">Behavioral Health Outpatient Services Performance Specifications</a> .                                   | N/A<br>Provider may bill in conjunction with outpatient therapy visits. | N/A                     | N/A  | N/A                                   |
| <b>Acupuncture Treatment</b><br>The insertion of metal needles through the skin at certain points on the body, with or without the use of herbs, an electric current, heat to the needles or skin, or both, as an aid to persons who are withdrawing from dependence on substances or in recovery from addiction | Medical Necessity Guidelines: <a href="#">Behavioral Health Acupuncture Detoxification Level of Care</a>                        | N/A   | N/A                     | N/A  | N/A                                   |
| <b>Opioid Replacement Therapy</b><br>Medically monitored administration of methadone, buprenorphine, or other U.S. Food and Drug Administration (FDA)-approved medications to opiate-addicted individuals, in conformance with FDA and Drug Enforcement Administration (DEA) regulations                         | Medical Necessity Guidelines: <a href="#">Behavioral Health-Opioid Treatment Services (Methadone Maintenance Level of Care)</a> | N/A   | N/A                     | N/A  | N/A                                   |

| Level of care  | PA/Notification/<br>MNG<br>Resources   | PA or Notification<br>for Admission   | Notification<br>Process | PA and/or<br>Medical Necessity<br>Review Process   | Continued<br>Authorization<br>Process                                      |
|--|--|---|-------------------------|--|--|
| <b>Ambulatory Detoxification<br/>(Level II.d)</b><br><br>Outpatient services for members who are experiencing a serious episode of excessive substance use or withdrawal complications   | <a href="#">Behavioral Health Ambulatory Detox Performance Specifications</a>  | N/A   | N/A                     | N/A  | N/A  |
| <b>Psychological Testing/<br/>Neuropsychological Testing</b><br><br>The use of standardized test instruments to assess a covered individual's cognitive, emotional, neuropsychological, verbal, and defensive functioning on the central assumption that individuals have identifiable and measurable differences that can be elicited by means of objective testing | Medical Necessity Guidelines: <a href="#">Neuropsychological and Psychological Testing and Assesment</a>   | PA is required.<br><br>Most treatment facilities have an all-inclusive per diem rate that covers needed psychological and neuropsychological testing.<br><br>Tufts Health Plan does not reimburse individual providers for such testing done during an inpatient stay or at an acute treatment program. | N/A                     | Fax <a href="#">Psychological and Neuro-psychological Assessment Supplemental</a> form.  | N/A  |
| <b>Special Education Psychological Testing</b><br><br>Psychological, emotional, or neuropsychological testing which is requested by school personnel responsible for initiating referrals for diagnosis and evaluation of children who qualify for special education programs pursuant to Mass Gen. Law 71B  | Medical Necessity Guidelines: <a href="#">Neuropsychological and Psychological Testing and Assesment</a>   | PA is required.   | N/A                     | Fax <a href="#">Psychological and Neuro-psychological Assessment Supplemental</a> form.  | N/A  |
| <b>Applied Behavioral Analysis</b><br><br>Service that focuses on the analysis, design, implementation, and evaluation of social and other environmental modifications to produce meaningful changes in human behavior   | Medical Necessity Guidelines: <a href="#">Applied Behavioral Analysis (ABA) for Commercial Products and Tufts Health Direct</a> or <a href="#">Applied Behavior Analysis (ABA) for Tufts Health Together</a> | PA is required.   | N/A                     | For Tufts Health <u>Direct</u> members, complete and submit the <a href="#">Massachusetts standard form</a> for PA requests.<br><br>For Tufts Health <u>Together</u> members, complete and submit Point32Health's <a href="#">Applied Behavioral Analysis Prior Authorization Form</a> . | Fax <a href="#">Applied Behavioral Analysis Prior Authorization Form</a> . |

| Level of care   | PA/Notification/<br>MNG Resources   | PA or Notification<br>for Admission | Notification<br>Process | PA and/or<br>Medical Necessity<br>Review Process | Continued<br>Authorization<br>Process |
|---|---|-------------------------------------|-------------------------|--|---------------------------------------|
| <b>Early Intensive Behavioral Intervention (EIBI)</b> | Medical Necessity Guidelines:<br><br><a href="#">Early Intensive Behavioral Intervention (EIBI)</a> | N/A                                 | N/A                     | N/A  | N/A                                   |

## ► Intensive Home- and Community-Based Services for Youth

**Intensive Home- and Community-Based Services for Youth** provide therapeutic interventions for children and families in their homes and community settings to improve youth and family functioning. These services are also known as wraparound services, Children's Behavioral Health Initiative (CBHI) services, or Behavioral Health for Children & Adolescents (BHCA). Refer to the services below for specific PA and notification requirements.

| Level of care                      | PA/Notification/<br>MNG Resources   | PA or<br>Notification for<br>admission  | Notification<br>Process  | PA and/or<br>Medical<br>Necessity<br>Review Process  | Continued<br>Authorization<br>Process   |
|------------------------------------|---|---|--|--|---|
| <b>Family Support and Training</b> | <b>Tufts Health Together</b>  |   |  |  |   |
|                                    | THPP<br><br>Medical Necessity Guidelines:<br><br><a href="#">Family Support &amp; Training (FS&amp;T) for Tufts Health Together</a> | Notification is required for first 42 days if FS&T is provided in conjunction with Intensive Care Coordination (ICC).<br><br>No notification, PA, or medical necessity review is required if FS&T is provided in conjunction with IHT or outpatient as the hub. | For initial 42-day period, if FS&T is provided in conjunction with ICC, provider faxes CSA notification form.  | ICC calls THPP when FS&T is provided in conjunction with ICC.  | When FS&T is provided in conjunction with ICC, ICC requests authorization for payment at time of ICC medical necessity review as FS&T is included in day rate. (Day rate includes ICC & FS&T.)        |
|                                    | <b>Tufts Health Direct</b>  |   |  |  |   |
|                                    | THPP<br><br>Medical Necessity Guidelines:<br><br><a href="#">Family Support and Training Medical Necessity Criteria</a>             | Notification is required for first 30 days if FS&T is provided in conjunction with ICC, ICC provider faxes CSA notification form.<br><br>No notification if FS&T is provided in conjunction with IHT or outpatient as the hub.                                  | For initial 30-day period, if FS&T is provided in conjunction with ICC, ICC provider faxes CSA notification form.<br><br>No notification if FS&T is provided in conjunction with IHT or outpatient as the hub. | ICC calls THPP when FS&T is provided in conjunction with ICC.<br><br>No PA or medical necessity review is required if FS&T is provided in conjunction with IHT or outpatient as the hub. | When FS&T is provided in conjunction with ICC, ICC requests authorization for payment at time of ICC medical necessity review as FS&T is included in day rate.<br><br>(Day rate includes ICC & FS&T.) |

| Level of care   | PA/Notification/<br>MNG Resources   | PA or<br>Notification for<br>admission  | Notification<br>Process               | PA and/or<br>Medical<br>Necessity<br>Review Process | Continued<br>Authorization<br>Process                              |
|---|---|---|---------------------------------------|---|--|
| <b>Intensive Care Coordination</b>  | <b>Tufts Health Together</b>  |   |                                       |   |  |
| A service that provides targeted case management services to individuals with a Serious Emotional Disturbance including individuals with co-occurring conditions.<br><br><b>Note:</b> This is a covered benefit for Tufts Health Together members under age 21. This is a covered benefit for Tufts Health Direct members under age 19. | THPP<br><br>Medical Necessity Guidelines:<br><a href="#">Targeted Case Management Services: Intensive Care Coordination (ICC) For Tufts Health Together</a> | Notification is required for first 42 days.<br><br>Medical necessity review is required for days 43+. | Provider faxes CSA Notification form. | Provider calls THPP.                                | Provider faxes copy of care plan and safety plan, then calls THPP. |
| <b>Tufts Health Direct</b>  |   |   |                                       |   |  |
|   | THPP<br><br>Medical Necessity Guidelines:<br><a href="#">Targeted Case Management Services: Intensive Care Coordination (ICC) Massachusetts Products</a>    | Notification is required for first 30 days.<br><br>Medical necessity review is required for days 30+. | Provider faxes CSA Notification form. | Provider calls THPP.                                | Provider faxes copy of care plan and safety plan, then calls THPP. |
| <b>In-home Therapy Services</b>   | <b>Tufts Health Together</b>  |   |                                       |   |  |
| A service provided to the parent/caregiver of a youth, in any setting where the youth resides, such as the home and other community settings.<br><br><b>Note:</b> This is a covered benefit for Tufts Health Together members under age 21. This is a covered benefit for Tufts Health Direct members under age 19.                     | THPP<br><br>Medical Necessity Guidelines:<br><a href="#">In-Home therapy Services for Tufts Health Together</a>   | PA is required.   | N/A                                   | Provider calls THPP.                                | Provider calls THPP.   |
| <b>Tufts Health Direct</b>  |   |   |                                       |   |  |
|   | THPP<br><br>Medical Necessity Guidelines:<br><a href="#">In-Home Therapy Services- Massachusetts Products</a>   | PA is required.   | N/A                                   | Provider calls THPP.                                | Provider calls THPP.   |

| Level of care   | PA/Notification/<br>MNG Resources   | PA or<br>Notification for<br>admission  | Notification<br>Process               | PA and/or<br>Medical<br>Necessity<br>Review Process           | Continued<br>Authorization<br>Process  |
|---|---|---|---------------------------------------|---|--|
| <b>In-home Behavioral Services</b><br><br>Services usually include a combination of behavior management therapy and behavior management monitoring provided to youth.<br><br><b>Note:</b> This is a covered benefit for Tufts Health Together members under age 21. This is a covered benefit for Tufts Health Direct members under age 19. | <b>Tufts Health Together</b><br><br>THPP<br>Medical Necessity Guidelines:<br><a href="#">In-Home Behavioral Health Services (IHBS)</a><br><a href="#">Massachusetts Products-for Tufts</a><br><a href="#">Health Direct members</a> |   |                                       |   |  |
|   | THPP<br>Medical Necessity Guidelines:<br><a href="#">In-Home Behavioral Services (IHBS): Massachusetts Products</a>   | PA is required.   | N/A                                   | Provider calls THPP.  | Provider calls THPP.   |
| <b>Therapeutic Mentoring Services (TM)</b><br><br>This service provides a structured, one-to-one mentoring relationship between a therapeutic mentor and a child or adolescent for the purpose of addressing daily living, social and communication needs.  | THPP<br>Medical Necessity Guidelines:<br><a href="#">Therapeutic Mentoring (TM) Services For Tufts</a><br><a href="#">Health Together</a>   | No PA or notification is required.<br><br>Provider may bill directly for the service. | None; provider bills for the service. | None; provider bills for the service.                         | None; provider bills for the service.  |
| <b>Electro-Convulsive Therapy (ECT)</b><br><br>This is a therapeutic service which initiates seizure activity with an electric impulse while the patient is under anesthesia. It is administered in a facility that is licensed to provide this service by DMH.   | THPP<br><br>Refer to the <a href="#">Outpatient ECT Performance Specifications</a> .  | N/A   | N/A                                   | N/A   | N/A  |
| <b>Specializing</b><br><br>These are therapeutic services provided to an enrollee in a variety of 24-hour settings, on a one-to-one basis, to maintain the individual's safety.   | N/A   | PA  | N/A                                   | ESP or inpatient facility calls THPP to discuss this service. | Inpatient facility discusses authorization for this service during medical necessity review. |

| Level of care  | PA/Notification/<br>MNG Resources  | PA or<br>Notification<br>for<br>admission | Notification<br>Process | PA and/or<br>Medical<br>Necessity<br>Review Process                                 | Continued<br>Authorization<br>Process   |
|--|--|---|-------------------------|---|---|
| <b>Repetitive Transcranial Magnetic Stimulation (rTMS)</b><br><br>A non-invasive form of neurostimulation in which rapidly changing magnetic fields are applied to the surface of the scalp through a copper wire coil connected to a magnetic stimulator                  | THPP<br><br>Medical Necessity Guidelines:<br><a href="#">Transcranial Magnetic Stimulation (rTMS)</a>                          | PA  | N/A                     | Fax the <a href="#">Repetitive Transcranial Magnetic Stimulation Request Form</a> . | Fax the <a href="#">Repetitive Transcranial Magnetic Stimulation Request Form</a> . |
| <b>Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services</b><br><br>PCPs must offer to conduct periodic and medically necessary EPSDT and PPHSD screenings and provide the needed assessment, diagnosis, and treatment services for members under age 21. | N/A<br><br>Refer to the <a href="#">Early and Periodic Screening Diagnosis and Treatment (EPSDT) Services Payment Policy</a> . | N/A                                       | N/A                     | N/A   | N/A   |