

Applies to:

Commercial Products

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

Public Plans Products

- Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product)
- Tufts Health Together – MassHealth Accountable Care Partnership Plans
- Tufts Health RITogether – A Rhode Island Medicaid Plan
- Tufts Health One Care – A dual-eligible product

Senior Products

- Tufts Health Plan Senior Care Options (SCO) (a dual-eligible product)
- Tufts Medicare Preferred HMO/PPO (Medicare Advantage products)

Policy

Tufts Health Plan covers medically necessary inpatient and intermediate levels of care for BH/SUD services, as described below. Intermediate levels of care consist of acute residential treatment, partial hospitalization programs and intensive outpatient programs.

There is a 190-day lifetime limit for BH/SUD services provided in a freestanding psychiatric hospital; however, this limit does not apply to services provided in the psychiatric unit of a general hospital.

Prerequisites

Applicable Point32Health referral, notification, and authorization policies may apply. Refer to the appropriate sections within the [Provider Manuals](#) for more information.

Effective for DOS beginning Jan. 1, 2026, Clinical Stabilization Services (American Society of Addiction Medicine [ASAM] Level of Care 3.5) require notification within 72 hours for Tufts Health Plan SCO members. Currently, providers do not need to submit notification for the first 10 days.

General Benefit Information

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.

Billing Instructions

The primary diagnosis classification (medical, psychiatric, or chemical dependency) submitted on the claim must match the primary diagnosis classification on the inpatient notification. If the primary diagnosis classifications do not match, the claim for those services will be denied.

Inpatient Services

Code	Description
0114, 0124	Inpatient BH, all-inclusive per diem
0116, 0126	Inpatient SUD, (ASAM Level 3.7 and 4.0 detox) all-inclusive per diem
0134	RM & BD psychiatric – S/P 3-4
0136	RM & BD detox – S/P 3-4 Bed

Code	Description
0154	RM & BD psychiatric ward
0156	RM & BD detox ward
0204	RM & BD psychiatric

Short-Term Inpatient BH Stays

Tufts Health Plan SCO

Note: The billing guidance below does not apply to inpatient acute medical admissions. Refer to the Inpatient Hospital Admissions policy for applicable interim billing information for acute medical stays.

- Claims for admissions up to 30 days (including per diem services) should be submitted as one inpatient stay using Bill Type 111.
 - Do not submit interim bills for lengths of stay less than 30 days.
- The statement “From” date must be before or equal to the admission date.
- Do not count the statement “Through” date (discharge date) as a covered day.
- Status code should indicate that the member has been discharged.
- Submit one procedure code per DOS.
- Do not submit separate claims for consecutive-day stays.
- If the total length of stay is one day, distinct billing dates must be used; the “From” (admission) and “Through” (discharge) dates cannot be the same.

Specialing

Emergency Department Boarding

Tufts Health Plan provides coverage and appropriate compensation for “specialing” services if a member’s immediate care requires adjustments to a facility’s usual staffing needs. Necessary services and/or high-cost medications for complex co-morbid medical conditions are approved for up to 24 hours and may not be covered for more than 72 hours without review by the Tufts Health Plan Behavioral Health Department or a physician reviewer. For more information, refer to the medical necessity guidelines for Behavioral Health Level of Care Determinations or visit the Department of Mental Health’s website.

The specialing services below must be billed on a separate claim from the inpatient admission to ensure appropriate compensation.

Code	Additional Services
Revenue code 0900	Providing additional staffing overall or mobilizing additional staff to manage the added acuity of a disturbed patient from the ED to maintain unit safety (e.g., intensive RN and physical care, 1:1 caregiver or personal care attendant, 1:1 security, 1:1 mental health worker) Institutional claims (UB-04) should be billed with 0900 and Bill Type 13X
Applicable HCPCS code (provided by the facility)	High-cost medications

Intermediate Services

Providers should bill only one HCPCS procedure code or revenue code per date of service

Code	Description
H0010	Alcohol and/or drug services; sub-acute detoxification (residential addiction program inpatient)
H0011	Alcohol and/or drug services; acute detoxification (residential addiction program inpatient)
H0015	SUD intensive outpatient program, per day
H0015-TF*	Structured Outpatient Addiction Program (SOAP); alcohol and/or drug services; at least 3 hours/day and at least 3 days/week (max. 2 units/day)
H0015-TG*	Enhanced Structured Outpatient Addiction Program (E-SOAP); alcohol and/or drug services; at least 3 hours/day and at least 3 days/week (max. 2 units/day)
H0017	Acute residential program or ASAM Level III SUD, per day, all-inclusive per diem
H0018	BH; short-term residential (non-hospital residential treatment program), without room and board, per diem
H0035	BH/SUD partial hospital, per day
H2012	BH day treatment, per hour
S9480	BH intensive outpatient program, per day
0905	Intensive outpatient services- psychiatric
0906	Intensive outpatient services- chemical dependency

Code	Description
0912	Partial hospitalization- less intensive
0913	Partial hospitalization- intensive

**Applies to Tufts Health Plan SCO only*

Administratively Necessary Days (AND)

Tufts Health Plan SCO

Per MassHealth guidelines, a member can only move to AND status when clinically ready for discharge to a lower level of care, but an appropriate setting is not available.

A member cannot be placed on AND status when preparing to be discharged from a hospital but is awaiting a placement at another acute inpatient level of care. Equivalent inpatient levels of care may include, but are not limited to, Department of Mental Health (DMH) continuing inpatient psychiatric care (“long-term continuing care”), and Intensive Residential Treatment Programs (IRTP).

- Submit revenue code 169 to report AND services.
- Authorized AND are compensated in accordance with the provider’s health service agreement and MassHealth regulations.

Program of Assertive Community Treatment (PACT)

Tufts Health Plan SCO

Effective for DOS beginning Nov. 1, 2025, providers should submit claims in accordance with the billing guidance below.

Code	Description
H0040-U1	Assertive community treatment program, per diem (PACT programs with 50 slots)
H0040-U2	Assertive community treatment program, per diem (PACT programs with 80 slots)
H0040-H9	Assertive community treatment program, per diem (forensic program)

Compensation/Reimbursement Information

Compensation for inpatient treatment and related services corresponds to the applicable contracted rate for per diem, per case, and/or other arrangements, as applicable. Refer to the current provider contract for details regarding inpatient compensation provisions.

Delay Days

Tufts Health Plan does not compensate providers for delay days, wherein a member spends days in a facility waiting for medically necessary diagnostic testing, treatments, therapies (including physical therapy), consultations, surgical/other procedures, or test results. The delay may be due to facility scheduling, staffing or equipment issues that represent an interruption in evaluation or treatment, resulting in a longer length of stay than if the care had been efficiently provided and/or arranged. Regardless of whether the day meets medical necessity criteria, such days will not be reimbursed. The decision may result in a denial of payment to the hospital, practitioner, or both.

Related Policies and Resources

Payment Policies

- Outpatient Behavioral Health/Substance Use Disorder Payment Policy

Clinical Policies

- Behavioral Health Inpatient and 24 Hour Level of Care Determinations

Additional Resources

- Department of Mental Health

Document History

- June 2026: Annual policy review; added revenue codes to intermediate services; removed private deluxe revenue codes from inpatient services; updated related policies and resources; administrative edits
- January 2026: Added existing billing instructions for short-term inpatient stays (up to 30 days) for Tufts Health Plan SCO members
- December 2025: Added billing requirements for PACT services, effective for DOS beginning Nov. 1, 2025

- November 2025: Added notification requirements for CSS services for Tufts Health Plan SCO members, effective for DOS beginning Jan. 1, 2026
- October 2025: Added existing billing information for AND days for Tufts Health Plan SCO members
- May 2025: Annual policy review; administrative updates
- April 2025: Clarified billing requirements for SOAP and E-SOAP services for Tufts Health Plan SCO members
- June 2024: Annual policy review; administrative updates
- September 2023: Annual policy review; administrative updates
- July 2022: Annual policy review; no changes
- November 2021: clarified billing instructions for specializing services
- September 2018: Policy reviewed by committee; added lifetime limit content for inpatient psychiatric days
- June 2018: Template updates

Background and Disclaimer Information

This policy applies to the products of Harvard Pilgrim Health Care and Tufts Health Plan and their affiliates, as identified in the check boxes on the first page for services performed by contracted providers.

Payment is based on member benefits and eligibility on the date of service, medical necessity review, where applicable, and the provider's network participation agreement with the Plan. As every claim is unique, this policy is neither a guarantee of payment, nor a final indication of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization, and utilization management requirements (when applicable), adherence to Plan policies and procedures, and claims editing logic. An authorization is not a guarantee of payment.

Point32Health reserves the right to amend a payment policy at its discretion. CPT and HCPCS codes are updated as applicable; please adhere to the most recent CPT and HCPCS coding guidelines.

We reserve the right to conduct audits on any provider and/or facility to ensure accuracy and compliance with the guidelines stated in this payment policy. If such an audit determines that a provider/facility did not comply with this payment policy, Harvard Pilgrim Health Care and Tufts Health Plan will expect the provider/facility to refund all payments related to noncompliance.