

Tufts Health RITogether Behavioral Health Prior Authorization and Notification Grid

In-network providers must fax **857.304.6404** or call **844.301.4093** for prior authorization (PA), notification, or concurrent review for behavioral health (BH) services as outlined in the charts on the subsequent pages. Refer to the appropriate resources, including medical necessity guidelines (MNG), 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](#)
- [Intermediate and Outpatient Services](#)
- [General Outpatient Services](#)
- [Home and Community-Based Services](#)
- [Substance Use Disorder Residential Programs](#)

Effective 7/1/23, for court ordered BH/SUD treatment only, there is no notification, prior auth or concurrent review required. Providers can just bill with H9 modifier if treatment is court ordered.

INPATIENT SERVICES

Inpatient Services represent the highest level of service intensity based on a member's need for either a locked or staff secured 24-hour clinical setting that offers full behavioral health management. 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 Initial Concurrent Review Process	Continued Authorization Process	Form
Emergency Service Intervention (ESI)	None	None to THPP; If member admitted to Inpatient care, ESI provider faxes ESI Notification Form to inpatient facility	N/A	N/A	N/A	ESI Notification Form (RI)
Observation/ Crisis Stabilization/ Holding bed	InterQual®	Notification	Admitting facility contacts THPP after 48 hours of admission to notify THPP of admission and request continuing stay review	Facility calls THPP	Facility calls THPP	N/A

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Level of care	PA/Notification/ MNG Resources	PA or Notification for admission	Notification Process	PA and/or Initial Concurrent Review Process	Continued Authorization Process	Form
Inpatient Acute Hospitalization	InterQual	PA not required for urgent admission; Admitting facility required to notify THPP	Admitting facility contacts THPP within 2 business days of admission to notify THPP of admission and request continuing stay review; also, faxes RI ESI Notification Form	Facility calls THPP	Facility calls THPP	Upon admission, facility faxes: ESI Notification Form (RI)
Inpatient Substance Use Disorder Services (Level 4) Hospital services that provide detoxification regime of medically directed care and treatment	ASAM Level 4.0	Admitting facility required to notify THPP Medical Necessity Review for days 3+	Admitting facility contacts THPP within 2 business days of admission.	Facility calls THPP on last covered day to request continuing stay medical necessity review.	Facility calls THPP	
Acute Residential Treatment (ART)	InterQual	PA not required for urgent admission from ED; admitting facility required to notify THPP	Admitting facility contacts THPP within 2 business days of admission to notify THPP of admission and request continuing stay review. Also faxes ESI Notification Form	Facility calls THPP	Facility calls THPP	Upon admission, facility faxes: ESI Notification Form (RI)
Non-Hospital based detoxification	ASAM Level 3.7	Admitting facility required to notify THPP	Admitting 3.7 facility faxes RIT Acute Treatment Services (ATS) for Substance Abuse Admission Notification Form to THPP within 2 business days of admission.	Facility calls THPP for days to request continuing stay medical necessity review for days 8+	Facility calls THPP	RIT Acute Treatment Services (ATS) for Substance Abuse Admission Notification Form

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INTERMEDIATE AND OUTPATIENT SERVICES

Intermediate and outpatient services are an array of programs and services that offer comprehensive and coordinated diagnostic, clinical and educational services that may vary in intensity level according to the needs of the member served. Intermediate services offer a fully integrated behavioral health treatment aspect that includes a multi-disciplinary team approach supported by psychiatry when appropriate. Refer to the 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 Initial Concurrent Review Process	Continued Authorization Process	Form
Partial Hospitalization (PHP)	- InterQual for non-Substance Use Disorder treatment, - ASAM Level 2.5 for Substance Use Disorder treatment	- Notification required after first visit - Medical Necessity Review for subsequent visits	Admitting facility contacts THPP on the first business day following initial day of treatment to notify THPP of admission and complete medical necessity review for authorization of additional days requested	Facility calls THPP	Facility calls THPP	N/A
Day/Evening Treatment	None	No PA or notification required. Providers just bill for this service.	N/A	N/A	N/A	N/A
Intensive Outpatient Treatment (IOP)	None	No PA or notification required. Providers just bill for this service.	N/A	N/A	N/A	N/A
Enhanced Outpatient Services (EOS) For Members < 21 years	MNG: BH Enhanced Outpatient Services (EOS)	No PA or notification required. Providers just bill for this service.	N/A	N/A	N/A	N/A

GENERAL OUTPATIENT SERVICES

General outpatient services are clinical services inclusive of individual, group, family, crisis intervention, diagnostic evaluation, psychological testing, and medication evaluation and management. Treatment can be conducted in an office, home-based setting or community setting. Refer to the outpatient 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 Initial Concurrent Review Process	Continued Authorization Process	Form
Individual Therapy	MNG: Outpatient Psychotherapy	None	N/A	N/A	N/A	N/A
Family Therapy	MNG: Outpatient Psychotherapy	None	N/A	N/A	N/A	N/A
Group Therapy Does not count toward patient initial 12 visits, code 90853 – Group Psychotherapy	MNG: Outpatient Psychotherapy	None	N/A	N/A	N/A	N/A
Dialectical Behavioral Therapy (DBT) An outpatient treatment that combines strategies from behavioral cognitive and supportive psychotherapies	Note: Refer to the MNG: Outpatient Psychotherapy	None	N/A	N/A	N/A	N/A
Diagnostic Evaluation Part of initial 12 visits	MNG: BH Outpatient Treatment Level of Care Note: This is an evaluation, not a level of care.	None	N/A	N/A	N/A	N/A

Level of care	PA/Notification/ MNG Resources	PA or Notification for admission	Notification Process	PA and/or Initial Concurrent Review Process	Continued Authorization Process	Form
Psychological and Neuropsychological testing	MNG: Neuro-psychological Testing and Assessment MNG: Psychological Testing and Assessment	PA	N/A	Fax the RI Psychological and Neuropsychological Authorization Form	Fax the RI Psychological and Neuro-psychological Authorization Form	RI Psychological and Neuro-psychological Authorization Form
Medication Evaluation and Management	N/A	None	N/A	N/A	N/A	N/A
Medication Assisted Treatment Including Methadone Maintenance, Buprenorphine and Suboxone treatment	Opioid Treatment Therapy Level of Care	None	N/A	N/A	N/A	N/A
Psychosocial Rehabilitation	N/A	None	N/A	N/A	N/A	N/A
Electro-Convulsive Therapy (ECT) This is a therapeutic service which initiates seizure activity with an electric impulse while the individual is under anesthesia. It is administered in a facility that is licensed to provide this service by DMH	Outpatient Electroconvulsive Therapy (ECT) Performance Specifications	<u>None</u>	N/A	N/A	N/A	N/A

Level of care	PA/Notification/ MNG Resources	PA or Notification for admission	Notification Process	PA and/or Initial Concurrent Review Process	Continued Authorization Process	Form
Repetitive Transcranial Magnetic Stimulation (rTMS) 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	MNG: Transcranial Magnetic Stimulation (rTMS)	PA	N/A	Fax the Repetitive Transcranial Magnetic Stimulation Request Form	Fax the Repetitive Transcranial Magnetic Stimulation Request Form	Fax the Repetitive Transcranial Magnetic Stimulation Request Form

HOME AND COMMUNITY-BASED SERVICES

Home and Community-Based Services are specialized programs for children with serious or chronic health needs which should be provided in a holistic, person- and family-centered way. Services should improve member outcomes by integrating social, BH and physical health needs. Refer to the 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 Initial Concurrent Review Process	Continued Authorization Process	Form
Home based Treatment Services (HBTS) Members < age 21 Note: 10 core components including ABA.	MNG: Home and Community Based Services (HBTS)	No PA or notification required. Providers just bill for this service.	N/A	N/A	N/A	N/A
Applied Behavioral Analysis (ABA) Members < age 21	MNG: Applied Behavioral Analysis including Early Intervention	No PA or notification required. Providers just bill for this service.	N/A	N/A	N/A	N/A
Evidence Based Practices (EBP) Members < age 21	MNG: Evidence Based Practices	N/A	N/A	N/A	N/A	N/A
Personal Assistance Services & Supports (PASS) Members < age 21	MNG: Personal Assistance Services and Supports	No PA or notification required. Providers just bill for this service.	N/A	N/A	N/A	N/A
Respite Members < age 21	MNG: Respite for Children	PA required for 200+ hours	N/A	Facility calls THPP	Facility calls THPP	N/A

SUBSTANCE USE DISORDER RESIDENTIAL PROGRAMS

Substance Use Disorder Residential Programs: Tufts Health RITogether uses the [ASAM Criteria](#), designed by the American Society of Addiction Medicine¹, as clinical guides to improve assessment and outcomes-driven treatment and recovery services for members. ASAM criteria are a collection of objective guidelines that give providers and clinicians a way to standardize treatment planning and patient placement for treatment, as well as how to provide continuing, integrated care and ongoing service planning.

ASAM Criteria use “multidimensional” assessments and guide treatment professionals, and intensity of treatment “levels” of cares that connect to each other to act as benchmarks. Members can move through levels, depending on unique needs. Additionally, ASAM Criteria use separate criteria and levels of care benchmarks for adults and adolescents.

Level of care	PA/Notification/ MNG Resources	PA or Notification for admission	Notification Process	PA and/or Initial Concurrent Review Process	Continued Authorization Process	Form
Level 3.5: Clinically Managed High-Intensity Residential Services	ASAM Level 3.5	No notification days 1-10	N/A	- Facility calls THPP - Concurrent Review: 11+	Facility calls THPP	N/A
Level 3.3: Clinically Managed Population- Specific High- Intensity Residential Services	ASAM Level 3.3	Notification	Admitting facility contacts THPP within 2 business days of admission to notify THPP of admission and request continuing stay review	Facility calls THPP	Facility calls THPP	N/A
Level 3.1: Clinically Managed Low-Intensity Residential Services	ASAM Level 3.1	Notification	Admitting facility contacts THPP within 2 business days of admission to notify THPP of admission and request continuing stay review	Facility calls THPP	Facility calls THPP	N/A

¹ Refer to the [ASAM Introduction Fact Sheet](#) and [The ASAM Criteria](#), Treatment Criteria for Addictive, Substance-Related and Co-Occurring Conditions, Third Edition, 2013 for additional information.