

Behavioral Health Notification Form

Psychiatric & Substance Use Treatment

Levels of Care – Acute Inpatient, Acute Residential, Partial Hospitalization

Instructions

- Prior Authorization is not required for admission to these levels of care
- Notification of admission is required for all acute inpatient, acute residential and partial hospitalization levels of care, followed by medical necessity review on the last covered day, if authorization for continued stay is requested. For additional information, view the applicable [Notification Policy](#).

Type of Admissions: Psychiatric AND Substance Use

Levels of Care: Acute Inpatient, Acute Residential, Partial Hospitalization Program (PHP)

Submission Options:

- **Submit** notification through the [Provider Portal](#).
- **Fax** completed forms to:
 - Tufts Health Together: 888-977-0776
 - Tufts Health RITogether: 857-304-6404
 - Tufts Health Direct: 888-977-0776
 - Tufts Commercial Plans: 617-972-9590
 - Tufts Health One Care: 857-304-6304
 - Tufts Senior Care Options (SCO): 617-673-0705
 - Tufts Medicare Preferred HMO: 617-972-9590

Submitting notification to Tufts Health Plan does not guarantee payment. Tufts Health Plan is not obligated to pay claims for notification submitted for the following:

- Persons who are not actively enrolled
- Persons who fail to meet other eligibility criteria
- Persons who receive care that is determined not to be medically necessary
- Persons who have claims that are subject to COB or subrogation

For further questions about the provider portal and for technical assistance, email [Tufts_Health_Plan_Provider_Technical_Support@point32health.org](mailto:TuftHealthPlanProviderTechnicalSupport@point32health.org).

Complete this section

Providers can obtain an immediate authorization number by using the THP Provider portal ([link above](#)).

Please check the Member's THP Plan below:

Tufts Health Together	Tufts Health RITogether	Tufts Health Direct	Tufts Commercial Plan
Tufts Health One Care	Tufts Senior Care Options	Tufts Medicare Preferred HMO	

Requestor name

Requestor's phone

Ext.

Requestor's fax

Member name

Member ID #

Date of birth / /

Admitting MD name

Admitting MD's phone

Admitting MD's fax

Admitting MD's NPI #

Admitting facility name

Admitting facility address

Admitting facility phone

Admitting facility NPI #

Admitting facility Provider ID #

Tax ID #

Admission date / / Primary ICD-10 Diagnosis Code

Secondary ICD-10 Diagnosis Codes

Level of Care

Check the appropriate level of care:

CPT Code

Inpatient – Acute Psychiatric	N/A
Inpatient – Acute Substance Use/ ASAM Level 4 Detox	N/A
Acute Residential Treatment (ART) – Psychiatric	H0017
Acute Residential Treatment (ART) – Psychiatric: Community Crisis Stabilization/ CCS	S9485
Acute Residential Treatment (ART)/ Acute Treatment Services (ATS) – Substance Use: ASAM Level 3.7/ Medically Monitored Residential.....	H0017/H0011
Acute Residential Treatment (ART)/ Clinical Stabilization Services (CSS) – Substance Use: ASAM Level 3.5/ Clinically Managed High Intensity (adults) or Medium Intensity (adolescents)	H0017 or H0010
Dual Diagnosis Acute Residential Treatment (DDART)	H0037HH
Enhanced Acute Treatment Services (EATS)	H0011HH
Individualized Treatment and Stabilization Services (ITSS) – MA Medicaid only	H2036
Community-Based Acute Treatment (CBAT) – Psychiatric/Substance Use (MA children & adolescents)	H0037
Intensive Community-Based Acute Treatment (ICBAT) – Psychiatric/Substance Use (MA children & adolescents)	H0037TG
Partial Hospitalization (PHP) – Psychiatric	H0035
Partial Hospitalization (PHP) – Substance Use	H0035