

Outpatient Services Requiring Prior Authorization for Commercial and Senior Products

Service	MA Commercial	RI Commercial	Tufts Health Freedom Plan	Tufts Medicare Preferred HMO	Tufts Health Plan SCO	Tufts Medicare Complement	Tufts Medicare Supplement
Autism	<p style="text-align: center;">Yes</p> <p>ABA Therapy and Habilitative Services, Autism Medical Necessity Guidelines</p> <p>Applied Behavior Analysis Autism Service Request Form</p> <p>Autism, Applied Behavioral Analysis, Concurrent Services Request Form</p> <p>Autism Habilitative Services Concurrent Services Request Form</p> <p>Autism Habilitative Services Initial Request Form</p>	<p style="text-align: center;">Yes</p> <p>ABA Therapy and Habilitative Services, Autism Medical Necessity Guidelines</p> <p>Applied Behavior Analysis Autism Service Request Form</p> <p>Autism, Applied Behavioral Analysis, Concurrent Services Request Form</p> <p>Autism Habilitative Services Concurrent Services Request Form</p> <p>Autism Habilitative Services Initial Request Form</p>	<p style="text-align: center;">Yes</p> <p>ABA Therapy and Habilitative Services, Autism Medical Necessity Guidelines</p> <p>Applied Behavior Analysis Autism Service Request Form</p> <p>Autism, Applied Behavioral Analysis, Concurrent Services Request Form</p> <p>Autism Habilitative Services Concurrent Services Request Form</p> <p>Autism Habilitative Services Initial Request Form</p>	PCP referral	PCP referral	PCP referral	PCP referral
rTMS	<p style="text-align: center;">Yes</p> <p>Transcranial Magnetic Stimulation (rTMS) Medical Necessity Guidelines</p> <p>rTMS Request Form (Standard Form)</p> <p>Tufts Health Plan rTMS Request Form</p>	<p style="text-align: center;">Yes</p> <p>Transcranial Magnetic Stimulation (rTMS) Medical Necessity Guidelines</p> <p>rTMS Request Form (Standard Form)</p> <p>Tufts Health Plan rTMS Request Form</p>	<p style="text-align: center;">Yes</p> <p>Transcranial Magnetic Stimulation (rTMS) Medical Necessity Guidelines</p> <p>rTMS Request Form (Standard Form)</p> <p>Tufts Health Plan rTMS Request Form</p>	PCP	PCP	PCP	PCP

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Psychological/ Neuropsychological Testing	Yes Psychological/ Neuropsychological Testing Medical Necessity Guidelines Psychological/ Neuropsychological Testing Request Form Psychological and Neuropsychological Assessment Supplemental Form (Standard)	Yes Psychological/ Neuropsychological Testing Medical Necessity Guidelines Psychological/ Neuropsychological Testing Request Form Psychological and Neuropsychological Assessment Supplemental Form (Standard)	Yes Psychological/ Neuropsychological Testing Medical Necessity Guidelines Psychological/ Neuropsychological Testing Request Form Psychological and Neuropsychological Assessment Supplemental Form (Standard)	PCP referral	PCP referral	PCP referral	PCP referral
Family Stabilization Treatment	Yes Family Stabilization Treatment Criteria Medical Necessity Guidelines	Yes Family Stabilization Treatment Criteria Medical Necessity Guidelines	Yes Family Stabilization Treatment Criteria Medical Necessity Guidelines	N/A	N/A	N/A	N/A