

Outpatient Services Requiring Prior Authorization for Commercial and Senior Products

Service	MA-based Plans	RI-based Plans	Tufts Health Freedom Plan	Tufts Medicare Preferred HMO	Tufts Health Plan SCO	Tufts Medicare Complement	Tufts Medicare Supplement
Intensive Care Coordination (ICC)	Yes Medical Necessity Guidelines: Intensive Care Coordination (ICC): MA Products Community Service Agency (CSA) Form ¹	NA	NA	PCP Referral	PCP Referral	Yes Medical Necessity Guidelines: Intensive Care Coordination (ICC): MA Products Community Service Agency (CSA) Form ²	N/A
In-Home Therapy Services (IHTS)	Yes Medical Necessity Guidelines: In-Home Therapy Services (IHTS): MA Products Community Service Agency (CSA) Form ¹	NA	NA	PCP Referral	PCP Referral	Yes Medical Necessity Guidelines: Intensive Care Coordination (ICC): MA Products Community Service Agency (CSA) Form ³	N/A
In-Home Behavioral Services (IHBS)	Yes Medical Necessity Guidelines: In-Home Therapy Services (IHBS): MA Products Community Service Agency (CSA) Form ¹	NA	NA	PCP Referral	PCP Referral	Yes Medical Necessity Guidelines: Intensive Care Coordination (ICC): MA Products Community Service Agency (CSA) Form ⁴	N/A

¹ For concurrent reviews, providers should call their Assigned Reviewer to present clinical information. To determine the Assigned Reviewer, call the Behavioral Health Department (800.208.9565) for Commercial products or Provider Services (MA, 888.257.1985) for Tufts Health Public Plans products.

² For concurrent reviews, providers should call their Assigned Reviewer to present clinical information. To determine the Assigned Reviewer, call the Behavioral Health Department (800.208.9565) for Commercial products or Provider Services (MA, 888.257.1985) for Tufts Health Public Plans products.

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Service	MA-based Plans	RI-based Plans	Tufts Health Freedom Plan	Tufts Medicare Preferred HMO	Tufts Health Plan SCO	Tufts Medicare Complement	Tufts Medicare Supplement
Autism Services	Yes ABA Therapy and Habilitative Services: MA Products Early Intervention Intensive Services ABA Therapy ABA Autism Services Request Form	Yes ABA Therapy and Habilitative Services: RI Products Early Intervention Intensive Services ABA Therapy ABA Autism Services Request Form	Yes ABA Therapy and Habilitative Services: NH Products Early Intervention Intensive Services ABA Therapy ABA Autism Services Request Form	PCP Referral	PCP Referral	PCP Referral	PCP Referral
Transcranial Magnetic Stimulation (rTMS)	Yes Medical Necessity Guidelines: Transcranial Magnetic Stimulation (rTMS) rTMS Request Form (Standard Form)	Yes Medical Necessity Guidelines: Transcranial Magnetic Stimulation (rTMS) rTMS Request Form (Standard Form)	Yes Medical Necessity Guidelines: Transcranial Magnetic Stimulation (rTMS) rTMS Request Form (Standard Form)	PCP Referral	PCP Referral	PCP Referral	PCP Referral
Psychological and Neuropsychological Testing and Assessment	Yes Medical Necessity Guidelines: Psychological Testing and Assessment Neuropsychological Testing and Assessment Psychological and Neuropsychological Assessment Form	Yes Medical Necessity Guidelines: Psychological Testing and Assessment Neuropsychological Testing and Assessment Psychological and Neuropsychological Assessment Form	Yes Medical Necessity Guidelines: Psychological Testing and Assessment Neuropsychological Testing and Assessment Psychological and Neuropsychological Assessment Form	PCP Referral	PCP Referral	PCP Referral	PCP Referral
Family Stabilization Treatment	Yes Medical Necessity Guidelines: Family	Yes Medical Necessity Guidelines: Family	Yes Medical Necessity Guidelines: Family	NA	NA	NA	NA

Service	MA-based Plans	RI-based Plans	Tufts Health Freedom Plan	Tufts Medicare Preferred HMO	Tufts Health Plan SCO	Tufts Medicare Complement	Tufts Medicare Supplement
	Stabilization Treatment (FST)	Stabilization Treatment (FST)	Stabilization Treatment (FST)				