



Outpatient Services Requiring Prior Authorization/Notification 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
Intensive Care Coordination (ICC)	Medical Necessity Guidelines: Targeted Case Management Services: Intensive Care Coordination (ICC): Massachusetts Products Community Service Agency (CSA) Form Notification for first 30 days, then provider calls for medical necessity review for days 31+	N/A	N/A	N/A	N/A	N/A	N/A
In-Home Therapy (IHT)	Medical Necessity Guidelines: In-Home Therapy Services (IHTS): Massachusetts Products Provider calls for medical necessity review	N/A	N/A	N/A	N/A	N/A	N/A
In-Home Behavioral Services (IHBS)	Medical Necessity Guidelines: In-Home Behavioral Services (IHBS): Massachusetts Products Provider calls for medical necessity review	N/A	N/A	N/A	N/A	N/A	N/A

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



Service	MA Commercial	RI Commercial	Tufts Health Freedom Plan	Tufts Medicare Preferred HMO	Tufts Health Plan SCO	Tufts Medicare Complement	Tufts Medicare Supplement
Autism/Applied Behavioral Analysis	PA Required ABA Therapy and Habilitative Services, Autism Medical Necessity Guidelines Applied Behavior Analysis Autism Service Request Form	PA Required ABA Therapy and Habilitative Services, Autism Medical Necessity Guidelines Applied Behavior Analysis Autism Service Request Form	PA Required ABA Therapy and Habilitative Services, Autism Medical Necessity Guidelines Applied Behavior Analysis Autism Service Request Form	N/A	N/A	N/A	N/A
Early Intervention Intensive Services Autism Services	Notification Required Early Intervention Intensive Services Autism Service Request	N/A	N/A	N/A	N/A	N/A	N/A
Early Intensive Behavioral Intervention (EIBI)	No Notification or PA Required Early Intensive Behavioral Intervention (EIBI) Medical Necessity Guidelines	N/A	N/A	N/A	N/A	N/A	N/A

rTMS	PA Required Transcranial Magnetic Stimulation (rTMS) Medical Necessity Guidelines Tufts Health Plan rTMS Request Form	PA Required Transcranial Magnetic Stimulation (rTMS) Medical Necessity Guidelines Tufts Health Plan rTMS Request Form	PA Required Transcranial Magnetic Stimulation (rTMS) Medical Necessity Guidelines Tufts Health Plan rTMS Request Form	PCP Referral	PCP Referral	PCP Referral	PCP Referral
Psychological/ Neuropsychological Testing	PA Required Psychological/ Neuropsychological Testing Medical Necessity Guidelines Psychological/ Neuropsychological Testing Request Form	PA Required Psychological/ Neuropsychological Testing Medical Necessity Guidelines Psychological/ Neuropsychological Testing Request Form	PA Required Psychological/ Neuropsychological Testing Medical Necessity Guidelines Psychological/ Neuropsychological Testing Request Form	PCP referral	PCP referral	PCP referral	PCP referral
Family Stabilization Treatment	PA Required Family Stabilization Treatment Criteria Medical Necessity Guidelines Provider calls for medical necessity review	PA Required Family Stabilization Treatment Criteria Medical Necessity Guidelines Provider calls for medical necessity review	PA Required Family Stabilization Treatment Criteria Medical Necessity Guidelines Provider calls for medical necessity review	N/A	N/A	N/A	N/A