



**BEHAVIORAL HEALTH BENEFIT SUMMARY GRID:  
TUFTS HEALTH TOGETHER (MASSHEALTH)  
CAREPLUS**

**ABBREVIATIONS**

- PA = Prior authorization
- BH = Behavioral health
- IN = In-network
- OON = Out-of-network

**Benefit year** = January 1 – December 31, 2019

For additional details, please refer to the [Tufts Health Public Plans Provider Manual](#).

Tufts Health Plan only covers services rendered by in-network providers.

**All OON requests for all levels of care require prior authorization.**

Service	Coverage/Limits/Conditions	PA Required?
<b>INPATIENT SERVICES</b>		
<b>Administratively necessary days</b>	Covered IN if medically necessary	Yes
<b>Inpatient mental health services</b>	Covered IN if medically necessary	PA not required for urgent admission. Notification on the first business day following admission.
<b>Inpatient substance use disorder services (Level IV)</b>	Covered IN if medically necessary. Initial notification required within 48 hours of admission. Additional notification required if treatment exceeds 7 days.	PA after 14 days. Notification required.
<b>RESIDENTIAL REHABILITATION SERVICES (LEVEL 3.1)</b>		
<b>Adult Residential Rehabilitation Services for Substance Use Disorders (Level 3.1)</b>	Covered if medically necessary	OON. IN: Notification required within 7 days of admission.
<b>Family Residential Rehabilitation Services for Substance Use Disorders (Level 3.1)</b>	Covered if medically necessary	OON. IN: Notification required within 7 days of admission.
<b>Transitional Age Youth and Young Adult Residential Rehabilitation Services for Substance Use Disorders (Level 3.1)</b>	Covered if medically necessary	OON. IN: Notification required within 7 days of admission.

<b>Service</b>	<b>Coverage/Limits/Conditions</b>	<b>PA Required?</b>
<b>Youth Residential Rehabilitation Services for Substance Use Disorders (Level 3.1)</b>	Covered if medically necessary	OON. IN: Notification required within 7 days of admission.
<b>Co-Occurring Enhanced Residential Rehabilitation Services for Substance Use Disorders (Level 3.1)</b>	Covered if medically necessary	OON. IN: Notification required within 7 days of admission.
<b>24-HOUR DIVERSIONARY SERVICES</b>		
<b>Acute treatment services (ATS) for substance use disorders (Level III.7)</b>	Covered IN if medically necessary. Initial notification required within 48 hours of admission. Additional notification required if treatment exceeds 7 days.	OON. IN: PA after 14 days. Notification required after 48 hours.
<b>Clinical stabilization services (CSS) for substance use disorders (Level III.5)</b>	Covered if medically necessary	OON. IN: PA after 14 consecutive days. Notification required after 10 days.
<b>Community-based acute treatment (CBAT) for children and adolescents</b>	Covered if medically necessary	OON. IN: PA not required for urgent admission. Notification required on the first business day following admission.
<b>Dual diagnosis acute residential treatment (DDART)</b>	Covered if medically necessary	OON. IN: PA not required for urgent admission. Notification required on the first business day following admission.
<b>Enhanced acute treatment services (EATS) for substance use disorders</b>	Covered if medically necessary	OON. IN: Notification required after 48 hours.
<b>Intensive community-based acute treatment (ICBAT) for children and adolescents</b>	Covered if medically necessary	OON. IN: PA not required for urgent admission. Notification required on the first business day following admission.
<b>Observation/Holding beds</b>	Covered if medically necessary	OON. IN: PA not required for urgent admission. Notification required on the first business day following admission.
<b>Transitional care unit (TCU)</b>	Covered if medically necessary	Yes
<b>NON-24-HOUR DIVERSIONARY SERVICES</b>		
<b>Community support program (CSP)</b>	Covered if medically necessary	OON. IN: After 60 days or 240 units
<b>Intensive outpatient program (IOP)</b>	Covered if medically necessary	Yes. IN: Notification required after first visit for substance use treatment only.
<b>Partial hospitalization program (PHP)</b>	Covered if medically necessary	Yes. IN: Notification required after first visit for substance use treatment

Service	Coverage/Limits/Conditions	PA Required?
		only.
<b>Psychiatric day treatment</b>	Covered if medically necessary	Yes. IN: Notification required after first visit for substance use treatment only.
<b>Recovery coach</b>	Covered if medically necessary	OON. IN: Notification required within 7 days of start of service.
<b>Structured outpatient addiction program (SOAP)</b>	Covered if medically necessary	Yes. IN: Notification required after first visit.
<b>OUTPATIENT SERVICES</b>		
<b>Acupuncture detoxification treatment</b>	Covered if medically necessary	OON. IN: Notification required after first visit.
<b>Ambulatory detoxification (Level II.d)</b>	Covered if medically necessary	OON. IN: Notification required after first visit.
<b>Assessment for safe and appropriate placement (ASAP)</b>	Covered if medically necessary	Yes
<b>Case consultation</b>	Covered if medically necessary	OON
<b>Collateral contact</b>	Covered if medically necessary	OON
<b>Couples/Family treatment</b>	Covered if medically necessary	OON. IN: After 12 visits
<b>Diagnostic evaluation</b>	Covered if medically necessary	OON. IN: After 12 visits
<b>Dialectical behavioral therapy (DBT)</b>	Covered if medically necessary	Yes
<b>Family consultation</b>	Covered if medically necessary	OON
<b>Group treatment</b>	Covered if medically necessary	OON
<b>Individual treatment</b>	Covered if medically necessary	OON. IN: After 12 visits
<b>Inpatient/Outpatient bridge visit</b>	Covered if medically necessary	OON
<b>Medication visit</b>	Covered if medically necessary	OON
<b>Opioid replacement therapy</b>	Covered if medically necessary. See our <a href="#">Opioid Replacement Therapy Payment Policy</a> .	OON
<b>Psychiatric consultation on an inpatient medical unit</b>	Covered if medically necessary	No
<b>Psychological testing</b>	Covered if medically necessary	Yes
<b>Urgent outpatient care</b>	Covered if medically necessary	After first visit
<b>INTENSIVE HOME- OR COMMUNITY-BASED SERVICES FOR YOUTH</b>		
<b>In-home therapy (IHT)</b>	Covered if medically necessary	Yes
<b>Intensive care coordination (ICC)</b>	Covered if medically necessary	Yes
<b>EMERGENCY SERVICES</b>		
<b>Community crisis stabilization (CCS)</b>	Covered if medically necessary	PA not required for urgent admission. Notification required on the first business day following admission.



<b>Service</b>	<b>Coverage/Limits/Conditions</b>	<b>PA Required?</b>
<b>Emergency services program (ESP)</b>	Covered if medically necessary. Includes ESP encounter, assessment, intervention and stabilization.	Notification required within 24 hours of evaluation.
<b>Psychotherapy for crisis</b>	Covered if medically necessary for up to 120 minutes	No PA required if outpatient BH services already authorized.
<b>Youth mobile crisis intervention</b>	Covered if medically necessary	OON
<b>OTHER BEHAVIORAL HEALTH SERVICES</b>		
<b>Electroconvulsive therapy (ECT)</b>	Covered if medically necessary	OON
<b>Specialing</b>	Covered if medically necessary	Yes