



**BEHAVIORAL HEALTH BENEFIT SUMMARY GRID:
TUFTS HEALTH TOGETHER (MASSHEALTH)
COMMONHEALTH AND STANDARD**

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? |
|---|--------------------------------|--|
| INPATIENT SERVICES | | |
| Administratively necessary days | Covered if medically necessary | Yes |
| Inpatient mental health services | Covered if medically necessary | PA not required for urgent admission. Notification required on the first business day following admission. |
| Inpatient substance use disorder services (Level IV) | Covered if medically necessary | PA after 14 days. Notification required. |
| RESIDENTIAL REHABILITATION SERVICES (LEVEL 3.1) | | |
| Adult Residential Rehabilitation Services for Substance Use Disorders (Level 3.1) | Covered if medically necessary | OON. IN: Notification required within 7 days of admission. |
| Family Residential Rehabilitation Services for Substance Use Disorders (Level 3.1) | Covered if medically necessary | OON. IN: Notification required within 7 days of admission. |
| Transitional Age Youth and Young Adult Residential Rehabilitation Services for Substance Use Disorders (Level 3.1) | Covered if medically necessary | OON. IN: Notification required within 7 days of admission. |
| Youth Residential Rehabilitation Services for Substance Use Disorders (Level 3.1) | Covered if medically necessary | OON. IN: Notification required within 7 days of admission. |
| Co-Occurring Enhanced Residential Rehabilitation Services for Substance Use Disorders (Level 3.1) | Covered if medically necessary | OON. IN: Notification required within 7 days of admission. |

| Service | Coverage/Limits/Conditions | PA Required? |
|--|--|---|
| 24-HOUR DIVERSIONARY SERVICES | | |
| Acute treatment services (ATS) for substance use disorders (Level III.7) | Covered if medically necessary | OON. IN: PA after 14 days. Notification required after 48 hours. |
| Clinical stabilization services (CSS) for substance use disorders (Level III.5) | Covered if medically necessary | OON. IN: PA after 14 consecutive days. Notification required after 10 days. |
| Community-based acute treatment (CBAT) for children and adolescents | Covered if medically necessary | OON. IN: PA not required for urgent admission. Notification required on the first business day following admission. |
| Dual diagnosis acute residential treatment (DDART) | Covered if medically necessary | OON. IN: PA not required for urgent admission. Notification required on the first business day following admission. |
| Enhanced acute treatment services (EATS) for substance use disorders | Covered if medically necessary | OON. IN: PA not required for urgent admission. Notification required on the first business day following admission. |
| Intensive community-based acute treatment (ICBAT) for children and adolescents | Covered if medically necessary | OON. IN: PA not required for urgent admission. Notification required on the first business day following admission. |
| Observation/Holding beds | Covered if medically necessary | OON. IN: PA not required for urgent admission. Notification required on the first business day following admission. |
| Transitional care unit (TCU) | Covered if medically necessary | Yes |
| NON-24-HOUR DIVERSIONARY SERVICES | | |
| Community support program (CSP) | Covered if medically necessary | OON. IN: After 60 days or 240 units. |
| Intensive outpatient program (IOP) | Covered if medically necessary | Yes. IN: Notification required after first visit for substance use treatment only. |
| Partial hospitalization program (PHP) | Covered if medically necessary | Yes. IN: Notification required after first visit for substance use treatment only. |
| Psychiatric day treatment | Covered if medically necessary | Yes. IN: Notification required after first visit for substance use treatment only. |
| Recovery coach | Covered if medically necessary | OON. IN: Notification required within 7 days of start of services. |
| Structured outpatient addiction program (SOAP) | Covered if medically necessary | Yes. IN: Notification required after first visit for substance use treatment only. |
| OUTPATIENT SERVICES | | |
| Acupuncture detoxification treatment | Covered if medically necessary | OON. IN: Notification required after first visit. |
| Ambulatory detoxification (Level II.d) | Covered if medically necessary | OON. IN: Notification required after first visit. |
| Applied behavioral analysis (ABA) for treatment of | Covered IN for members under 21 years of age | Yes |

| Service | Coverage/Limits/Conditions | PA Required? |
|--|---|--|
| autism spectrum disorders (ASD) | when rendered in the home, outpatient or office setting by a qualified professional who is either a board-certified behavior analyst (BCBA) or board-certified assistant behavior analyst (BCABA) | |
| Assessment for safe and appropriate placement (ASAP) | Covered if medically necessary | Yes |
| Case consultation | Covered if medically necessary | OON |
| Collateral contact | Covered if medically necessary | OON |
| Couples/Family treatment | Covered if medically necessary | OON. IN after 12 visits. |
| Diagnostic evaluation | Covered if medically necessary | OON. IN after 12 visits. |
| Dialectical behavioral therapy (DBT) | Covered if medically necessary | Yes |
| Family consultation | Covered if medically necessary | OON |
| Group treatment | Covered if medically necessary | OON |
| Individual treatment | Covered if medically necessary | OON. IN after 12 visits. |
| Inpatient/Outpatient bridge visit | Covered if medically necessary | OON |
| Medication visit | Covered if medically necessary | OON |
| Opioid replacement therapy | Covered if medically necessary. See our Opioid Replacement Therapy Payment Policy . | OON |
| Psychiatric consultation on an inpatient medical unit | Covered if medically necessary | OON |
| Psychological testing | Covered if medically necessary | IN and OON |
| Urgent outpatient care | Covered if medically necessary | IN and OON |
| INTENSIVE HOME- OR COMMUNITY-BASED SERVICES FOR YOUTH | | |
| Family support and training (FS&T) | Covered if medically necessary | IN and OON |
| In-home behavioral services (IHBS) | Covered if medically necessary | IN and OON |
| In-home therapy (IHT) | Covered if medically necessary | IN and OON |
| Intensive care coordination (ICC) | Covered if medically necessary | IN and OON |
| Therapeutic mentoring (TM) | Covered if medically necessary | IN and OON |
| EMERGENCY SERVICES | | |
| Community crisis stabilization (CCS) | Covered if medically necessary | PA not required for urgent admission. Notification required on the first business day following admission. |
| Emergency services program (ESP) | Covered if medically necessary. Includes ESP encounter, assessment, intervention and stabilization. | Notification required within 24 hours of evaluation. |
| Psychotherapy for crisis | Covered if medically necessary for up to 120 minutes | OON: No PA required if outpatient BH services already authorized. |
| Youth mobile crisis intervention | Covered if medically necessary | OON |



| Service | Coverage/Limits/Conditions | PA Required? |
|---|--------------------------------|--------------|
| OTHER BEHAVIORAL HEALTH SERVICES | | |
| Electroconvulsive therapy (ECT) | Covered if medically necessary | OON |
| Specialing | Covered if medically necessary | Yes |