



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

**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 required 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>Youth Residential Rehabilitation Services for Substance</b>	Covered if medically necessary	OON. IN: Notification required

<b>Service</b>	<b>Coverage/Limits/Conditions</b>	<b>PA Required?</b>
<b>Use Disorders (Level 3.1)</b>		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 only.

Service	Coverage/Limits/Conditions	PA Required?
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 service.
Structured outpatient addiction program (SOAP)	Covered if medically necessary	OON. IN: Notification required after first visit.
<b>OUTPATIENT SERVICES</b>		
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 autism spectrum disorders (ASD)	Covered IN for members under 19 years of age 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)	Yes
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 <a href="#">Opioid Replacement Therapy Payment Policy</a> .	OON
Psychiatric consultation on an inpatient medical unit	Covered if medically necessary	No
Psychological testing	Covered if medically necessary	Yes
Urgent outpatient care	Covered if medically necessary	After the first visit
<b>INTENSIVE HOME- OR COMMUNITY-BASED SERVICES FOR YOUTH</b>		
Family support and training (FS&T)	Covered if medically necessary	Yes
In-home behavioral services (IHBS)	Covered if medically necessary	Yes

<b>Service</b>	<b>Coverage/Limits/Conditions</b>	<b>PA Required?</b>
<b>In-home therapy (IHT)</b>	Covered if medically necessary	Yes
<b>Intensive care coordination (ICC)</b>	Covered if medically necessary	Yes
<b>Therapeutic mentoring (TM)</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>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	No
<b>Specialing</b>	Covered if medically necessary	Yes