



**BEHAVIORAL HEALTH BENEFIT SUMMARY GRID:
TUFTS HEALTH RITogether**

ABBREVIATIONS

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

BENEFIT YEAR*

Individual = July 1–June 30

Service	Coverage/Limits/Conditions	PA required?
Acute Care		
Acute Residential Treatment (ART)	Covered IN if medically necessary. Notification required on admission.	No
Emergency Service Intervention	Covered IN if medically necessary. Notification required upon discharge. After-care plan must be sent to member’s PCP and THPP Care Management.	No
Inpatient Acute Hospitalization	Covered IN if medically necessary. Notification required on admission.	No
Non-Hospital-Based Detoxification	Covered IN if medically necessary. Notification required on Day 1.	No
Observation/Crisis Stabilization/Holding Bed	Covered IN if medically necessary. Notification required on admission.	No
Service	Coverage/Limits/Conditions	PA required?
Intermediate and Outpatient Services		
Clubhouse	Covered	No
Court-Ordered Mental Health and Substance Abuse	Covered	No
Day/Evening Treatment	Covered IN if medically necessary. Notification required no later than 3 business days from start of treatment.	No
Diagnostic Evaluations	Covered IN if medically necessary. Part of initial 12 visits.	No
Enhanced Outpatient Services (EOS)	Covered IN if medically necessary for members under 21 years of age. Notification required no later than 3 business days from start of treatment.	No
Family Therapy	Covered	No
Group Therapy	Covered IN if medically necessary, code 90853. Does not count toward initial 12 visits.	No
Individual Therapy	Covered IN if medically necessary	No
Intensive Outpatient Therapy (IOP)	Covered IN if medically necessary	Yes
Medication-Assisted Treatment, including Methadone Maintenance, Buprenorphine and Suboxone Treatment	Covered IN if medically necessary	No
Medication Evaluation and Management	Covered IN if medically necessary	No
Partial Hospitalization (PHP)	Covered IN if medically necessary	Yes
Psychological and Neuropsychological Testing	Covered IN if medically necessary	Yes

Service	Coverage/Limits/Conditions	PA required?
Home and Community-Based Services		
Applied Behavioral Analysis (ABA)	Covered IN if medically necessary for members under 21 years of age	Yes
Evidence-Based Practices (EBP)	Covered IN if medically necessary for members under 21 years of age	Yes
Home Based Treatment (HBTS)	Covered IN if medically necessary for members under 21 years of age	Yes
Personal Assistance Services & Support (PASS)	Covered IN if medically necessary for members under 21 years of age	Yes
Respite	Covered IN if medically necessary for members under 21 years of age	Yes after 100 hours annually
Service	Coverage/Limits/Conditions	PA required?
Mental Health Psych Rehab		
CMHO – ACT (adults 18 and older only)	Covered IN if criteria are met	No
CMHO – IHH (adults 18 and older only)	Covered IN if criteria are met. Notification required at 15 days if inpatient stay may last more than 30 days. At 28 days of inpatient stay, authorization from MCO required.	No
Opioid Treatment Health Home (adults only)	Covered IN if criteria are met	No
Mental Health Psychiatric Rehabilitative Residential (Group Home and Supportive Housing)	Covered IN if criteria are met	No
Service	Coverage/Limits/Conditions	PA required?
Substance Abuse Services		
Level 3.1 (Clinically Managed Low-Intensity Residential)	Covered IN if medically necessary	Yes for 14 days authorized
Level 3.3 (Short-Term Clinically Managed Medium-Intensity)	Covered IN if medically necessary	Yes for 14 days authorized
Level 3.5 (Clinically Managed High-Intensity Residential)	Covered IN if medically necessary	Yes after first 10 visits
SSTARbirth (Residential Substance Abuse Treatment for pregnant and postpartum women and their children)	Covered IN if criteria are met	No