



**BEHAVIORAL BENEFIT SUMMARY GRID:**

**TUFTS HEALTH UNIFY (Medicare-Medicaid One Care for people ages 21 – 64)**

Benefit Year: January 1, 2019 – December 31, 2019

**ABBREVIATIONS**

- BH: Behavioral Health
- ICT: Interdisciplinary Care Team
- IN: In-network
- MM: Medical Management Team (Tufts Health Plan)
- OON: Out of Network
- PA: Prior Authorization
- PCP: Primary Care Provider

**Annual co-payment maximum per calendar year per member**

- Medical and BH = \$0
- Pharmacy = \$0

**Prior authorizations and referrals**

If we require prior authorization, providers must submit a [prior authorization request](#) five business days prior to the service start date. All services rendered by OON providers require prior authorization.

Please note: We do not list services that apply to children, since *Tufts Health Unify* does not cover members younger than 21.

Tufts Health Plan covers health care screenings, including preventive screenings, and prenatal and postpartum services for pregnant enrollees, as specified in Executive Office for Health and Human Services (EOHHS) guidelines or in accordance with nationally accepted standards and practices.

SERVICE	COVERAGE/LIMITS/CONDITIONS	PA REQUIRED		NOTIFICATION REQUIRED	RELATED PAYMENT POLICY
		IN NETWORK	OUT OF NETWORK		
<b>RESIDENTIAL REHABILITATION SERVICES</b>					
Clinically Managed Population Specific High Intensity Residential Services (ASAM Level 3.3)	Covered if medically necessary	NO	YES	NO	
Enhanced residential Rehabilitation Services for Dually Diagnosed (ASAM Level 3.1 co-occurring)	Covered if medically necessary	NO	YES	NO	

enhanced)					
Residential Rehabilitation Services (ASAM Level 3.1)	Covered if medically necessary	NO	YES	NO	<a href="#">Residential Rehab Services (Level 3.1 FAQ)</a>
Transitional Support Services (TSS) for Substance Use Disorders (ASAM Level 3.1)	Covered if medically necessary	NO	YES	NO	
<b>INPATIENT SERVICES</b>					
Administratively necessary days	Covered if medically necessary	YES	YES	NO	
Inpatient mental health services	Covered if medically necessary	YES	YES	NO	
Inpatient substance use disorder services (Level IV)	Covered if medically necessary	YES <i>After 14 days</i>	YES	YES <i>Within 1 business day of admission</i>	
<b>INPATIENT SERVICES</b>					
Administratively necessary days	Covered if medically necessary	YES	YES	NO	
Inpatient mental health services	Covered if medically necessary	YES	YES	NO	
Inpatient substance use disorder services (Level IV)	Covered if medically necessary	YES <i>After 14 days</i>	YES	YES <i>Within 1 business day of admission</i>	<a href="#">ATS Notification Form</a>
<b>24-HOUR DIVERSIONARY SERVICES</b>					
Acute treatment services (ATS) for substance use disorders (Level III.7)	Covered if medically necessary	YES <i>After 14 days</i>	YES	YES <i>Within 1 business day of admission</i>	<a href="#">ATS Notification Form</a>
Community crisis stabilization (CCS)	Covered if medically necessary	YES <i>After 14 days</i>	YES	YES <i>Within 1</i>	

				<i>business day of admission</i>	
Dual diagnosis acute residential treatment (DDART)	Covered if medically necessary	YES <i>After 14 days</i>	YES	YES <i>Within 1 business day of admission</i>	
Enhanced acute treatment services (EATS) for substance use disorders	Covered if medically necessary	YES <i>After 14 days</i>	YES	YES <i>Within 1 business day of admission</i>	
Observation/Holding beds	Covered if medically necessary	YES	YES	NO	<a href="#">Observation Services Facility Payment Policy</a>
Transitional care unit (TCU)	Covered if medically necessary	YES	YES	NO	
<b>NON-24-HOUR DIVERSIONARY SERVICES</b>					
Community support program (CSP)	Covered if medically necessary	YES <i>After 60 days or 240 units</i>	YES	NO	
Intensive outpatient program (IOP)	Covered if medically necessary	YES	YES	NO	
Partial hospitalization program (PHP)	Covered if medically necessary	YES	YES	NO	
Psychiatric day treatment	Covered if medically necessary	YES	YES	NO	
Recovery Coaching	Covered if medically necessary	NO	NO	NO	<a href="#">FAQs: Recovery Coaching</a>  <a href="#">Medical Necessity guidelines: Recovery Coaching</a>
Recovery Support Navigators	Covered if medically necessary	NO	NO	NO	<a href="#">FAQs: Recovery Support Navigators</a>
Structured outpatient	Covered if medically necessary	YES	YES	YES	

addiction program (SOAP)		<i>After 14 days</i>		<i>Within 1 business day of admission</i>	
<b>OUTPATIENT SERVICES</b>					
Acupuncture detoxification treatment	Covered if medically necessary	YES	YES	NO	<a href="#">Medical Necessity Guidelines: Acupuncture Detoxification</a>
Ambulatory detoxification (Level II.d)	Covered if medically necessary	YES <i>After 14 days</i>	YES	YES <i>Within 1 business day of admission</i>	<a href="#">Medical Necessity Guidelines: Acupuncture Detoxification</a>
Assessment for safe and appropriate placement (ASAP)	Covered if medically necessary	YES	YES	NO	
Case consultation	Covered if medically necessary	NO	YES	NO	
Clinical support services for substance use	Covered if medically necessary	YES <i>After 14 days</i>	YES	YES <i>Within 1 business day of admission</i>	
Collateral contact	Covered if medically necessary	NO	YES	NO	
Community support services (CSS)	Covered if medically necessary	YES	YES	NO	
Couples/Family treatment	Covered if medically necessary	YES <i>After 12 visits</i>	YES	NO	
Diagnostic evaluation	Covered if medically necessary	YES <i>After 12 visits</i>	YES	NO	
Dialectical behavioral therapy (DBT)	Covered if medically necessary	YES	YES	NO	
Family consultation	Covered if medically necessary	NO	YES	NO	
Group treatment	Covered if medically necessary	NO	YES	NO	
Individual treatment	Covered if medically necessary	YES <i>After 12 visits</i>	YES	NO	
Inpatient/Outpatient	Covered if medically necessary	NO	YES	NO	

bridge visit					
Medication visit	Covered if medically necessary	NO	YES	NO	
Opioid replacement therapy	Covered if medically necessary	NO	YES	NO	
Program of assertive community treatments (PACT)	Covered if medically necessary	YES	YES	NO	
Psychiatric consultation on an inpatient medical unit	Covered if medically necessary	NO	YES	NO	
Psychological testing	Covered if medically necessary	YES	YES	NO	
<b>INTENSIVE HOME- OR COMMUNITY-BASED SERVICES FOR YOUTH</b>					
In-home therapy (IHT)	Covered if medically necessary	YES	YES	NO	
<b>EMERGENCY SERVICES</b>					
Emergency services program (ESP)	Covered if medically necessary. Includes ESP encounter, assessment, intervention, and stabilization.	NO	NO	YES <i>Required within 48 hours of evaluation</i>	<a href="#">Notification Form: Emergency Services Program</a>
Psychotherapy for crisis	Covered if medically necessary for up to 120 minutes	NO <i>No PA required if outpatient BH services already authorized</i>	YES	NO	
<b>OTHER BEHAVIORAL HEALTH SERVICES</b>					
Clubhouse	Covered if medically necessary	YES	YES	NO	
Electroconvulsive therapy (ECT)	Covered if medically necessary	NO	YES	NO	
Specialing	Covered if medically necessary	YES	YES	NO	