

## Inpatient Notification Form

### I. Instructions

Submission of an inpatient notification is required for inpatient admissions. To submit an inpatient notification to Tufts Health Plan, follow the submission instructions below, which vary by plan:

Member's Plan	Type of Admission	Inpatient Notification Submission Options	Inpatient Notification Form
<b>Commercial products (including Tufts Health Freedom Plan)</b>	<ul style="list-style-type: none"> <li>Medical/Surgical</li> <li>Psychiatric</li> <li>Substance use disorder</li> </ul>	<ul style="list-style-type: none"> <li>Submit inpatient notification electronically via <a href="#">secure Provider portal</a></li> <li>Complete section II (on page 2) and fax it to 617.972.9590 or 800.843.3553</li> </ul>	Required
<b>Tufts Medicare Preferred HMO</b>	<ul style="list-style-type: none"> <li>Medical/Surgical</li> <li>Psychiatric</li> <li>Substance use disorder</li> </ul>	<ul style="list-style-type: none"> <li>Submit inpatient notification electronically via <a href="#">secure Provider portal</a></li> <li>Complete section II (on page 2) and fax it to 617.972.9590 or 800.843.3553</li> </ul>	Required
<b>Tufts Health Plan Senior Care Options (SCO)</b>	<ul style="list-style-type: none"> <li>Medical/Surgical</li> <li>Psychiatric</li> <li>Substance use disorder</li> </ul>	<ul style="list-style-type: none"> <li>Complete section II (on page 2) and fax it to 617.673.0705</li> </ul> <p><b>Note:</b> Inpatient notification <u>cannot</u> be submitted via the secure Provider website for Tufts Health Plan SCO.</p>	Required
<b>Tufts Health Direct*</b>	<ul style="list-style-type: none"> <li>Medical</li> </ul>	<ul style="list-style-type: none"> <li>Submit inpatient notification electronically via <a href="#">secure Provider portal</a></li> <li>Complete section II (on page 2) and fax it to 888.415.9055</li> </ul>	Accepted
<b>Tufts Health RITogether*</b>	<ul style="list-style-type: none"> <li>Medical</li> </ul>	<ul style="list-style-type: none"> <li>Submit inpatient notification electronically via <a href="#">secure Provider portal</a></li> <li>Complete section II (on page 2) and fax it to 857.304.6404</li> </ul>	Accepted
<b>Tufts Health Together – MassHealth MCO Plan and ACPPs*</b>	<ul style="list-style-type: none"> <li>Medical</li> </ul>	<ul style="list-style-type: none"> <li>Submit inpatient notification electronically via <a href="#">secure Provider portal</a></li> <li>Complete section II (on page 2) and fax it to 888.415.9055</li> </ul>	Accepted
<b>Tufts Health Unify*</b>	<ul style="list-style-type: none"> <li>Medical</li> </ul>	<ul style="list-style-type: none"> <li>Submit inpatient notification electronically via <a href="#">secure Provider portal</a></li> <li>Complete section II (on page 2) and fax it to 857.304.6304</li> </ul>	Accepted

**\*The following exceptions apply for Tufts Health Public Plans products:**

- For behavioral health admissions, providers should continue to submit the [Emergency Service Program \(ESP\) Notification Form](#) by fax (for Tufts Health Direct, Tufts Health RITogether and Tufts Health Together – MassHealth MCO Plan and ACPPs: **888.977.0776**; for Tufts Health Unify: **857.304.6304**).
- For inpatient and outpatient elective (scheduled) medical/surgical procedures, providers should continue to submit the [Standardized Prior Authorization Form](#).

**Note:** Submitting an inpatient notification to Tufts Health Plan does not guarantee payment. Tufts Health Plan is not obligated to pay claims for an inpatient notification submitted for the following:

- Persons who are not actively enrolled in one of the above-mentioned plans on the date of service
- Persons who fail to meet other eligibility criteria
- Persons who receive care that is determined not to be medically necessary
- Persons who have claims that are subject to COB or subrogation



## II. Inpatient Notification Form

Complete this section and submit using the instructions on page 1.

**Note:** As a reminder, providers can submit an inpatient notification to Tufts Health Plan using the secure Provider website, as outlined on page 1.

Requestor's name:	Requestor's phone number: Ext.	Requestor's fax number:
Member name:	Member ID number:	Date of birth:
Admitting MD name:	Admitting MD's phone number:	Admitting MD's NPI number:
Admitting facility name:	Admitting facility phone number:	Admitting facility NPI number:
Inpatient admission date:	Prior observation date (if any):	
ICD-10 diagnosis code:	ICD-10 diagnosis code:	ICD-10 diagnosis code:
ICD-10 or CPT procedure code:	ICD-10 or CPT procedure code:	ICD-10 or CPT procedure code:
PCP name:	Is there a PCP referral for this admission? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Referral number, if available (referral must indicate "treatment"):	Prior authorization number, if applicable:	
<p>Is this a scheduled surgical procedure? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If "Yes", elective (scheduled) medical/surgical procedures for members of <b>Tufts Health Plan Public Plans</b> products that require an inpatient admission should be submitted to Tufts Health Plan on the <a href="#">Standardized Prior Authorization Form</a>.</p> <p><b>Note:</b> Scheduled medical/surgical procedures for <b>Commercial products (including Tufts Health Freedom Plan)</b> should be submitted via the appropriate prior authorization request form or InterQual® SmartSheets™. <b>Note:</b> Refer to the appropriate <a href="#">medical necessity guidelines</a>.</p>		
<b>Requesting:</b>		
Inpatient <input type="checkbox"/>	Inpatient status changed to observation <input type="checkbox"/>	Inpatient following observation care <input type="checkbox"/>
Scheduled as SDC – changed to inpatient <input type="checkbox"/>	SNF level of care: Level 1A <input type="checkbox"/> Level 1B <input type="checkbox"/> Level 2 <input type="checkbox"/> Out-of-area SNF <input type="checkbox"/>	
Rehab level of care: Level 1 R1 <input type="checkbox"/> Level 2 R2 <input type="checkbox"/> Out-of-area rehab <input type="checkbox"/>	(LTAC) Chronic level of care: C1 <input type="checkbox"/> C2 <input type="checkbox"/> Out-of-area LTAC <input type="checkbox"/>	
Custodial level of care (Tufts Health Plan SCO only): <input type="checkbox"/>	Respite (Tufts Health Plan SCO only): <input type="checkbox"/>	Name of Tufts Health Plan Authorizing Care Manager:

**Note:** For applicable products, providers can confirm that the process is complete and can obtain an inpatient notification number by accessing the appropriate secure Provider website at [tuftshealthplan.com/login](https://tuftshealthplan.com/login).