



Tufts Health Together and Tufts Health Direct Behavioral Health Prior Authorization (PA) and Notification Grid

In-network providers must fax **888.977.0776** or call **888.257.1985** for prior authorization, notification, or medical necessity review for behavioral health (BH) services as outlined in the chart below. Out-of-network providers are required to request PA before initiating services.

Note: Refer to the [Benefit Grids](#) to determine if the specific level of care is a covered benefit for Standard, Family Assistance, Care Plus or Direct.

Definitions

Inpatient Services: 24-hour services that provide clinical intervention for acute mental health or substance abuse diagnosis

Diversionsary Services: Mental health or substance use disorder services provided as an alternative to inpatient services, to support a Member returning to the community after a 24-hour acute placement or to provide intensive support to maintain functioning in the community. These services are provided in a 24-hour facility or a non-24 hour setting.

Intensive Home and Community-Based Services for Youth: Also known as wraparound services, or CBHI (Children’s Behavioral Health Initiative) services or BHCA (Behavioral Health for Children & Adolescents).

Level of care	PA/Notification/Medical Necessity Guideline Resources	PA or Notification for admission	Notification Process	PA and/or Medical Necessity Review Process	Continued Authorization Process
Inpatient Services					
Inpatient Mental Health Services Hospital services to evaluate and treat an acute psychiatric condition	InterQual®	PA not required for urgent admission; ESP/admitting facility required to notify THPP	ESP faxes Notification form and the BH assessment to THPP	Admitting facility contacts THPP on the first business day following admission to notify THPP of admission and request continuing stay medical necessity review	Facility calls THPP

Level of care	PA/Notification/Medical Necessity Guideline Resources	PA or Notification for admission	Notification Process	PA and/or Medical Necessity Review Process	Continued Authorization Process
Inpatient Services, Continued					
Inpatient Substance Use Disorder Services (Level 4) Hospital services that provide detoxification regime of medically directed care and treatment	InterQual®	<ul style="list-style-type: none"> Notification days 1 – 14 Medical Necessity Review for days 15+ 	<ul style="list-style-type: none"> Admitting facility contacts THPP within 48 hours of admission. Provider may then bill up to 7 days Additional notification required if treatment exceeds 7 days, up to 14 days 	Facility calls THPP on last covered day to request continuing stay medical necessity review for days 15+	Facility calls THPP
Observation/Holding beds Hospital services for a period of up to 24 hours in order to assess, stabilize and identify appropriate resources for Enrollees	InterQual®	PA not required for urgent admission; ESP and admitting facility required to notify THPP	ESP faxes ESP Notification Form and the BH assessment to THPP	Admitting facility contacts THPP on the first business day following admission to notify THPP of admission and request continuing stay medical necessity review	Facility calls THPP
Administratively Necessary Day (AND) Services Day(s) of inpatient hospitalization for Enrollees who are ready for discharge, but an appropriate setting is not available	N/A, as this is not a level of care	PA	N/A	Facility discusses AND payment during continuing stay medical necessity review	Facility calls THPP

Level of care	PA/Notification/Medical Necessity Guideline Resources	PA or Notification for admission	Notification Process	PA and/or Medical Necessity Review Process	Continued Authorization Process
24-hour Diversionary Services					
<p>Community Crisis Stabilization Services provided as an alternative to hospitalization, providing 24-hour observation and supervision generally used as a diversionary level of care rather than a stepdown</p>	InterQual®	<ul style="list-style-type: none"> PA not required for urgent admission from ED; ESP or admitting facility required to notify THPP PA required for stepdown from Inpatient facility 	ESP faxes ESP Notification Form and the BH assessment to THPP	<ul style="list-style-type: none"> Admitting facility contacts THPP on the first business day following admission to notify THPP of admission and request continuing stay medical necessity review Inpatient facility completes stepdown PA review with THPP for initial CCS authorization. CCS facility completes all continued stay medical necessity reviews 	Facility calls THPP
<p>Community-Based Acute Treatment for Children and Adolescents (CBAT); and Intensive Community-Based Acute Treatment for Children and Adolescents (ICBAT) Mental health services provided on a 24-hours basis with sufficient clinical supports to ensure safety for children or adolescents</p>	InterQual®	<ul style="list-style-type: none"> PA not required for urgent admission from ED; ESP or admitting facility required to notify THPP PA required for stepdown from Inpatient facility 	For urgent admission from ED, ESP faxes Notification form and BH assessment to THPP	<ul style="list-style-type: none"> Admitting facility contacts THPP on the first business day following admission to notify THPP of admission and request continuing stay medical necessity review Inpatient facility completes PA review with THPP for initial CBAT or ICBAT authorization. CBAT/ICBAT facility completes all continued stay medical necessity reviews 	Facility calls THPP

Level of care	PA/Notification/Medical Necessity Guideline Resources	PA or Notification for admission	Notification Process	PA and/or Medical Necessity Review Process	Continued Authorization Process
24-hour Diversionary Services, Continued					
Acute Treatment Services (ATS) for Substance Use Disorders (Level 3.7) 24-hour medically monitored addition treatment services that provide evaluation and withdrawal management Note: Enhanced Level 3.7 services include EATS (Enhanced Acute Treatment Services) and DDART (Dual Diagnosis Acute Residential Treatment)	InterQual®	<ul style="list-style-type: none"> Notification: days 1-14 Medical Necessity Review: days 15+ 	<ul style="list-style-type: none"> Admitting 3.7 facility faxes ATS for Substance Use Admission form to THPP within 48 hours of admission. Provider may then bill up to 7 days Facility calls to notify THPP if additional time (up to 14 total days) is needed When ESP screens member, ESP faxes ESP Notification form and BH assessment to THPP 	Facility calls THPP to complete continuing stay medical necessity review for days 15+	Facility calls THPP
Clinical Support Services for Substance Use Disorders (Level 3.5) 24-hour treatment services which can be used independently or following stay at Acute Treatment Services facility	InterQual®	<ul style="list-style-type: none"> No Notification/PA: days 1-10 Notification: days 11-14 Medical Necessity Review: days 15+ 	<ul style="list-style-type: none"> Facility notifies THPP via call at day 10. 	Facility calls THPP to complete the continuing stay medical necessity review for days 15+	Facility calls THPP

Level of care	PA/Notification/ Medical Necessity Guideline Resources	PA or Notification for admission	Notification Process	PA and/or Medical Necessity Review Process	Continued Authorization Process
24-hour Diversionary Services, Continued					
Residential Rehabilitation Services (Level 3.1) Note: This is a covered benefit for Tufts Health Together members. This is not a covered benefit for Tufts Health Direct members.	THPP	<ul style="list-style-type: none"> Notification Medical Necessity Review: days 90+ 	Facility faxes the Residential Rehabilitation Notification Form within one week of admission; Provider may bill for up to 90 days upon timely notification	<ul style="list-style-type: none"> Facility faxes THPP for first medical necessity review Subsequent medical necessity reviews via telephone 	<ul style="list-style-type: none"> Fax 1st Clinical Review Form within one week prior to or after end date of initial authorization Within one week prior to after end date of latest authorization, facility calls THPP to complete medical necessity review via telephone
Transitional Care Unit (TCU) Community-based therapeutic programs offering high levels of supervision, support and intensity of service for children under 18 years old	InterQual®	PA	N/A	Inpatient or CBAT facility coordinates with DCF, DCF makes phone or fax referral to THPP	Facility calls THPP
Non-24-hour Diversionary Services					
Community Support Program (CSP) an array of services delivered by a community-based, mobile multidisciplinary team	InterQual®	<ul style="list-style-type: none"> No PA or Notification for first 60 days or 240 units Medical Necessity review: days 61+ 	N/A	Provider calls THPP	Provider calls THPP
Partial Hospitalization (PHP) An alternative to inpatient services, PHP offers short-term day mental health programming available 5 to 7 days a week	InterQual®	<ul style="list-style-type: none"> Notification required after first visit for substance use treatment Medical Necessity Review for subsequent visits PA required for non-substance use treatment 	Provider calls THPP	Provider calls THPP	Provider calls THPP

Level of care	PA/Notification/ Medical Necessity Guideline Resources	PA or Notification for admission	Notification Process	PA and/or Medical Necessity Review Process	Continued Authorization Process
Non-24-hour Diversionary Services, Continued					
Psychiatric Day Treatment A program of a combination of diagnostic, treatment and rehabilitative services	InterQual®	<ul style="list-style-type: none"> • Notification required after first visit for substance use treatment, • Medical Necessity review for subsequent visits • PA required for non-substance use treatment 	Provider calls THPP	Provider calls THPP	Provider calls THPP
Structured Outpatient Addition Program (SOAP) Clinically intensive, structured day and/or evening SUD services	InterQual®	<ul style="list-style-type: none"> • Notification required after first visit • Medical Necessity review for subsequent visits 	Provider calls THPP	Provider calls THPP	Provider calls THPP
Intensive Outpatient Program (IOP) A clinically-intensive service designed to improve functional status, provide stabilization in the community and divert an admission to Inpatient Service	InterQual®	<ul style="list-style-type: none"> • Notification required after first visit for substance use treatment • Medical Necessity review for subsequent visits • PA required for non-substance use treatment 	Provider calls THPP	Provider calls THPP	Provider calls THPP

Level of care	PA/Notification/ Medical Necessity Guideline Resources	PA or Notification for admission	Notification Process	PA and/or Medical Necessity Review Process	Continued Authorization Process
Non-24-hour Diversionary Services, Continued					
Recovery Coach - Tufts Health Together only A non-clinical service provided by peers who have SUD experience and are certified Recovery Coaches	THPP (Recovery Coach)	<ul style="list-style-type: none"> Notification Medical Necessity Review for days 180+ 	Facility notifies THPP by faxing the Recovery Coach Notification Form within one week of start of service; Providers may bill up to 180 days upon timely notification	<ul style="list-style-type: none"> Facility faxes THPP for first medical necessity review Subsequent medical necessity reviews completed via telephone 	<ul style="list-style-type: none"> Fax 1st Clinical Review Form within one week prior to or after the initial 180 day treatment period Within one week prior to after end date of latest authorization, facility calls THPP to complete medical necessity reviews via telephone
Recovery Support Navigators - Tufts Health Together Only Specialized care coordination services intended to engage Enrollees with SUD in accessing and continuing SUD treatment	THPP (Recovery Support Navigator)	<ul style="list-style-type: none"> Notification Medical Necessity Review for days 90+ or 360+ units 	Facility notifies THPP by faxing the Recovery Support Navigator Services Notification Form to THPP within one week of start of service; Providers may bill up to 90 days/360 units upon timely notification	Facility calls THPP	<ul style="list-style-type: none"> Fax 1st Clinical Review Form within one week prior to or after the initial 90-day treatment period Within one week prior to or after end date of latest authorization facility calls THPP to complete medical necessity review via telephone
Outpatient Behavioral Health Services					
Family Consultation Meeting with Enrollee's family to identify and plan for services, coordinate a treatment plan and review progress or revise the treatment plan	N/A Note: See Performance Specifications for OP Treatment	None; provider can bill in conjunction with outpatient therapy visits	N/A	N/A	N/A

Level of care	PA/Notification/Medical Necessity Guideline Resources	PA or Notification for admission	Notification Process	PA and/or Medical Necessity Review Process	Continued Authorization Process
Outpatient Behavioral Health Services, Continued					
Case consultation A meeting with the treating provider, PCP and other BH professionals to identify and plans for services, coordinate a treatment plan, review progress, and revise the treatment plan	N/A Note: See Performance Specifications for OP Treatment	None; provider can bill in conjunction with outpatient therapy visits	N/A	N/A	N/A
Diagnostic Evaluation An assessment of an Enrollee's level of functioning to diagnose and design a treatment plan	N/A Note: This is an evaluation, not a level of care.	No Notification or PA when part of first 12 Outpatient Individual or Couples/Family treatment visits	N/A	If member has used 12+ visits: <ul style="list-style-type: none"> Use the online Outpatient Connect system for immediate response to authorization request. Refer to the Behavioral Health Outpatient Prior Authorization Request Self Service User Guide, or Fax BH-Level of Care Request form (Standard Form). 	If member has used 12+ visits: <ul style="list-style-type: none"> Use the online Outpatient Connect system for immediate response to authorization request. Refer to the Behavioral Health Outpatient Prior Authorization Request Self Service User Guide, or Fax BH-Level of Care Request form (Standard Form) to THPP.
Dialectical Behavioral Therapy (DBT) An outpatient treatment that combines strategies from behavioral cognitive and supportive psychotherapies	THPP Note: Refer to the Outpatient Treatment Level of Care Medical Necessity Guidelines .	PA required	N/A	Provider calls THPP or faxes BH-Level of Care Request form (Standard Form)	Provider calls THPP or faxes BH-Level of Care Request form (Standard Form)

Level of care	PA/Notification/Medical Necessity Guideline Resources	PA or Notification for admission	Notification Process	PA and/or Medical Necessity Review Process	Continued Authorization Process
Outpatient Behavioral Health Services, Continued					
Psychiatric Consultation on an Inpatient Medical Unit Meeting between a psychiatrist or Advanced Practice Registered Nurse Clinical Specialist and an Enrollee at the request of the medical unit to assess the Enrollee's mental status and consult on a behavioral health or psycho-pharmacological plan	N/A Note: This is an evaluation, not a level of care.	None	N/A	N/A	N/A
Medication Visit An individual visit specifically for psychopharmacological evaluation, prescription, review, and/or monitoring by a psychiatrist or R.N. Clinical Specialist	N/A	None	N/A	N/A	N/A

Level of care	PA/Notification/Medical Necessity Guideline Resources	PA or Notification for admission	Notification Process	PA and/or Medical Necessity Review Process	Continued Authorization Process
Outpatient Behavioral Health Services, Continued					
Couples/Family Treatment psychotherapeutic and counseling techniques in the treatment of an Enrollee and his/her partner and/or family simultaneously in the same session	Outpatient Treatment Level of Care Medical Necessity Guidelines	<ul style="list-style-type: none"> No Notification, PA or Medical Necessity Review for first 12 visits of Individual or Couples/Family Treatment. Medical Necessity Review required for visits 13+ of non-substance use treatment Notification for substance use treatment visits 13+ 	<ul style="list-style-type: none"> Use online Outpatient Connect system for immediate response. Refer to the Behavioral Health Outpatient Prior Authorization Request Self Service User Guide, or Fax BH-Level of Care Request form (Standard Form) to THPP as notification, or Providers may bill for the first 12 visits without notification 	If member has used 12+ visits: <ul style="list-style-type: none"> Use online Outpatient Connect system for immediate response. Refer to the Behavioral Health Outpatient Prior Authorization Request Self Service User Guide, or Fax BH-Level of Care Request form (Standard Form). 	If member has used 12+ visits: <ul style="list-style-type: none"> Use online Outpatient Connect system for immediate response. Refer to the Behavioral Health Outpatient Prior Authorization Request Self Service User Guide, or Fax BH-Level of Care Request form (Standard Form) to THPP.
Group Treatment psychotherapeutic or counseling techniques in the treatment of a group	Outpatient Treatment Level of Care Medical Necessity Guidelines	None	N/A	N/A	N/A

Level of care	PA/Notification/ Medical Necessity Guideline Resources	PA or Notification for admission	Notification Process	PA and/or Medical Necessity Review Process	Continued Authorization Process
Outpatient Behavioral Health Services, Continued					
Individual Treatment psychotherapeutic or counseling techniques in the treatment of an individual	Outpatient Treatment Level of Care Medical Necessity Guidelines	<ul style="list-style-type: none"> No Notification, PA or Medical Necessity Review for first 12 visits of Individual or Couples/Family Treatment Medical Necessity Review required for visits 13+ of non-substance use treatment Notification for substance use treatment visits 13+ 	<ul style="list-style-type: none"> For SUD treatment visits 13+: Use online Outpatient Connect system for immediate response to authorization request. Refer to the Behavioral Health Outpatient Prior Authorization Request Self Service User Guide, or Fax BH-Level of Care Request form (Standard Form) to THPP as notification 	If member has used 12+ visits: <ul style="list-style-type: none"> Use online Outpatient Connect system for immediate response. Refer to the Behavioral Health Outpatient Prior Authorization Request Self Service User Guide, or Fax BH-Level of Care Request form (Standard Form) 	If a member has used 12+ visits: <ul style="list-style-type: none"> Use online Outpatient Connect system for immediate response. Refer to the Behavioral Health Outpatient Prior Authorization Request Self Service User Guide, or Fax BH-Level of Care Request form (Standard Form) to THPP.
Inpatient-Outpatient Bridge visit Consultation conducted by an outpatient provider while an Enrollee remains on an Inpatient psychiatric unit	Outpatient Treatment Level of Care Medical Necessity Guidelines	None	N/A	N/A	N/A

Level of care	PA/Notification/Medical Necessity Guideline Resources	PA or Notification for admission	Notification Process	PA and/or Medical Necessity Review Process	Continued Authorization Process
Outpatient Behavioral Health Services, Continued					
Assessment for Safe and Appropriate Placement (ASAP) An assessment, required by MGL 119 Sec. 33B, conducted by a diagnostician with specialized training and experience in the evaluation and treatment of sexually abusive youth or arsonists	N/A Note: This is an evaluation, not a level of care	PA	N/A	In conjunction with DCF, treating provider calls THPP	N/A
Collateral Contact A communication between a Provider and individuals who are involved in the care or treatment of an Enrollee under 21 years of age	N/A Note: See Performance Specifications for Outpatient Treatment .	None; provider can bill in conjunction with outpatient therapy visits	N/A	N/A	N/A
Acupuncture Treatment The insertion of metal needles through the skin at certain points on the body, with or without the use of herbs, an electric current, heat to the needles or skin, or both, as an aid to persons who are withdrawing from dependence on substances or in recovery from addiction	Acupuncture Detoxification Level of Care	<ul style="list-style-type: none"> Notification required after first visit; Medical Necessity Review for subsequent visits 	Provider to call THPP	Provider to call THPP	Provider to call THPP

Level of care	PA/Notification/Medical Necessity Guideline Resources	PA or Notification for admission	Notification Process	PA and/or Medical Necessity Review Process	Continued Authorization Process
Outpatient Behavioral Health Services, Continued					
Opioid Replacement Therapy Medically monitored administration of methadone, Buprenorphine, or other U.S. Food and Drug Administration (FDA)-approved medications to opiate-addicted individuals, in conformance with FDA and Drug Enforcement Administration (DEA) regulations	Opioid Treatment Therapy Level of Care	None	N/A	N/A	N/A
Ambulatory Detoxification (Level II.d) Outpatient services for Members who are experiencing a serious episode of excessive substance use or withdrawal complications	Ambulatory Detoxification Performance Specifications	<ul style="list-style-type: none"> • Notification required after first visit • Medical Necessity Review for subsequent visits 	Provider to call or fax THPP	Provider to call THPP	Provider to call THPP

Level of care	PA/Notification/Medical Necessity Guideline Resources	PA or Notification for admission	Notification Process	PA and/or Medical Necessity Review Process	Continued Authorization Process
Outpatient Behavioral Health Services, Continued					
<p>Psychological Testing/Neuropsychological Testing The use of standardized test instruments to assess a Covered Individual's cognitive, emotional, neuropsychological, verbal, and defensive functioning on the central assumption that individuals have identifiable and measurable differences that can be elicited by means of objective testing</p>	<ul style="list-style-type: none"> • Neuropsychological Testing and Assessment, and • Psychological Testing and Assessment 	<p>PA Note: Most treatment facilities have an all-inclusive per diem rate that covers any needed psychological and neuropsychological testing. Therefore, we do not reimburse individual providers for such testing done during an inpatient stay or at an acute treatment program.)</p>	N/A	Fax Psychological and Neuropsychological Assessment Supplemental form	N/A
<p>Special Education Psychological Testing Psychological, emotional or neuropsychological testing which is requested by school personnel responsible for initiating referrals for diagnosis and evaluation of children who qualify for special education programs pursuant to Mass Gen. Law 71B</p>	<ul style="list-style-type: none"> • Neuropsychological Testing and Assessment, and • Psychological Testing and Assessment 	PA	N/A	Fax Psychological and Neuropsychological Assessment Supplemental form	N/A

Level of care	PA/Notification/ Medical Necessity Guideline Resources	PA or Notification for admission	Notification Process	PA and/or Medical Necessity Review Process	Continued Authorization Process
Outpatient Behavioral Health Services, Continued					
Applied Behavioral Analysis Service that focuses on the analysis, design, implementation, and evaluation of social and other environmental modifications to produce meaningful changes in human behavior	ABA (Applied Behavior Analysis) Therapy for Autism Spectrum Disorders for MassHealth Members	PA	N/A	Fax Autism Spectrum Disorder Services PA Request, along with Comprehensive Diagnostic Assessment (MNG indicates provider type for assessment completion) include testing indicating Autism Spectrum DO diagnosis, copy of IEP	Fax Autism Spectrum Disorder Services PA Request form
Intensive Home and Community-Based Services for Youth					
Family Support and Training Note: This is a covered benefit for Tufts Health Together members. This is not a covered benefit for Tufts Health Direct members.	THPP Note: Refer to the Family Support and Training Medical Necessity Criteria .	<ul style="list-style-type: none"> Notification for first 42 days if FS&T is provided in conjunction with Intensive Care Coordination (ICC) No notification, PA or Medical Necessity Review if FS&T is provided in conjunction with IHT or Outpatient as the hub 	For initial 42 day period, if FS&T is provided in conjunction with ICC, provider faxes CSA notification form	ICC calls THPP when FS&T is provided in conjunction with ICC	When FS&T is provided in conjunction with ICC, ICC requests authorization for payment at time of ICC Medical Necessity Review as FS&T is included in day rate (Day rate includes ICC & FS&T)

Level of care	PA/Notification/Medical Necessity Guideline Resources	PA or Notification for admission	Notification Process	PA and/or Medical Necessity Review Process	Continued Authorization Process
Intensive Home and Community Based Services for Youth, Continued					
Intensive Care Coordination a service that provides targeted case management services to individuals with a Serious Emotional Disturbance including individuals with co-occurring conditions Note: This is a covered benefit for Tufts Health Together members <21. This is a covered benefit for Tufts Health Direct members <19.	Tufts Health Together				
	THPP Note: Refer to the Intensive Care Coordination Medical Necessity Criteria .	<ul style="list-style-type: none"> Notification for first 42 days Medical Necessity Review for days 43+ 	Provider faxes CSA Notification form	Provider calls THPP	Provider faxes copy of Care Plan and Safety plan, then calls THPP
In-home Therapy Services a service provided to the parent /caregiver of a youth, in any setting where the youth resides, such as the home and other community settings Note: This is a covered benefit for Tufts Health Together members <21. This is a covered benefit for Tufts Health Direct members <19.	Tufts Health Direct				
	THPP Note: Refer to the Intensive Care Coordination Medical Necessity Guidelines	<ul style="list-style-type: none"> Notification for first 30 days Medical Necessity Review for days 30+ 	Provider faxes CSA Notification form	Provider calls THPP	Provider faxes copy of Care Plans and Safety Plan, then calls THPP
In-home Therapy Services a service provided to the parent /caregiver of a youth, in any setting where the youth resides, such as the home and other community settings Note: This is a covered benefit for Tufts Health Together members <21. This is a covered benefit for Tufts Health Direct members <19.	Tufts Health Together				
	THPP Note: Refer to the In-Home Therapy Services Medical Necessity Criteria .	PA	N/A	Provider calls THPP	Provider calls THPP
In-home Therapy Services a service provided to the parent /caregiver of a youth, in any setting where the youth resides, such as the home and other community settings Note: This is a covered benefit for Tufts Health Together members <21. This is a covered benefit for Tufts Health Direct members <19.	Tufts Health Direct				
	THPP Note: Refer to the In-Home Therapy Medical Necessity Guidelines .	PA	N/A	Provider calls THPP	Provider calls THPP

Level of care	PA/Notification/Medical Necessity Guideline Resources	PA or Notification for admission	Notification Process	PA and/or Medical Necessity Review Process	Continued Authorization Process
In-home Behavioral Services this service usually includes a combination of behavior management therapy and behavior management monitoring provided to youth Note: This is a covered benefit for Tufts Health Together members <21. This is a covered benefit for Tufts Health Direct members <19.	Tufts Health Together				
	THPP Note: Refer to the In-Home Behavioral Health Services Medical Necessity Criteria.	PA	N/A	Provider calls THPP	Provider calls THPP
Tufts Health Direct					
	THPP Note: Refer to the In-Home Behavioral Medical Necessity Guidelines.	PA	N/A	Provider calls THPP	Provider calls THPP
Therapeutic Mentoring Services (TM) This service provides a structured, one-to-one mentoring relationship between a therapeutic mentor and a child or adolescent for the purpose of addressing daily living, social and communication needs Note: This is not a covered benefit for Tufts Health Direct.	THPP Note: Refer to the Therapeutic Mentoring Services Medical Necessity Criteria.	None – provider bills for the service	None – provider bills for the service	None – provider bills for the service	None – provider bills for the service

Level of care	PA/Notification/Medical Necessity Guideline Resources	PA or Notification for admission	Notification Process	PA and/or Medical Necessity Review Process	Continued Authorization Process
Other Behavioral Health Services, Continued					
Electro-Convulsive Therapy (ECT) This is a therapeutic service which initiates seizure activity with an electric impulse while the individual is under anesthesia. It is administered in a facility that is licensed to provide this service by DMH	THPP Note: Refer to the Outpatient Electroconvulsive Therapy (ECT) Performance Specifications .	None	N/A	N/A	N/A
Specialing These are therapeutic services provided to an Enrollee in a variety of 24-hour settings, on a one-to-one basis, to maintain the individual's safety	N/A	PA	N/A	ESP or inpatient facility calls THPP to discuss this service	Inpatient facility discusses authorization for this service during medical necessity review
Enrollees under age 21 Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services PCPs must offer to conduct periodic and medically necessary EPSDT and PPHSD screenings, and provide the needed assessment, diagnosis and treatment services for members <21	N/A Note: Refer to the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services Payment Policy	None	None	None	None