

Tufts Health One Care Behavioral Health Prior Authorization and Notification Grid



a Point32Health company

In-network providers must fax **857-304-6304** or call **855-393-3154** for prior authorization (PA), notification, or medical necessity review for behavioral health (BH) services as outlined in the charts on the subsequent pages. Out-of-network providers are required to request PA before initiating services. Refer to the following sections for PA and/or notification instructions for a particular service:

- [Inpatient Services](#)
- [Diversionary Services](#)
- [Outpatient Behavioral Health Services](#)
- [Other Behavioral Health Services](#)

Inpatient Services

Inpatient Services are 24-hour services that provide clinical intervention for acute mental health or substance abuse diagnosis. Refer to the inpatient services listed below for specific PA and notification requirements:

Level of care	Forms/ Resources	PA or Notification for admission	Notification Process	PA and/or Medical Necessity Review Process	Continued Authorization Process
Inpatient Mental Health Services Hospital services to evaluate and treat an acute psychiatric condition.	N/A	PA not required for urgent admission; ESP and Admitting facility required to notify THPP	ESP and Admitting facility faxes Notification form and the BH assessment to THPP	Admitting facility contacts THP within 72 hours of date of admission to notify THP of admission and request continuing stay medical necessity review. <i>* If 72 hours falls on a weekend or holiday, notification is deferred to the next business day.</i>	Facility calls THPP
Inpatient Substance Use Disorder Services (Level 4) Hospital services that provide detoxification regime of medically directed care and treatment	N/A	PA not required for urgent admission <ul style="list-style-type: none"> • Notification days 1-14 • Medical Necessity Review for days 15+ 	Admitting facility contacts THPP within 72 hours of date of admission. Provider may then bill 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 to assess, stabilize and identify appropriate resources for Enrollees	N/A	PA not required for urgent admission; ESP and admitting facility required to notify THPP	Admitting facility contacts THPP. ESP faxes ESP Notification Form and the BH assessment	Admitting facility calls THPP after 48 hours of 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	PA	N/A	Facility discusses AND payment during continuing stay medical necessity review	Facility calls THPP

Diversions Services

Diversions Services are 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.

Refer to the sections below for PA and notification requirements for the following types of settings:

- [24-hour diversions services](#)
- [Non-24-hour diversions services](#)

24-hour Diversions Services					
Level of care	Forms/ Resources	PA or Notification for admission	Notification Process	PA and/or Medical Necessity Review Process	Continued Authorization Process
<p>Community Crisis Stabilization</p> <p>Services provided as an alternative to hospitalization, providing 24-hour observation and supervision generally used as a diversions level of care rather than a stepdown</p>	N/A	<ul style="list-style-type: none"> • Notification days 1-14 • Medical Necessity Review for days 15+ 	Admitting facility contacts THP within 72 hours of date of admission to notify THP of admission and request continuing stay medical necessity review.	Facility calls THPP to request continuing stay medical necessity review for days 15+	Facility calls THPP
<p>Acute Treatment Services (ATS) for Substance Use Disorders (Level 3.7)</p> <p>24-hour medically monitored addition treatment services that provide evaluation and withdrawal management</p> <p>Note: Enhanced Level 3.7 services include EATS (Enhanced Acute Treatment Services) and DDART (Dual Diagnosis Acute Residential Treatment)</p>	Acute Treatment Services (ATS) for Substance Use Admission Notification Form	<ul style="list-style-type: none"> • Notification days 1-14 • Medical Necessity Review for days 15+ 	<ul style="list-style-type: none"> • Admitting 3.7 facility faxes Acute Treatment Services (ATS) for Substance Use Admission Notification Form to THPP within 72 hours of date of admission. Provider may then bill up to 14 days • If 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
<p>Clinical Support Services for Substance Use Disorders (Level 3.5)</p> <p>24-hour treatment services which can be used independently or following stay at Acute Treatment Services facility</p>	N/A	<ul style="list-style-type: none"> • No Notification/ PA: days 1-10 • Notification: days 11-14 • Medical Necessity Review days 15+ 	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

24-hour Diversionary Services (cont.)					
Level of care	Forms/ Resources	PA or Notification for admission	Notification Process	PA and/or Medical Necessity Review Process	Continued Authorization Process
Residential Rehabilitation Services (Level 3.1)	ASAM®	<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 then 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

Non-24-hour Diversionary Services					
Level of care	Forms/ Resources	PA or Notification for admission	Notification Process	PA and/or Medical Necessity Review Process	Continued Authorization Process
Community Support Program (CSP) An array of services delivered by a community-based, mobile multidisciplinary team	N/A	<ul style="list-style-type: none"> No PA or Notification for first 6 months Medical Necessity review: after month 6 	N/A	Provider calls THPP	Provider calls THPP
Community Support Program for Homeless Individuals (CSP-HI) and Tenancy Preservation Program (TPP)	Community Support Programs including Specialized Community Support Programs MNG	<ul style="list-style-type: none"> Notification 	Facility faxes the notification form .	This service requires notification only, no PA.	Annually – Facility faxes the notification form .
Community Support Program for Individuals with Justice Involvement (CSP-JI)	Community Support Programs including Specialized Community Support Programs MNG	<ul style="list-style-type: none"> Notification Medical Necessity Review for days 180+ 	Facility notifies THPP by faxing the CSP-JI Notification Form within 7 days of start of service; Providers may bill up to 180 days upon timely notification	Facility calls THPP	Within one week prior to or after end date of latest authorization facility calls THPP to complete medical necessity review via telephone
Partial Hospitalization (PHP) An alternative to inpatient services, PHP offers short-term day mental health programming available 5 to 7 days a week	N/A	<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
Psychiatric Day Treatment A program of a combination of diagnostic, treatment and rehabilitative services	N/A	<ul style="list-style-type: none"> No PA or notification required. Providers just bill for this service. 	N/A	N/A	N/A

Non-24-hour Diversionary Services					
Level of care	Forms/ Resources	PA or Notification for admission	Notification Process	PA and/ or Medical Necessity Review Process	Continued Authorization Process
Structured Outpatient Addiction Program (SOAP) Clinically intensive, structured day and/or evening SUD services	N/A	<ul style="list-style-type: none"> No PA or notification required. Providers just bill for this service. 	N/A	N/A	N/A
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	N/A	<ul style="list-style-type: none"> No PA or notification required. Providers just bill for this service. 	N/A	N/A	N/A
Peer Recovery Coach A non-clinical service provided by peers who have SUD experience and are certified Peer Recovery Coaches	THPP (Peer Recovery Coach)	<ul style="list-style-type: none"> Notification Medical Necessity Review for days 180+ 	Facility notifies THPP by faxing the Peer Recovery Coach Notification Form within 14 days 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 Navigator 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	Within one week prior to or after end date of latest authorization, facility calls THPP to complete medical necessity review via telephone
Program of Assertive Community Treatment (PACT) A multi-disciplinary team approach to providing acute, active, ongoing, and long-term community-based psychiatric treatment, assertive outreach, rehabilitation and support. (This is a covered benefit for Tufts Health Together members)	N/A	None – Providers bill for this service	N/A	N/A	N/A

Outpatient behavioral health services

Outpatient behavioral health services are services that provide clinical intervention for acute mental health or substance abuse diagnosis in an outpatient setting. Refer to the outpatient services below for specific PA and notification requirements.

Level of care	Forms/Resources	PA or Notification for admission	Notification Process	PA and/or Medical Necessity Review Process	Continued Authorization Process
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	Note: See Performance Specifications for OP Treatment	None; provider can bill in conjunction with outpatient therapy visits	N/A	N/A	N/A
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	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	Note: This is an evaluation, not a level of care.	None	N/A	N/A	N/A
Dialectical Behavioral Therapy (DBT) An outpatient treatment that combines strategies from behavioral cognitive and supportive psychotherapies	Note: Refer to the MNG: Outpatient Psychotherapy	None	N/A	N/A	N/A
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
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	MNG: Outpatient Psychotherapy	None	N/A	N/A	N/A
Group Treatment Psychotherapeutic or counseling techniques in the treatment of a group	MNG: Outpatient Psychotherapy	None	N/A	N/A	N/A
Individual Treatment Psychotherapeutic or counseling techniques in the treatment of an individual	MNG: Outpatient Psychotherapy	None	N/A	N/A	N/A

Outpatient behavioral health services (cont.)

Level of care	Forms/Resources	PA or Notification for admission	Notification Process	PA and/or Medical Necessity Review Process	Continued Authorization Process
<p>Inpatient-Outpatient Bridge visit Consultation conducted by an outpatient provider while an Enrollee remains on an Inpatient psychiatric unit</p>	MNG: Outpatient Psychotherapy	None	N/A	N/A	N/A
<p>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</p>	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
<p>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</p>	Acupuncture Detoxification Level of Care	None	N/A	N/A	N/A
<p>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</p>	Behavioral Health: Opioid Treatment Services (Methadone Maintenance) Level of Care	None	N/A	N/A	N/A
<p>Ambulatory Detoxification (Level II.d) Outpatient services for Members who are experiencing a serious episode of excessive substance use or withdrawal complications</p>	Ambulatory Detoxification Performance Specifications	None	N/A	N/A	N/A
<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>	Neuropsychological Testing and Assessment and Psychological Testing and Assessment	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.	N/A	Fax Psychological and Neuropsychological Assessment Supplemental form	N/A

Other behavioral health services

Refer to the other behavioral health services below for specific PA and notification requirements.

Level of care	Forms/Resources	PA or Notification for admission	Notification Process	PA and/or Medical Necessity Review Process	Continued Authorization Process
<p>Electro-Convulsive Therapy (ECT)</p> <p>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</p>	<p>THPP</p> <p>Note: Refer to the Outpatient Electroconvulsive Therapy (ECT) Performance Specifications.</p>	None	N/A	N/A	N/A
<p>Specialing</p> <p>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</p>	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
<p>Repetitive Transcranial Magnetic Stimulation (rTMS)</p> <p>A non-invasive form of neurostimulation in which rapidly changing magnetic fields are applied to the surface of the scalp through a copper wire coil connected to a magnetic stimulator</p>	<p>Refer to Transcranial Magnetic Stimulation (TMS) Medical Necessity Guidelines</p>	PA	N/A	Fax Repetitive Transcranial Magnetic Stimulation Request Form	Fax Repetitive Transcranial Magnetic Stimulation Request Form