

Tufts Health RITogether Behavioral Health Prior Authorization (PA) and Notification Grid

In-network providers must fax **857.304.6404** or call **844.301.4093** for prior authorization, notification, or concurrent review for behavioral health (BH) services as outlined in the chart below. PA is required for services to be covered out of network. Out-of-network providers are encouraged 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.

Level of care	PA/Notification Medical Necessity Guideline Resources	PA or Notification for admission	Notification Process	PA and/or Initial Concurrent Review Process	Continued Authorization Process	Form
Inpatient Services						
Emergency Service Intervention (ESI)	None	None to THPP; If member admitted to Inpatient care, ESI provider faxes ESI Notification Form to inpatient facility	N/A	N/A	N/A	ESI Notification Form (RI)
Observation/ Crisis Stabilization/ Holding bed	InterQual®	Notification	Admitting facility contacts THPP on the first business day following admission to notify THPP of admission and request continuing stay review	Facility calls THPP	Facility calls THPP	N/A

Level of care	PA/Notification/ Medical Necessity Guideline Resources	PA or Notification for admission	Notification Process	PA and/or Initial Concurrent Review Process	Continued Authorization Process	Form
Inpatient Services, Continued						
Inpatient Acute Hospitalization	InterQual®	PA not required for urgent admission; Admitting facility required to notify THPP	Admitting facility contacts THPP on the first business day following admission to notify THPP of admission and request continuing stay review; also, faxes RI ESI Notification Form	Facility calls THPP	Facility calls THPP	Upon admission, facility faxes: ESI Notification Form (RI)
Acute Residential Treatment (ART)	InterQual®	<ul style="list-style-type: none"> PA not required for urgent admission from ED; admitting facility required to notify THPP PA required for stepdown from Inpatient facility 	Admitting facility contacts THPP on the first business day following admission to notify THPP of admission and request continuing stay review; also, faxes ESI Notification Form	Facility calls THPP	Facility calls THPP	Upon admission, facility faxes: ESI Notification Form (RI)
Non-Hospital based Detoxification	ASAM Level 3.7	<ul style="list-style-type: none"> Admitting facility required to notify THPP 	<ul style="list-style-type: none"> Admitting 3.7 facility faxes RIT Acute Treatment Services (ATS) for Substance Abuse Admission Notification Form to THPP within 48 hours of admission. <p>Authorization for payment entered into system at that time</p>	<ul style="list-style-type: none"> Facility calls THPP <p>Concurrent review begins on day 6+</p>	Facility calls THPP	RIT Acute Treatment Services (ATS) for Substance Abuse Admission Notification Form

Level of care	PA/Notification/ Medical Necessity Guideline Resources	PA or Notification for admission	Notification Process	PA and/or Initial Concurrent Review Process	Continued Authorization Process	Form
Intermediate and Outpatient						
Partial Hospitalization (PHP)	<ul style="list-style-type: none"> InterQual® for non-Substance Use Disorder treatment, ASAM Level 2.5 for Substance Use Disorder treatment 	PA	N/A	Facility calls THPP	Facility calls THPP	N/A
Day/Evening Treatment	InterQual®	Notification	Admitting facility contacts THPP no later than 3 business days from start of treatment	Facility calls THPP	Facility calls THPP	N/A
Intensive Outpatient Treatment (IOP)	<ul style="list-style-type: none"> InterQual® for non- Substance Use Disorder treatment, ASAM Level 2.1 for Substance Use Disorder treatment 	PA	N/A	Facility calls THPP	Facility calls THPP	N/A
Enhanced Outpatient Services (EOS) For Members under age 21 years	MNG: BH Enhanced Outpatient Services (EOS)	Notification	Admitting facility contacts THPP no later than 3 business days from the start of treatment	Facility calls THPP	Facility calls THPP	N/A

Level of care	PA/Notification/ Medical Necessity Guideline Resources	PA or Notification for admission	Notification Process	PA and/or Initial Concurrent Review Process	Continued Authorization Process	Form
General Outpatient						
Individual Therapy	MNG: BH Outpatient Treatment Level of Care	<ul style="list-style-type: none"> No notification, PA or Concurrent Review for first 12 visits of Individual or Couples/Family Treatment PA required for visits 13+ 	N/A	If member has used 12+ visits: Fax the RIT Behavioral Health Outpatient Psychotherapy Authorization Form	Fax the RIT Behavioral Health Outpatient Psychotherapy Authorization Form	RIT Behavioral Health Outpatient Psychotherapy Authorization Form
Family Therapy	MNG: BH Outpatient Treatment Level of Care	<ul style="list-style-type: none"> No notification, PA or Concurrent Review for first 12 visits of Individual or Couples/Family Treatment PA required for visits 13+ 	N/A	If member has used 12+ visits: Fax the RIT Behavioral Health Outpatient Psychotherapy Authorization Form	Fax the RIT Behavioral Health Outpatient Psychotherapy Authorization Form	RIT Behavioral Health Outpatient Psychotherapy Authorization Form

Level of care	PA/Notification/ Medical Necessity Guideline Resources	PA or Notification for admission	Notification Process	PA and/or Initial Concurrent Review Process	Continued Authorization Process	Form
General Outpatient, Continued						
Group Therapy Does not count toward patient initial 12 visits, code 90853 – Group Psychotherapy	MNG: BH Outpatient Treatment Level of Care	None	N/A	N/A	N/A	N/A
Diagnostic Evaluation Part of initial 12 visits	MNG: BH Outpatient Treatment Level of Care 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, for additional visits (including Diagnostic Evaluations with new providers and OP Individual/Couples /Family Therapy): Fax the RIT Behavioral Health Outpatient Psychotherapy Authorization Form	Fax the RIT Behavioral Health Outpatient Psychotherapy Authorization Form	RIT Behavioral Health Outpatient Psychotherapy Authorization Form
Psychological and Neuropsychological testing	<ul style="list-style-type: none"> MNG: Neuro- psychological Testing and Assessment MNG: Psychological Testing and Assessment 	PA	N/A	Fax the RI Psychological and Neuropsychological Authorization Form	Fax the RI Psychological and Neuro- psychological Authorization Form	RI Psychological and Neuro- psychological Authorization Form
Medication Evaluation and Management	N/A	None	N/A	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 Initial Concurrent Review Process	Continued Authorization Process	Form
General Outpatient, Continued						
Medication Assisted Treatment Including Methadone Maintenance, Buprenorphine and Suboxone treatment	Opioid Treatment Therapy Level of Care	None	N/A	N/A	N/A	N/A
Clubhouse	N/A	None	N/A	N/A	N/A	N/A
Home and Community Based						
Home based Treatment Services (HBTS) Members under age 21 Note: 10 core components including ABA.	MNG: Home and Community Based Services (HBTS)	PA	N/A	Facility faxes the Tufts RITogether HBTS Prior Authorization Form or calls THPP	Facility faxes the Tufts RITogether HBTS Prior Authorization form or calls THPP	N/A
Applied Behavioral Analysis (ABA) Members under age 21	MNG: Applied Behavioral Analysis including Early Intervention	PA	N/A	Fax the Tufts RITogether Applied Behavioral Analysis Prior Authorization Form along with Comprehensive Diagnostic Assessment. Include testing indicating Autism Spectrum DO diagnosis, copy of IEP Note: MNG indicates provider type for assessment completion.	Fax the Tufts RITogether Applied Behavioral Analysis Prior Authorization Form	Tufts RITogether Applied Behavioral Analysis Prior Authorization Form

Level of care	PA/Notification/ Medical Necessity Guideline Resources	PA or Notification for admission	Notification Process	PA and/or Initial Concurrent Review Process	Continued Authorization Process	Form
Home and Community Based, Continued						
Evidence Based Practices (EBP) Members under age 21	MNG: Evidence Based Practices	PA	N/A	Facility calls THPP	Facility calls THPP	N/A
Personal Assistance Services & Supports (PASS) Members under age 21	MNG: Personal Assistance Services and Supports	PA	N/A	Facility faxes form to THPP	Facility calls THPP	RIT Personal Assistance Services and Supports Prior Authorization Request Form
Respite Members under age 21	MNG: Respite for Children	No notification or PA when part of first 12 Outpatient Individual or Couples/Family treatment visits	N/A	Facility calls THPP	Facility calls THPP	N/A
Substance Use						
Level 3.5: Clinically Managed High-Intensity Residential Services	ASAM Level 3.5	No notification days 1-10	N/A	<ul style="list-style-type: none"> Facility calls THPP Concurrent Review: 11+ 	Facility calls THPP	N/A
Level 3.3: Clinically Managed Population-Specific High-Intensity Residential Services	ASAM Level 3.3	PA	N/A	Facility calls THPP	Facility calls THPP	N/A
Level 3.1: Clinically Managed Low-Intensity Residential Services	ASAM Level 3.1	PA	N/A	Facility calls THPP	Facility calls THPP	N/A