

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®	PA not required for urgent admission from ED; 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 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	Admitting facility required to notify THPP	Admitting 3.7 facility faxes RIT Acute Treatment Services (ATS) for Substance Abuse Admission Notification Form to THPP within 48 hours of admission.	Facility calls THPP for days 8+	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 	Notification	Admitting facility contacts THPP on the first business day following initial day of treatment to notify THPP of admission and complete medical necessity review for authorization of additional days requested	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 	Notification	Admitting facility contacts THPP on the first business day following initial day of treatment to notify THPP of admission and complete medical necessity review for authorization of additional days requested	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: Outpatient Psychotherapy	None	N/A	N/A	N/A	N/A
Family Therapy	MNG: Outpatient Psychotherapy	None	N/A	N/A	N/A	N/A
Group Therapy Does not count toward patient initial 12 visits, code 90853 – Group Psychotherapy	MNG: Outpatient Psychotherapy	None	N/A	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 Outpatient Psychotherapy Medical Necessity Guideline	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.	None	N/A	N/A	N/A	N/A
Psychological and Neuropsychological testing	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

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 Evaluation and Management	N/A	None	N/A	N/A	N/A	N/A
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
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	Note: Refer to the Outpatient Electroconvulsive Therapy (ECT) Performance Specifications .	<u>None</u>	N/A	N/A	N/A	N/A
Repetitive Transcranial Magnetic Stimulation (rTMS) 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	Note: Refer to the Transcranial Magnetic Stimulation (rTMS) Medical Necessity Guidelines .	PA	N/A	Fax the Repetitive Transcranial Magnetic Stimulation Request Form	Fax the Repetitive Transcranial Magnetic Stimulation Request Form	Fax the Repetitive Transcranial Magnetic Stimulation Request 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						
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
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

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						
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	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 3.1: Clinically Managed Low-Intensity Residential Services	ASAM Level 3.1	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