

Behavioral Health (BH) Provider Resource Guide

This guide was developed for behavioral health (BH) providers and offers information about Tufts Health Plan's online tools and resources related to notifications, prior authorization, claims submission and Tufts Health Plan contact information.

Note: All Tufts Health Plan provider documentation is updated regularly. For the most current information, providers should view all documentation online at tuftshealthplan.com/provider and avoid printing. View the most current Behavioral Health Provider Resource Guide at tuftshealthplan.com/bh-resource-guide.

ONLINE TOOLS FOR PROVIDERS

- [Provider Resource Center](#): Provider Manuals, forms, medical necessity guidelines, pharmacy formularies, behavioral health guidelines, payment policies and more
- [Secure Provider portal](#): Member eligibility and benefit verification, notification submission and inquiry, prior authorization inquiry, claim status inquiry, online claim adjustments and more
- [Provider Update newsletter](#): *Provider Update* is a quarterly newsletter that includes the latest news for our providers, 60-day notifications and other important business communications applicable to Commercial products, Senior Products and Tufts Health Public Plans products. Articles are available in the [News](#) section of the public Provider website. To register to receive *Provider Update* by email, complete the [online registration form](#).

ACCESS BH RESOURCES BY PRODUCT

- [Commercial products](#)
- [Senior Products](#)
- [Tufts Health Public Plans products](#)

IMPORTANT BH FORMS

Essential forms, such as the [Applied Behavioral Analysis \(ABA\) Autism Service Request form](#), can be found in the [Resource Center](#) on the public Provider website by selecting the BH option under the Forms category. All forms can be sorted by product and quickly accessed for downloading or printing.

Providers must complete the [Psychological and Neuropsychological Assessment Supplemental form](#) to request prior authorization for [psychological](#) and [neuropsychological](#) testing for Commercial and Tufts Health Public Plans members. Refer to the [Psychological and Neuropsychological Assessment Supplemental Form Submissions Guidelines](#) for form submission information.

PAYMENT POLICIES FOR BH PROVIDERS

Payment policies are designed to assist providers with submitting claims to Tufts Health Plan. They are regularly updated to promote accurate coding and policy clarification.

All payment policies can be accessed and sorted by selecting a product and selecting the Payment Policies category in the [Resource Center](#) on the public Provider website. For quick reference and to ensure that you are always viewing the most current information, bookmark the payment policies that are pertinent to your practice.

The following payment policies are applicable to outpatient BH services for Commercial products (including Tufts Health Freedom Plan), Senior Products and Tufts Health Public Plans products:

- [Commercial products](#) (including Tufts Health Freedom Plan): Outpatient Behavioral Health and Substance Use Disorder Professional Payment Policy
- Senior Products: [Tufts Medicare Preferred HMO and Tufts Health Plan Senior Care Options Outpatient Behavioral Health/Substance Use Disorder Professional Payment Policy](#)
- Tufts Health Public Plans products: [Outpatient Behavioral Health \(Mental Health & Substance Use Disorder\) Professional Payment Policy](#)

Other examples of frequently viewed BH payment policies include the following:

Commercial products

- [Autism Professional Payment Policy](#)
- [Inpatient and Intermediate Behavioral Health/Substance Use Disorder Facility Payment Policy](#)
- [Telemedicine Services Professional Payment Policy](#)

Senior Products

- [Inpatient and Intermediate Behavioral Health/Substance Use Disorder Facility Payment Policy](#)

Tufts Health Public Plans products

- [Autism Professional Payment Policy](#)
- [Child and Adolescent Needs and Strengths \(CANS\) Payment Policy](#) (for Tufts Health Together only)
- [Early and Periodic Screening, Diagnosis and Treatment \(EPSDT\) Services Payment Policy](#) (for Tufts Health RITogether and Tufts Health Together only)
- [Inpatient and Intermediate/Diversionary Behavioral Health \(Mental Health & Substance Use Disorder\) Facility Payment Policy](#)
- [Opioid Replacement Therapy and Medication Assisted Treatment Payment Policy](#)

In addition to the specific information contained within each payment policy, providers must adhere to the policy information outlined in the [Professional Services and Facilities Payment Policy](#), as well as other applicable payment policies.

REFERRALS, PRIOR AUTHORIZATION AND NOTIFICATIONS

Tufts Health Plan covers medically necessary, appropriately authorized services in conjunction with the member's benefit plan and in coordination with the provider recommending the service. Certain services require a notification, referral, prior authorization and/or inpatient notification.

Providers should submit notifications, referrals, prior authorization requests, and inpatient notifications to Tufts Health Plan in accordance with the requirements and time frames detailed in the [Commercial Provider Manual](#), [Senior Products Provider Manual](#) and the [Tufts Health Public Plans Provider Manual](#).

The following documents describe behavioral health authorization requirements and include links to the associated medical necessity guidelines and prior authorization request forms:

- [Outpatient Services Requiring Prior Authorization for Commercial and Senior Products](#)
- [Tufts Health Together and Tufts Health Direct Behavioral Health Prior Authorization and Notification Grid](#)
- [Tufts Health Unify Behavioral Health Prior Authorization and Notification Grid](#)

PHARMACY INFORMATION

Tufts Health Plan requires prior authorization for coverage of certain drugs. Tufts Health Plan's pharmacy medical necessity guidelines are used in conjunction with a member's plan document and in coordination with the prescribing provider submitting the request for authorization. Visit the [Pharmacy](#) section on the public Provider website to find formularies, access pharmacy medical necessity guidelines and information on how to submit prior authorization requests.

CLAIMS INFORMATION

For claims submission time frames and requirements, coordination of benefits, and the submission of corrected claims and provider payment disputes, refer to the Claim Requirements, Coordination of Benefits and Payment Dispute chapters in the [Commercial Provider Manual](#), [Senior Products Provider Manual](#) and the [Tufts Health Public Plans Provider Manual](#).

For specific inquiries on submitting electronic claims, either directly to Tufts Health Plan or through a clearinghouse, contact the EDI Operations Department by phone at 888.880.8699 ext. 54042 or via email at EDI_Operations@tufts-health.com.

REGISTER FOR ACCESS FOR SECURE PROVIDER PORTAL

Tufts Health Plan's online self-service tools offers several secure transactions that allow providers to streamline administrative processes. For information and step-by-step directions on registering for access to the secure Provider portal for Commercial products, Senior Products and Tufts Health Public Plans and Tufts Health Provider Connect for RITogether plans, visit the public Provider [website](#).

NAVIGATING THE RESOURCE CENTER

For tips and best practices to access Provider Manuals, forms, medical necessity guidelines, payment policies and more in the Resource Center, view the [Search Tips for the Resource Center](#) available on the [Training](#) section of the public Provider website.

Browser Note: If you are using an outdated or unsupported browser, certain features on the Provider website may be unavailable. For an improved website experience, upgrade your browser to the latest version of Mozilla Firefox or Google Chrome.

CONTACT INFORMATION FOR PROVIDERS

- Commercial Provider Services (Commercial products, including Tufts Health Freedom Plan): 888.884.2404
- Senior Products Provider Services (Tufts Medicare Preferred HMO and Tufts Health Plan Senior Care Options [SCO]): 800.279.9022
- Commercial and Senior Products BH Department: 800.208.9565
- Massachusetts Tufts Health Public Plans Provider Services (Tufts Health Direct, Tufts Health Unify, and Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans): 888.257.1985
- Rhode Island Tufts Health Public Plans Provider Services (Tufts Health RITogether): 844.301.4093

PROVIDER EDUCATION

Tufts Health Plan's Provider Education team offers training opportunities (guides, resources, training videos and webinars) to deliver product overviews and information on topics that are important to providers. To access training materials and register to participate in upcoming educational events, visit the [Training](#) section of the public Provider website.