

Inpatient Notification Form

I. Instructions

- Submission of an inpatient notification is required for inpatient admissions.
- To submit an inpatient notification to Tufts Health Plan, follow the submission instructions below, which vary by plan:

Member's Plan	Type of Admission	Inpatient Notification Submission Options	Inpatient Notification Form
Commercial products (including Uniformed Services Family Health Plan [USFHP])	<ul style="list-style-type: none"> • Medical/Surgical • Psychiatric • Substance use disorder 	<ul style="list-style-type: none"> • Submit inpatient notification electronically via secure Provider portal • Complete section II (on page 2) and fax it to 617-972-9590 or 800-843-3553 	Required
Tufts Medicare Preferred HMO	<ul style="list-style-type: none"> • Medical/Surgical • Psychiatric • Substance use disorder 	<ul style="list-style-type: none"> • Submit inpatient notification electronically via secure Provider portal • Complete section II (on page 2) and fax it to 617-972-9590 or 800-843-3553 	Required
Tufts Health Plan Senior Care Options (SCO)	<ul style="list-style-type: none"> • Medical/Surgical • Psychiatric • Substance use disorder 	<ul style="list-style-type: none"> • Complete section II (on page 2) and fax it to 617-673-0705 <p>Note: Inpatient notification cannot be submitted via the secure Provider website for Tufts Health Plan SCO.</p>	Required
Tufts Health Direct*	Medical	<ul style="list-style-type: none"> • Submit inpatient notification electronically via secure Provider portal • Complete section II (on page 2) and fax it to 888-415-9055 	Accepted
Tufts Health RITogether*	Medical	<ul style="list-style-type: none"> • Submit inpatient notification electronically via secure Provider portal • Complete section II (on page 2) and fax it to 857-304-6404 	Accepted
Tufts Health Together –MassHealth MCO Plan and ACPPs*	Medical	<ul style="list-style-type: none"> • Submit inpatient notification electronically via secure Provider portal • Complete section II (on page 2) and fax it to 888-415-9055 	Accepted
Tufts Health One Care*	Medical	<ul style="list-style-type: none"> • Complete section II (on page 2) and fax it to 857-304-6304 <p>Note: Inpatient notification cannot be submitted via the secure Provider website for Tufts Health One Care.</p>	Accepted

* The following exceptions apply for Tufts Health Public Plans products:

- For behavioral health admissions, providers should continue to submit the [Emergency Service Program \(ESP\) Notification Form](#) by fax (for Tufts Health Direct, Tufts Health RITogether and Tufts Health Together – MassHealth MCO Plan and ACPPs: **888-977-0776**; for Tufts Health One Care: **857-304-6304**).
- For inpatient and outpatient elective (scheduled) medical/surgical procedures, providers should continue to submit the [Standardized Prior Authorization Form](#).

Note: Submitting an inpatient notification to Tufts Health Plan does not guarantee payment. Tufts Health Plan is not obligated to pay claims for an inpatient notification submitted for the following:

- Persons who are not actively enrolled in one of the above-mentioned plans on the date of service
- Persons who fail to meet other eligibility criteria
- Persons who receive care that is determined not to be medically necessary
- Persons who have claims that are subject to COB or subrogation

II. Inpatient Notification Form

Complete this section and submit using the instructions on page 1.

Note: As a reminder, providers can submit an inpatient notification to Tufts Health Plan using the secure Provider website, as outlined on page 1.

Requestor's name

Requestor's phone

Ext.

Requestor's fax

Member name

Member ID #

Date of birth / /

Admitting MD name

Admitting MD's phone

Admitting MD's NPI #

Admitting facility name

Admitting facility phone

Admitting facility NPI #

Inpatient admission date / / Prior observation date (if any) / /

ICD-10 diagnosis code

ICD-10 or CPT procedure code

PCP name

Is there a PCP referral for this admission? Yes No

Referral number, if available (referral must indicate "treatment")

Prior authorization number, if applicable

Is this a scheduled surgical procedure? Yes No

If "Yes", elective (scheduled) medical/surgical procedures for members of **Tufts Health Plan Public Plans** products that require an inpatient admission should be submitted to Tufts Health Plan on the [Standardized Prior Authorization Form](#).

Note: Scheduled medical/surgical procedures for **Commercial products (including USFHP)** should be submitted via the appropriate prior authorization request form or InterQual® SmartSheets™. **Note:** Refer to the appropriate [medical necessity guidelines](#).

Requesting

Inpatient

Inpatient status changed to observation

Inpatient following observation care

Scheduled as SDC – changed to inpatient

SNF level of care: Level 1A Level 1B Level 2 Out-of-area SNF

Rehab level of care: Level 1 R1 Level 2 R2 Out-of-area rehab

(LTAC) Chronic level of care: C1 C2 Out-of-area LTAC

Custodial level of care (Tufts Health Plan SCO only)

Respite (Tufts Health Plan SCO only)

Name of Tufts Health Plan Authorizing Care Manager

Note: For applicable products, providers can confirm that the process is complete and can obtain an inpatient notification number by accessing the appropriate secure Provider portal at tuftshealthplan.com/login.