

Tufts Health Plan Senior Care Options Notification List

Tufts Health Plan Senior Care Options (SCO) requires inpatient notification for inpatient admissions and prior notification for other select services.

The following tables list services and items that require provider notification to Tufts Health Plan SCO:

- **TABLE 1** includes medical, rehabilitation and behavioral health/substance abuse inpatient admissions that require inpatient notification to the Precertification Department.
- **TABLE 2** includes procedures, services and items that require prior notification to the Tufts Health Plan SCO Care Management Department.
- **TABLE 3** includes behavioral health services that require notification to the Behavioral Health Department.
- **TABLE 4** includes Medicaid-only covered procedures, services and items that require prior notification to the Tufts Health Plan SCO care manager. Please contact Provider Relations to identify the appropriate Tufts Health Plan SCO care manager.

Refer to the [Tufts Plan Health Plan Senior Care Options Provider Manual](#) for additional guidelines.

Refer to the [Tufts Health Plan Senior Care Options Prior Authorization List](#) for a list of services, items and supplies that require prior authorization through the Precertification Department.

If you have questions about a specific procedure, service or item not found on the list, please contact Provider Relations at 800.279.9022.

Member eligibility can be verified [electronically](#) on the Tufts Health Plan Provider website and detailed benefit coverage may be verified by contacting [Provider Relations](#) at 800.279.9022.

TABLE 1

The following medical, rehabilitation and behavioral health/substance use disorder inpatient admissions require inpatient notification to the Inpatient Admission Team in the Precertification Department via fax at 617.673.0705. Concurrent medical necessity review, following the notification period, may be required.

Description	Codes
ACUTE INPATIENT Including acute rehabilitation (AIR) and long-term acute care (LTAC) inpatient admissions	AIR and LTAC revenue codes LTAC Level – 120 Rehab Level 1 – 128 Rehab Level 2 – 129
INPATIENT BEHAVIORAL HEALTH AND SUBSTANCE ABUSE	Behavioral Health revenue codes 114, 124 Substance abuse revenue codes 116, 126
SKILLED NURSING FACILITY (SNF)/INSTITUTIONAL LONG-TERM CARE (LTC) * Please note SNF services also require prior authorization.	SNF revenue codes Level 1A: 190 Level 1B: 191 Level 2: 192 Institutional LTC revenue code 199

TABLE 2

The following procedures, services and items require prior notification to the Tufts Health Plan SCO care manager. Please contact Provider Relations at 800.279.9022 to identify the appropriate Tufts Health Plan SCO care manager.

Subject	Codes
Home Health Care Services	G0151, G0152, G0153, G0155, G0156, G0157, G0158, G0162, G0299, G0300, G0493, G0494, 99211

Subject	Codes
Sleep studies	G0398, G0399, G0400, 95800, 95801, 95805, 95806, 95807, 95808, 95810, 95811
Sleep supplies, such as PAP therapy equipment and related supplies	CPAP: E0601 BiPAP: E0470, E0471 CPAP and BIPAP Supplies: A4604, A7027, A7028, A7029, A7030, A7031, A7032, A7033, A7034, A7035, A7036, A7037, A7038, A7039, A7044, A7045, A7046, E0561, E0562

TABLE 3

The following behavioral health services require notification to the Behavioral Health Department at 800.208.9565. 24-hr levels of care require concurrent medical necessity review following the notification period.

Subject	Codes
Acute Treatment Services (ATS) for Substance Use Disorders	
Clinical Support Services (CSS) for Substance Use Disorders	
Community Crisis Stabilization (CCS)	
Community support program (CSP) including specialized CSP services: <ul style="list-style-type: none"> Community Support Program for Homeless Individuals (CSP-HI) Community Support Program for Individuals with Justice Involvement (CSP-JI) Community Support Program Tenancy Preservation Program (CSP-TPP) 	H2015 H2016-HH H2016 HK H2016 HE Please see medical necessity guideline for further details.
Observation/holding beds	99218
Residential substance abuse treatment	H0017

TABLE 4

The following Medicaid-only covered procedures, services and items require prior notification to the Tufts Health Plan SCO care manager. Please contact Provider Relations at 800.279.9022 to identify the appropriate Tufts Health Plan SCO care manager.

Subject	Codes	
Adult day health	S5100, S5100-TG, S5100-U1, S5102, S5102-TG, S5102-U1, T2003	Commonwealth of Massachusetts MassHealth Provider Manual Series Adult Day Health Manual
Adult foster care	S5140, S5140-TF, S5140-TG, S5140-U5, S5140-U6, S5140-TG-U6, S5140-U7, S5140-TG-U7, T1028	Commonwealth of Massachusetts MassHealth Provider Manual Series Adult Foster Care Manual
Bed hold in a skilled nursing facility (SNF), while member hospitalized	Revenue code 185	Commonwealth of Massachusetts MassHealth Provider Manual Services Nursing Facilities Services Manual

Subject	Codes	
Evaluation and stabilization in a SNF, escalated services in lieu of member hospitalization	Revenue code 194	Commonwealth of Massachusetts MassHealth Provider Manual Services Nursing Facilities Services Manual
Fiscal intermediary (FI)	T1019, T1019-TU, T1019-TV, T1020	Commonwealth of Massachusetts MassHealth Provider Manual Services Personal Care Manual
Personal care management	99456, 99456-TS, T1023, T2022	Commonwealth of Massachusetts MassHealth Provider Manual Services Personal Care Manual
Personal emergency Response System	S5160, S5161, S5199, T1505,	Commonwealth of Massachusetts MassHealth Provider Manual Series Home and Community Based Services Manual
Respite services (all places of service)	H0045, S5150, S5151, S9125, T1005	Commonwealth of Massachusetts MassHealth Provider Manual Series Home and Community Based Services Manual
Social day care	T1019 (personal care services)	Commonwealth of Massachusetts MassHealth Provider Manual Series Home and Community Based Services Manual
Supported housing group adult foster care (GAFC) personal care and administration	H0043	Commonwealth of Massachusetts Division of Medical Assistance GAFC Guidelines
Therapeutic leave day in a SNF	Revenue code 183	Commonwealth of Massachusetts MassHealth Provider Manual Services Nursing Facilities Services Manual
Tobacco cessation services	Classes: S9453 Counseling: G0436 (10 min.), G0437 (more than 10 min.)	
Transitional living services	T1020-U1	Commonwealth of Massachusetts MassHealth Provider Manual Services Personal Care Manual
Wander response system	A9280	Commonwealth of Massachusetts MassHealth Provider Manual Series Home and Community Based Services Manual
Community-Based Services		
Chore services	S5120	Commonwealth of Massachusetts MassHealth Provider Manual Home and Community Based Services Manual
Companion services	S5135	Commonwealth of Massachusetts MassHealth Provider Manual Home and Community Based Services Manual
Day habilitation	H2014, H2014-22, H2014-TF, H2014-TG, H2014-U1, H2014-U2, T2003	Commonwealth of Massachusetts MassHealth Provider Manual Home and Community Based Services Manual

Subject	Codes	
Grocery shopping and delivery	T1019 (personal care services)	Commonwealth of Massachusetts MassHealth Provider Manual Home and Community Based Services Manual
Home delivered meals	S5170	Commonwealth of Massachusetts MassHealth Provider Manual Home and Community Based Services Manual
Homemaker	S5130, S5131	Commonwealth of Massachusetts MassHealth Provider Manual Home and Community Based Services Manual
Laundry	S5175	Commonwealth of Massachusetts MassHealth Provider Manual Home and Community Based Services Manual
Personal care services	S5125, S5126	Commonwealth of Massachusetts MassHealth Provider Manual Home and Community Based Services Manual

DOCUMENT HISTORY

- September 1, 2013: Document originated for notification requirements effective January 1, 2013
- April 23, 2014: Document updated with notification requirements effective January 1, 2014
- November 28, 2014: Document updated with notification requirements effective January 1, 2015
- April 1, 2015: Document reviewed. No changes.
- July 30, 2015: Document reviewed. No changes.
- October 23, 2015: Reviewed at Benefit Adjudication Committee (BAC): Effective January 1, 2016, respite services provided in a skilled nursing facility, code H0045, added to Table 4.
- March 30, 2016: Document reviewed. No changes.
- May, 2016: Table 2 updated to include codes G0151, G0152, G0153, G0155, G0156, G0157, G0158, G0162, G0163, G0299, G0300, and 99211 for Home Health Care Services
- July 2016: Updated inpatient notification process effective July 1, 2016.
- November 7, 2016: Reviewed at BAC: Effective January 1, 2017, respite services in places of service other than skilled nursing facility, codes S5150, S5151, S9125, and T1005 added to Table 4.
- December 31, 2016: Coding updated. Per AMA CPT®, effective December 31, 2016 the following code(s) deleted from Table 2: G0163; and effective January 1, 2017 the following code(s) added to Table 2: G0493, G0494.
- May, 2017: Minor wording changes; Table 4 updated to include codes S5140-U6, S5140-TG-U6, S5140-U7, and S5140-TG-U7 for adult foster care.
- April, 2018: Table 1, fax number for reporting inpatient admissions updated, effective 5/1/2018.
- January, 2019: Table 3 updated, Recovery Coach and Recovery Support Navigator services added, effective January 1, 2019.
- July 15, 2021: Reviewed and approved at IMPAC, Notification and Concurrent review will be required for all 24-hr levels of care. Removal of services that do not require notification: Electroshock therapy, IOP, PHP, Psychiatric Day Treatment, Recovery coach, Recovery Navigator, SOAP, Short Term Crisis Counseling and Specializing. These changes are effective 1/1/22.
- August 22, 2022: Reviewed and Approved by Medical Policy Approval Committee (MPAC). Note added to SNF services on Table 1, indicating that prior authorization is required. This is effective 1/1/23.
- May 17, 2023: Reviewed and approved by MPAC. Table 3, CSP language revised to include specialized CSP Services (CSP-JI, CSP-HI, CSP-TPP) effective 4/1/2023. Language regarding CSP for CHI and SIF removed for effective date July 1, 2023

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