

## **Inpatient and Intermediate/Diversionsary Behavioral Health (Mental Health & Substance Use Disorder) Facility Payment Policy**

Applies to the following Tufts Health Public Plans products:

- Tufts Health Direct (a Massachusetts Qualified Health Plan [QHP]; a commercial product)
- Tufts Health Together (a MassHealth MCO Plan and Accountable Care Partnership Plans)
- Tufts Health RITogether (a Rhode Island Medicaid Plan)
- Tufts Health Unify (OneCare Plan; a dual-eligible product)

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The following payment policy applies to Tufts Health Plan contracting inpatient and intermediate behavioral health (BH)/substance use disorder (SUD) facilities who render services for Tufts Health Public Plans products.

In addition to the specific information contained in this policy, providers must adhere to the information outlined in the [Professional Services and Facilities Payment Policy](#).

**Note:** Audit and disclaimer information is located at the end of this document.

### **POLICY**

Tufts Health Plan covers medically necessary inpatient and intermediate levels of care BH (mental health and SUD) services as defined by the member's benefit plan document. Intermediate levels of care consist of acute residential treatment, partial hospitalization programs, intensive outpatient programs, and family stabilization services, in accordance with the member's benefits.

### **GENERAL BENEFIT INFORMATION**

Services and subsequent payment are pursuant to the member's benefit plan document. Member eligibility and benefit specifics should be verified prior to initiating services by logging on to the secure Provider [portal](#) or by contacting [Tufts Health Public Plans Provider Services](#).

**Note:** There is no member responsibility for covered services for Tufts Health Unify, Tufts Health Together or Tufts Health RITogether members.

### **State and Federal Mental Health Parity Laws**

Under the mental health parity laws, benefits for behavioral health (mental health and substance use disorder) treatment services must be comparable to benefits for medical/surgical services. This means that cost share for behavioral health services must be at the same level as those for medical/surgical services. Also, Tufts Health Plan's review and authorization of behavioral health must be handled in a way that is comparable to the review and authorization of medical/surgical services.

### **Emergency Department Boarding<sup>1</sup>**

Tufts Health Plan provides coverage and appropriate compensation for "specials" if a member's immediate care requires adjustments to a facility's usual staffing needs. Necessary services are approved for up to 24 hours and may not be covered for more than 72 hours without review by the Tufts Health Plan Behavioral Health Department or a physician reviewer. For more information, refer to the Medical Necessity Guidelines for [Behavioral Health Level of Care Determinations](#) or visit the Department of Mental Health's [website](#).

### **Administratively Necessary Days (AND) for Tufts Health Together and Tufts Health Unify<sup>2</sup>**

Per MassHealth guidelines, a member can only move to AND status when the member is clinically ready for discharge to a lower level of care, but an appropriate setting is not available.

A member cannot be placed on AND status when a member is going to be discharged from a hospital but is awaiting a placement at another acute inpatient level of care. Equivalent inpatient levels of care

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<sup>1</sup> Applies to providers located in Massachusetts.

<sup>2</sup> AND is applicable to Tufts Health Unify providers paid on a per diem methodology.

may include, but are not limited to, Department of Mental Health (DMH) continuing inpatient psychiatric care ("long-term continuing care"), Intensive Residential Treatment Programs (IRTP) and Clinically Intensive Residential Treatment Programs for Children (CIRT).

### **Discharge Planning**

Facilities are expected to implement procedures to ensure timely and effective discharge planning. Discharge planning must involve collaboration between the Tufts Health Plan and the treating hospital and must include actionable strategies to address barriers to discharge and mitigate the risk of decompensation, readmission and overdose after discharge. Tufts Health Plan, the hospital, the member, and DMH (when DMH is involved) should reach agreement on the discharge plan before placing a member on AND status.

### **Behavioral Health for Children and Adolescents<sup>3</sup> (Tufts Health Direct)**

Tufts Health Plan will provide coverage for inpatient and intermediate care to treat child-adolescent behavioral health disorders, including, but not limited to, [in-home therapy](#), [in-home behavioral services](#), [mobile crisis intervention](#), [intensive care coordination](#), [intensive community-based acute treatment](#) and [community-based acute treatment](#).

Effective for dates of service on or after January 1, 2021 and in accordance with updated guidance from the Massachusetts DOI, additional coverage will be provided for [family support and training](#) (FS&T) and [therapeutic mentoring](#) (TM) intermediate services.

Refer to the applicable [medical necessity guidelines](#) above for more information on coverage criteria and prior authorization requirements.

For more information on these services, [click here](#).

### **REFERRAL/AUTHORIZATION /NOTIFICATION REQUIREMENTS**

Certain procedures, items and/or services may require referral and/or prior authorization. While you may not be the provider responsible for obtaining prior authorization, as a condition of payment you must confirm that prior authorization has been obtained. For more information, refer to the [Referral, Prior Authorization and Notification Policy](#).

For information on procedures, services and items requiring referral and/or prior authorization and/or notification, refer to the following resources:

- Medical necessity guidelines available in the [Provider Resource Center](#)
- Benefit summary grids available in the [Provider Resource Center](#)
- [Tufts Health Public Plans Provider Manual](#)
- [Tufts Health Together and Tufts Health Direct Behavioral Health Prior Authorization \(PA\) and Notification Grid](#) – Massachusetts
- [Tufts Health RITogether Behavioral Health Prior Authorization \(PA\) and Notification Grid](#)

### **Inpatient Admission Requirements**

As a condition of payment, Tufts Health Public Plans requires notification for any member who is being admitted for inpatient care, regardless of whether Tufts Health Plan is the primary or secondary insurer.

In most instances, admitting practitioners and facilities are responsible for notifying Tufts Health Plan within one business day following the procedures outlined in the [Tufts Health Public Plans Provider Manual](#). For information on required notification timeframes and submission channels, refer to the following resources:

- [Tufts Health Together and Tufts Health Direct Behavioral Health Prior Authorization \(PA\) and Notification Grid](#) – Massachusetts
- [Tufts Health RITogether Behavioral Health Prior Authorization \(PA\) and Notification Grid](#)
- [Tufts Health Unify Behavioral Benefit Summary Grid](#)

### **Late Notification**

Timely notification of admission is a requirement for payment. Late notification will result in denial of payment for the entire admission, even if the member is still inpatient at the time of notification.

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<sup>3</sup> Applies to providers in Massachusetts, in accordance with the Massachusetts Division of Insurance (DOI) and Department of Mental Health (DMH) Bulletin [2018-07](#).

### **Initial Determination for Coverage**

Initial determination for acute inpatient coverage is based on InterQual® criteria, as well as Medicare coverage guidelines for Unify, and ASAM criteria for Tufts Health RITogether members admitted for substance use treatment. ASAM criteria is also used for Massachusetts Residential Rehabilitation Services. Additional clinical information may be requested to support care management and transition of care needs. Tufts Health Plan's determination depends on the completeness and accuracy of the information submitted by the provider at the time of notification.

Providers should log on to the secure Provider [portal](#) to view the notification event and status of the event by following the directions provided. When the inpatient notification process is complete, the inpatient notification status will be communicated.

### **Intermediate Levels of Care**

All intermediate levels of care require notification or prior authorization within one business day of start of treatment through the Behavioral Health Department. Providers may obtain by calling Provider Services:

- For Massachusetts members: 888.257.1985
- For Rhode Island members: 844.301.4093

To obtain an authorization for a continued stay, providers must review the case for medical necessity with a Behavioral Health Department UM by 5 p.m. of the authorized end date.

### **Children's Behavioral Health Initiative (CBHI) Services for Tufts Health Together Members Therapeutic Mentoring (TM)**

Members must meet [medical necessity criteria](#) and be receiving services from a HUB provider in order to be eligible for TM services.

### **Family Support and Training (FS&T)**

No notification or prior authorization is required if FS&T is provided either in conjunction with In-Home Therapy (IHT) or as part of outpatient HUB services.

Notification is needed for the first 42 days of service if FS&T is provided in conjunction with Intensive Care Coordination (ICC). During this initial period when ICC is involved, providers must fax a [CSA Notification Form](#) to 888.977.0776.

**Note:** the ICC must request prior authorization for continued stays at the time of ICC medical necessity review, since FS&T services are included in the CSA per diem rate.

### **Program of Assertive Community Treatment (PACT) for Tufts Health Together and Tufts Health Unify Members**

Prior authorization is **not** required for Tufts Health Together and Tufts Health Unify members. Providers should submit claims in accordance with the billing guidance below.

### **BILLING INSTRUCTIONS**

Unless otherwise stated, Tufts Health Plan follows industry-standard coding guidelines. Refer to current industry standard coding guidelines for a complete list of ICD, CPT/HCPCS, revenue codes, modifiers and their usage. Providers may only bill the procedure code(s) in accordance with the applicable financial exhibits of their provider agreements and applicable fee schedules. For more information, refer to the [Professional Services and Facilities Payment Policy](#).

### **Tufts Health Together**

In accordance with Massachusetts Executive Office of Health and Human Services (EOHHS) requirements, collateral contact claims for HCPCS code H0046 compensation must include the appropriate licensure-level modifier and modifier UK. The appropriate licensure-level modifier should be billed in the MOD1 field and modifier UK should be billed in the MOD2 field.

### **Inpatient/Diversions Services**

Revenue codes and procedure codes for inpatient and diversionary services are outlined below.

**Note:** This is not an all-inclusive list.

**Tufts Health Direct**

Revenue Code	Description
0114, 0124	Inpatient BH, all-inclusive per diem ( <b>Note:</b> These codes may be used to bill for <a href="#">ICBAT</a> services)
0116, 0126	Inpatient SUD, (ASAM Level IV Detox) all-inclusive per diem
0900	Inpatient BH treatment (submit this code in addition to HCPCS code T1004 when specialing approved)

**Tufts Health Together/Tufts Health RI Together/Tufts Health Unify**

Revenue Code	Description
0114, 0124	Inpatient BH, all-inclusive per diem
0116, 0126	Inpatient SUD, (ASAM Level IV detox) all-inclusive per diem
0134	RM & BD psychiatric – S/P 3-4
0136	RM & BD detox – S/P 3-4 Bed
0144	RM & BD psychiatric – private deluxe
0146	RM & BD detox – private deluxe
0154	RM & BD psychiatric ward
0156	RM & BD detox ward
0204	RM & BD psychiatric

**Program of Assertive Community Treatment (PACT) for Tufts Health Together and Tufts Health Unify Members**

Code	Description
H0040	Assertive community treatment program, per diem (PACT programs with 50 slots)
H0040-HT	Assertive community treatment program, per diem (PACT programs with 80 slots)
H0040-H9	Assertive community treatment program, per diem (forensic program)

**Family Stabilization Treatment for Tufts Health Direct**

Procedure Code	Description
99510	Home visit for individual, family, or marriage counseling

**Note:** Submit FST claims on a CMS 1500 form.

**Community Residence Services for Rhode Island Members**

Procedure Code	Description
H2036	Alcohol and/or other drug treatment program, per diem

**Residential Rehabilitation Services for Tufts Health Together and Tufts Health Unify**

Procedure Code	Description
H0019	Residential Rehabilitation Services (RRS)
H0019-HF	RRS for transitional age youth and young adults
H0019-HA	RRS for youth
H0019-HR	RRS for families
H0019-TH	RRS for pregnant and post-partum women
H0019-HH	Co-occurring enhanced RRS

**Intermediate Services**

Procedure codes for intermediate services are outlined below (**Note:** This is not an all-inclusive list.)

**Tufts Health Direct**

Procedure Code	Description
H0015	SUD intensive outpatient program, per day
H0017	Acute residential program or ASAM Level III SA, per day, all-inclusive per diem
H0035	BH/SUD partial hospital, per day
S9480	BH intensive outpatient program, per day

**Tufts Health Together/Tufts Health RITogether/Tufts Health Unify**

Procedure Code	Description
H0010	Alcohol and/or drug services; sub-acute detoxification (residential addiction program inpatient)
H0011	Alcohol and/or drug services; acute detoxification (residential addiction program inpatient)
H0015	SUD intensive outpatient program, per day
H0017	Acute residential program or ASAM Level III SUD, per day, all-inclusive per diem
H0018	BH; short-term residential (non-hospital residential treatment program), without room and board, per diem
H0035	BH/SUD partial hospital, per day ( <b>Note:</b> bill with revenue code 912; 1 unit = half day, 2 units = full day)
H2012	BH day treatment, per hour
S9480	BH intensive outpatient program, per day

Note: Providers should bill only one HCPCS procedure code per date of service.

**CBHI/BHCA (Tufts Health Direct and Tufts Health Together)**

Providers may bill the following codes for intermediate care:

Service	Code	Description
Mobile crisis intervention (MCI)	H2011	Crisis intervention service, per 15 minutes; max. 32 units/day
In-home behavioral services	H2014	Skills training and development, per 15 minutes; max. 32 units/day
In-home therapy (IHT)	H2019	Therapeutic behavioral services, per 15 minutes; max. 32 units/day
Intensive care coordination (ICC)	H0023	BH outreach service; planned approach to reach a targeted population; max. 1 unit/day
Family Support and Training <sup>4</sup>	H0038	Self-help/peer services, per 15 minutes (parent/caregiver peer-to-peer support service provided by a family partner); max. 32 units/day
Therapeutic mentoring (TM) <sup>4</sup>	T1027-EP	Family training and counseling for child development, per 15 minutes; max. 32 units/day

**Note:** For codes H2011-H2019, append modifier HN for providers at the bachelor’s degree level or HO for those with a master’s degree level. For code H0023, append modifier HT to indicate services were performed by a multi-disciplinary team.

**Children’s Behavioral Health Initiative Services (Tufts Health Together)**

Service	Code	Description
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<sup>4</sup> Effective for dates of service on or after January 1, 2021.

Family Support and Training	H0038	Self-help/peer services, per 15 minutes (parent/caregiver peer-to-peer support service provided by a family partner)
Therapeutic Mentoring	T1027-EP	Family training and counseling for child development, per 15 minutes (therapeutic mentoring service)

**Tufts Health Direct, Tufts Health Together and Tufts Health Unify**

Service	Code	Description/Notes
<a href="#">Acute Treatment Services Level 3.7 Inpatient Stay (ATS)</a>	H0011 + 1002	<ul style="list-style-type: none"> <li>Alcohol and/or drug services; acute detoxification (residential addiction program inpatient); 1 unit = 1 day</li> <li>Submit on a UB form</li> </ul>
<a href="#">Community Crisis Stabilization (CCS)</a>	S9485-TG	<ul style="list-style-type: none"> <li>Crisis intervention mental health services, per diem (1 unit = 1 day)</li> <li>Submit on a CMS-1500</li> </ul>
<a href="#">CSS Level 3.5</a>	H0010 + 1002	<ul style="list-style-type: none"> <li>Alcohol and/or drug services; subacute detoxification (residential addiction program inpatient); 1 unit = 1 day</li> <li>Submit on UB-04 form</li> <li>No prior authorization required for first 10 days of treatment</li> </ul>
Dual Diagnosis Acute Residential Treatment (DDART)	H0037-HH + 1001 or 1002	<ul style="list-style-type: none"> <li>Community psychiatric supportive treatment program, per diem (1 unit = 1 day)</li> <li>Submit on UB04 form</li> </ul>
Enhanced Acute Treatment Services (EATS)	H0011-HH + 1002	<ul style="list-style-type: none"> <li>Alcohol and/or drug services; acute detoxification (inpatient residential addiction program); 1 unit = 1 day</li> <li>Submit on UB-04 form</li> </ul>
Inpatient Level 4 Detox	0116, 0126, 0136, 0156	<ul style="list-style-type: none"> <li>Room and board, detoxification (1 unit = 1 day)</li> <li>Submit on UB-04 form</li> </ul>
Intensive Community-Based Acute Treatment	H0037-TG + 1001 or H0037-TG (no rev)	<ul style="list-style-type: none"> <li>Community psychiatric supportive treatment program, per diem (1 unit = 1 day)</li> <li>Submit on UB-04 form</li> </ul>
Transitional Care Unit (TCU)	0100	<ul style="list-style-type: none"> <li>All-inclusive room and board, plus ancillary</li> <li>Submit on UB form</li> </ul>

**COMPENSATION/REIMBURSEMENT INFORMATION**

Providers are compensated according to the applicable network contracted rates and applicable fee schedules, regardless of the address where the service is rendered. For additional information, refer to the [Professional Services and Facilities Payment Policy](#).

Compensation for inpatient treatment and related services corresponds to the Tufts Health Plan contracted rate for per diem, per case and/or other arrangements, as applicable. Refer to the current contract for details regarding inpatient compensation provisions.

**Delay Days**

Tufts Health Plan does not compensate providers for delay days, wherein a member spends days in a facility waiting for medically necessary diagnostic testing, treatments, therapies (including physical therapy), consultations, surgical/other procedures or test results. The delay may be due to facility scheduling or staffing issues which represent an interruption in evaluation or treatment, resulting in a longer length of stay than if the care had been efficiently provided and/or arranged. Regardless of whether the day meets medical necessity criteria, such days will not be paid. The decision may result in a denial of payment to the hospital, practitioner or both and the member will not be responsible for payment.

### **Administratively Necessary Days (AND) – Tufts Health Together and Tufts Health Unify**

Authorized AND are compensated in accordance with the provider's health service agreement and MassHealth regulations.

### **Secondary Diagnosis Codes**

Tufts Health Plan does not routinely compensate services billed with a secondary diagnosis code as the only diagnosis on the claim.

### **ADDITIONAL RESOURCES**

- [Outpatient Behavioral Health/Substance Abuse Professional Payment Policy](#)
- Bulletin 2018-07: [Access to Services to Treat Child-Adolescent Mental Health Disorders](#)
- [Opioid Replacement Therapy and Medication Assisted Treatment Payment Policy](#)

### **DOCUMENT HISTORY**

- January 2021: Removed Prior Authorization requirement for Program of Assertive Community Treatment (PACT) for Tufts Health Unify; clarified existing H0038 and T1027 max units/day for CBHI/BHCA services for Tufts Health Direct and Tufts Health Together members
- October 2020: Added procedure codes and billing instructions for Tufts Health Direct, Tufts Health Together and Tufts Health Unify members
- July 2020: Revised billing instructions boiler plate language
- June 2020: Added HCPCS code H0040 and clarified prior authorization requirements for existing PACT services for Tufts Health Together and Tufts Health Unify members; updated effective date for Family Support and Training (FS&T) and Therapeutic Mentoring (TM) services to January 1, 2021, per the Massachusetts DOI
- May 2020: Added H0038 and T1027-EP, effective for dates of service on or after July 1, 2020; added existing code set for CBHI services for Tufts Health Together members
- October 2019: Policy created

### **AUDIT AND DISCLAIMER INFORMATION**

Tufts Health Plan reserves the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in this payment policy. If such an audit determines that a provider/facility did not comply with this payment policy, Tufts Health Plan will expect the provider/facility to refund all payments related to noncompliance. For more information about Tufts Health Plan's [audit policies](#), refer to the Provider website.

This policy provides information on Tufts Health Plan claims adjudication processes. As every claim is unique, this policy is neither a guarantee of payment, nor a final indication of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization and utilization management requirements (when applicable), adherence to plan policies and procedures, and claims editing logic. An authorization is not a guarantee of payment. Claims for services subject to authorization may be reviewed for accuracy and compliance with payment policies.

This policy applies to the Tufts Health Plan products, as identified in the checkboxes on the first page, and to CareLink<sup>SM</sup> for providers in Massachusetts and Rhode Island service areas. Providers in the New Hampshire service area are subject to Cigna's provider agreements with respect to CareLink members. This policy does not apply to the Private Health Care Systems (PHCS) network (also known as Multiplan). Tufts Health Plan reserves the right to amend a payment policy at its discretion.