Required Benefits for Child-Adolescent Behavioral Health Disorders

Webinar

February 13, 2020
Required Coverage for Benefits
-Children and Adolescents

The Division of Insurance (DOI) and Department of Mental Health (DMH) jointly issued a bulletin to health plans.

Required coverage for benefits:

▪ Related to children and adolescents up to age 19 with behavioral health disorders
  ▪ Substantially interfere with
  ▪ Substantially limit their functioning and social interactions

Additional information available on the DOI and DMH bulletin:
Access to Services to Treat Child-Adolescent Mental Health Disorders
Required Coverage for Benefits
-Children and Adolescents Continued

Applies to the following groups or members that renewed on or after July 1, 2019:
- All Massachusetts fully-insured Commercial products
- Tufts Health Direct

- Please note: Self-insured groups may elect benefit upon renewal beginning on or after July 1, 2019
Required Coverage for Benefits Children and Adolescents continued

Effective **July 1, 2019**, Commercial health insurance carriers are required to:

Provide coverage for *intermediate care* and *outpatient services* that are medically necessary to treat child-adolescent behavioral health disorders.

Services may include:
- In-home therapy (IHT)
- In-home behavioral services (IHBS)
- Mobile crisis intervention (MCI)
- Intensive care coordination (ICC)
- Intensive community-based acute treatment (ICBAT)
- Community-based acute treatment (CBAT)
Excluded Services

Two services currently covered for Tufts Health Together members are:
- Family Support and Training
- Therapeutic Mentoring

These two services are **not covered** for Tufts Health Commercial or Tufts Health Direct members
- **Projected implementation** date is July 1, 2020
Medical Necessity Guidelines

Services documented in the [Medical Necessity Guidelines](#)
Located in the [Resource Center](#) on the public Provider website.

- Behavioral Health Level of Care Determinations
- In-Home Behavioral Services (IHBS): Massachusetts Products
- In-Home Therapy Services (IHTS): Massachusetts Products
- Mobile Crisis Intervention (MCI): Massachusetts Products
- Targeted Case Management Services: Intensive Care Coordination (ICC): Massachusetts Products
Medical Necessity Guidelines Continued

- **Commercial products and Tufts Health Direct** use the same MassHealth-based criteria as Tufts Health Together.

- **Important difference:** Commercial and Tufts Health Direct members **do not** require a CANS assessment.

- **Medical Necessity Guidelines** and **Payment Policies** available on the public Provider website indicate Prior Authorization requirements (same requirements as Tufts Health Together)
Who to Contact with Eligibility Questions

Required benefits apply to the following groups or members that renew on or after July 1, 2019:
- All Massachusetts fully-insured Commercial products
- Tufts Health Direct
- Self-insured groups may elect benefit upon renewal beginning on or after July 1, 2019

To determine eligibility for these benefits, Providers should contact:
Commercial and Senior Products Behavioral Health Department: **800.208.9565**

or

Tufts Health Public Plans Provider Services (MA): **888.257.1985**
Initial Authorization and Concurrent Review
-Commercial and Tufts Health Direct

For ICC:
Initial authorization: Providers submit the appropriate fillable notification form (Community Service Agency Notification Form – Commercial or Community Service Agency Notification Form – Tufts Health Together/Tufts Health Direct) and receive an authorization back by fax.
Concurrent reviews: Providers call their Assigned Reviewer* to present clinical information to determine medical necessity.

For IHT:
Initial Authorization and Concurrent Review: Providers must call their Assigned Reviewer to present clinical information to determine medical necessity.

For IHBS:
Initial Authorization and Concurrent Review: Providers must call their Assigned Reviewer to present clinical information to determine medical necessity.

For MCI: No prior authorization is required. Providers should submit claims.

*To determine the Assigned Reviewer, contact:
Commercial and Senior Products Behavioral Health Department: 800.208.9565
or
Tufts Health Public Plans Provider Services (MA): 888.257.1985
Reporting Requirements
- Commercial and Tufts Health Direct

**ICBAT** - Inpatient elective admissions must be reported no later than **5 business days** prior to admission*

Urgent or emergency admissions reported on the **next business day***

**CBAT (Intermediate)** - Most intermediate levels of care require prior notification **within 1 business day** of admission through the Behavioral Health department

*Or when applicable, the time frame as specified by applicable law (i.e. SUD Law)
Navigating Tufts Health Plan’s Website
tuftshealthplan.com/provider

Tufts Health Plan’s Provider website has two distinct sections:

- **Public Provider website**
  - Medical necessity guidelines
  - Payment policies
  - Pharmacy programs
  - Provider manuals
  - Training and education

- **Secure Provider website** *(registration required)*
  1. Tufts Health Provider Connect (Tufts Health Public Plans only)
  2. Tufts Health Plan Provider Portal (Commercial and Senior Products)
     - Eligibility and benefits
     - Claim status inquiry
     - Referral inquiry and submission
     - Inpatient notification request submission
     - Online claim adjustments
Recommended Browsers

- Tufts Health Plan recommends using the latest versions of one of the following Internet browsers for the public and secure Provider websites:
  - Mozilla Firefox
  - Google Chrome

Note: Internet Explorer is not optimal for working on the public and secure Provider websites.
Resource for Providers

Essential forms and documents in one place

Find all the information you need to do business with us, including applications, forms, guidelines and administrative manuals.

SEARCH

Showing: Tufts Health Public Plans (33)

Provider Manuals

View All:

Tufts Health Provider Connect User Guide
For Tufts Health Public Plans MA & RI

Tufts Health Provider Registration Guide
For Tufts Health Public Plans MA & RI

Tufts Health Public Plans Provider Manual

BEHAVIORAL HEALTH

Tufts Health Public Plans’ behavioral health team assists with accessing varying levels of services for members based on their needs, intensity of utilization and/or coexisting medical conditions. Although many of the behavioral health programs and services are similar for Massachusetts and Rhode Island, there are some significant differences. Be sure to refer to the appropriate state-specific information in this chapter as outlined in the following sections:

- Massachusetts and Rhode Island Behavioral Health Program
- Behavioral Health Provider Responsibilities
- Medical necessity and clinical criteria
- Payment policies
- Behavioral health services authorization
- Denials and appeals
- Patient care coordination
- Treatment and discharge planning
- Care management
- Medical records compliance
- Adverse incident reporting
- Massachusetts-Specific Behavioral Health Program
  - Performance specifications
  - Community Partners (For Tufts Health Together ACOs)
  - Massachusetts-Specific Behavioral Health Services
  - Emergency Services Program
  - Children’s Behavioral Health Initiative Services (Tufts Health Together)
- Child and adolescent needs and strengths (CANS) requirements
Resources for Providers

Essential forms and documents in one place

Find all the information you need to do business with us, including applications, forms, guidelines and administrative manuals.

Need help? Click here for some quick search tips.

Showing: Commercial (805)

Provider Manuals

View All:
Commercial Provider Manual
Medical Necessity Guidelines

Essential forms and documents in one place

Find all the information you need to do business with us, including applications, forms, guidelines and administrative manuals.

Need help? Click here for some quick search tips.

Level of Care Determination

Showing: Tufts Health Public Plans (118)

Guidelines

Online + Electronic Services:
- ASC X12N 270/277: Health Care Eligibility Benefit Inquiry and Response CORE Phase II System Companion Guide
- ASC X12N 276/277: Health Care Claim Status Request and Response CORE Phase II System Companion Guide
- CareInsight Quick Reference Guide
- THPP Office Manager and Role Set-Up Guide
- THPP Steward Office Manager and Role Set-Up Guide

Clinical Resources:
- Depression - Guide for Treating Depression in the Primary Care Setting
- Tufts Health Public Plans Integrated Care Management Program Description

Behavioral Health:
- Acupuncture Detoxification Level of Care
- Behavioral Health Medical Necessity Guidelines

Behavioral Health Level of Care Determinations
- Behavioral Health Medical Necessity Guidelines
# Medical Necessity Guidelines

**Behavioral Health Level of Care Determinations**

**Effective:** October 16, 2019

<table>
<thead>
<tr>
<th>Prior Authorization Required</th>
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<td><strong>Yes</strong></td>
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**Applies to:**

**COMMERCIAL Products**
- Tufts Health Plan Commercial products; Fax: 617.972.9409
- Tufts Health Freedom Plan products; Fax: 617.972.9409
- CareLink™ – Refer to CareLink Procedures, Services and Items Requiring Prior Authorization

**TUFTS HEALTH PUBLIC PLANS Products**
- Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product); Fax: 888.415.9055
- Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans; Fax: 888.415.9055
- Tufts Health RITogether – A Rhode Island Medicaid Plan; Fax: 857.304.6404
- Tufts Health Unify* – OneCare Plan (a dual-eligible product); Fax: 781.393.2607
  *The MNG applies to Tufts Health Unify members unless a less restrictive LCD or NCD exists.

**SENIOR Products**
- Tufts Health Plan Senior Care Options (SCO), (a dual-eligible product) – Refer to the Tufts Health Plan SCO Prior Authorization List
- Tufts Medicare Preferred HMO, (a Medicare Advantage product) – Refer to the Tufts Medicare Preferred HMO Prior Authorization and Inpatient Notification List

**Note:** While you may not be the provider responsible for obtaining prior authorization or providing notification, as a condition of payment you will need to make sure that prior authorization has been obtained or notification has been provided.
Inpatient and Intermediate Behavioral Health/Substance Use Disorder Facility Payment Policy - Commercial Plans (Search Codes Here)
Payment Policies

TUFTS Health Plan

Resource Center

Pharmacy

Behavioral Health

Training

Provider News

Search for "Outpatient Behavioral Health"

Filter Content by: Provider

Match By: Any Word or Synonyms, Exact Match

Your search for "Outpatient Behavioral Health" in Provider Content returned 2177 results.

Outpatient Behavioral Health/Substance Use Disorder Professional Payment Policy

Commercial

Outpatient Behavioral Health (Mental Health & Substance Use Disorder) Professional Payment Policy

Tufts Health Public Plans

Behavioral Health - Level of Care Form

Notification process change effective March 26, 2016.

General Behavioral Health Performance Specifications

Behavioral Health Performance Specifications
Tufts Health Public Plans Claim Information

1. File claims no later than 90 days after the date of service.
   - Submit claims using Tufts Health Provider Connect online or on paper by mailing them to:
     Tufts Health Plan
     P.O. Box 8115
     Park Ridge, IL 60068-8115

2. Check claim status on Tufts Health Provider Connect.

3. To dispute a payment, file a request for a claim review no later than 60 days from date on the explanation of Payment (EOP).
   - You may find the “Request for Claim Review” form on our website in the Provider Resource Center.
   - Mail requests forms to:
     Tufts Health Public Plans Provider Payment Disputes
     P.O. Box 9194
     Watertown, MA 02471-9194
Secure Provider Website Login
-Commercial

LOGIN OR REGISTER AS A....

Member
Broker
Employer
Provider

Commercial, Medicare, and Tufts Health Plan SCO

Tufts Health Public Plans
Guides and Resources
Printable resources for providers

Secure Provider Website (for Commercial and Senior Products)

- Authorization Inquiry
- Behavioral Health Self-Service User Guide
- Claim Status Inquiry
- Eligibility and Benefits inquiry
- Inpatient Notification inquiry
- Inpatient Notification Submission
- Online Claim Adjustments
- Referral Inquiry
- Referral Submission
Contact Information

- Commercial and Senior Products Behavioral Health Department: 800.208.9565

- Provider Call Centers:
  - Tufts Health Public Plans Provider Services (MA): 888.257.1985
  - Tufts Health Plan Commercial Provider Services: 888.884.2404

- EDI Operations: 888.880.8699 ext. 54042 or EDI_Operations@tufts-health.com

- Technical Inquiries: 888.884.2404, option 6 or network_tech@tufts-health.com

- Contracting: AHCBehavioralHealth@tufts-health.com

- Provider Education: provider_education@tufts-health.com
**Contract/Credentialing Questions:**

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
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</thead>
<tbody>
<tr>
<td>Where can procedures codes for billing be found?</td>
<td>Providers should refer to their contract with Tufts Health Plan to confirm which procedure codes they are contracted for. If you have questions related to your contract, please contact Allied Health Contracting at <a href="mailto:AHCBehavioralhealth@tufts-health.com">AHCBehavioralhealth@tufts-health.com</a>.</td>
</tr>
<tr>
<td>Where can rates be found?</td>
<td>Providers should refer to their contract with Tufts Health Plan for reimbursement rates.</td>
</tr>
<tr>
<td>Can providers bill for “no show” appointments? If so, how would it be billed?</td>
<td>Providers cannot bill for services that are not rendered to a Tufts Health Plan Commercial or Direct member, therefore, no show appointments are not reimbursable.</td>
</tr>
<tr>
<td>Who should a provider contact with questions about which services they are contracted for?</td>
<td>If you have questions related to your contract, please contact Allied Health Contracting at <a href="mailto:AHCBehavioralhealth@tufts-health.com">AHCBehavioralhealth@tufts-health.com</a></td>
</tr>
<tr>
<td>If a provider is contracted through Tufts Health Public Plans and has not received an amendment to provide services for Commercial members, what is the next step?</td>
<td>Please contact <a href="mailto:AHCBehavioralhealth@tufts-health.com">AHCBehavioralhealth@tufts-health.com</a>.</td>
</tr>
<tr>
<td>Is there a fee schedule on the website?</td>
<td>Fee schedules are not available on the Tufts Health Plan website. Please refer to your contract with Tufts Health Plan for reimbursement rates.</td>
</tr>
<tr>
<td>How often are providers re-credentialed?</td>
<td>Information about the contracting and credentialing requirements can be found on the Tufts Health Plan website.</td>
</tr>
<tr>
<td>Do facility staff have to be credentialed and on rosters to provide services?</td>
<td>Tufts Health Plan contracts with the facility that is providing the service and not with the individual providers that work for the facility.</td>
</tr>
<tr>
<td>Does the licensed supervising clinician require a specific license? For example, must be LMHC, LMFT, LICSW? Or does any license apply?</td>
<td>A supervising clinician is required to be appropriately licensed. A specific license type is not required. Any of these is acceptable.</td>
</tr>
<tr>
<td>When billing for a Bachelors level clinician, do we need to list their NPI as the rendering provider even though we bill under the facility’s NPI?</td>
<td>Claims should be billed under the facility’s NPI using the appropriate modifier to indicate the level of the clinician providing the service.</td>
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Note: All information related to cost share is for the 2020 benefit year and subject to change.
Website Questions:

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<td>Where can a provider check member eligibility on the THP website?</td>
<td>Providers can check member eligibility through the provider portal. An instruction guide that explains functionality of the provider portal (the Behavioral Health Self Service User Guide), including how to verify member eligibility, is available on the public Provider website: <a href="https://tuftshealthplan.com/documents/providers/behavioral-health/provider-website-behavioral-health-se">https://tuftshealthplan.com/documents/providers/behavioral-health/provider-website-behavioral-health-se</a></td>
</tr>
<tr>
<td>When checking member eligibility on the website, is there a way to verify eligibility for BHCA benefits?</td>
<td>No. While there is some benefit information available through the provider portal, the behavioral health benefit is high level and does not include details about BHCA services. Please contact the appropriate customer service number to confirm eligibility for this benefit. For Commercial members, please contact Commercial and Senior Products Behavioral Health Department at 800.208.9565. For Direct members, please contact Tufts Health Public Plans Provider Services at 888.257.1985.</td>
</tr>
<tr>
<td>What information is required for creating a log-in for the provider portal?</td>
<td>Provider NPI is required to begin. The Access Administrator can grant varying levels of access as needed to other staff members.</td>
</tr>
</tbody>
</table>

Note: All information related to cost share is for the 2020 benefit year and subject to change.
For technical assistance with registering for secure access on the Provider website, contact Provider Services:

Email:  network_tech@tufts-health.com  
Phone:  888.884.2404, option #1

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<tbody>
<tr>
<td>Where can we view authorizations for the member?</td>
<td>Behavioral Health authorization information is available through the secure provider websites.</td>
</tr>
</tbody>
</table>
| Are logins and passwords for each individual provider or the facility as a whole? | If multiple people need access to your facility’s online information, each person must have an account of his or her own. The individual designated as Access Administrator has the ability to set up additional account using the Access Administration link in the Self-Service menu or on the Welcome page.  

The Behavioral Health Self Service User Guide on the public Provider website offers step by step instructions:  

### Benefit Questions:

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| Are BHCA services considered inpatient or outpatient? | In-Home Therapy, In-Home Behavioral Services, Intensive Care Coordination, Mobile Crisis Intervention and CBAT are considered intermediate services.  

ICBAT is considered an inpatient service. |
| Is there information available on which Tufts Health Plan members are capitated for behavioral health services? | Information on payment arrangements between Tufts Health Plan and network providers can be found on the Tufts Health Plan website.  

https://tuftshealthplan.com/documents/providers/general/compensation-grid |
| Are members responsible for copayments? | BHCA services are covered in full for Direct members for the 2019 and 2020 benefit years.  

Commercial members are responsible for intermediate level of care cost share for In Home Therapy, In Home Behavioral Services, Intensive Care Coordination, Mobile Crisis |
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<tr>
<td>Is there a letter that can be issued when a member is not covered for BHCA services?</td>
<td>No. Providers should follow normal procedures to submit a claim to Tufts Health Plan. If services are not covered for the member, it will be reflected on the provider’s EOP. A member will also receive an EOB indicating the same. Providers should submit a claim to MassHealth with a copy of the EOP indicating that services are not covered.</td>
</tr>
<tr>
<td>When we call customer service, what language should we use when referring to these services?</td>
<td>Providers should use the term “BHCA” when referring to these Behavioral Health Services for Children and Adolescents.</td>
</tr>
<tr>
<td>Are copayments expected for every visit or each day for ICC since it is a per diem?</td>
<td>ICC is a per diem service. If the member is responsible for a copayment, it would be one copayment per date of service.</td>
</tr>
<tr>
<td>Is customer service available 24 hours a day to confirm eligibility for Mobile Crisis services?</td>
<td>Tufts Health Plan customer service is not available 24 hours a day. Providers should contact the plan on the next business day to confirm available benefits. We are currently investigating options for after-hours eligibility confirmation and will update this document as soon as possible.</td>
</tr>
<tr>
<td>Will FS&amp;T an TM services be covered 7/1/2020?</td>
<td>The projected implementation date for these additional services is 7/1/2020. This will apply to Commercial fully insured and Direct plans that are issued or renew on or after 7/1/2020.</td>
</tr>
<tr>
<td>If a member’s Behavioral Health benefits are carved out to a vendor, would the vendor be the one to contact to confirm if BHCA services are covered?</td>
<td>Yes, you should contact the Behavioral Health vendor to inquire about BHCA benefits.</td>
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**Authorization and Service Questions:**

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<tr>
<td>When providing In Home Therapy services, can providers bill for documentation time?</td>
<td>Yes, providers can bill for documentation time for both Direct and Commercial plans.</td>
</tr>
<tr>
<td>What are the licensing requirements?</td>
<td>Licensing requirements will depend on the service that is being provided. Providers should refer to the Medical Necessity Guidelines for more detail.</td>
</tr>
</tbody>
</table>
| How does a provider request authorization for services?                | **Intensive Care Coordination (ICC):**  
  - **Initial authorization:** Providers submit the appropriate fillable notification form and receive an authorization back by fax.  
    Commercial:  

Note: All information related to cost share is for the 2020 benefit year and subject to change.
Tufts Health Direct:  
https://tuftshealthplan.com/documents/providers/forms/thpp_community-service-agency-(csa)-notification

- **Concurrent reviews**: Providers call their **Assigned Reviewer** to present clinical information to determine medical necessity.

**In Home Therapy (IHT):**
- **Initial Authorization and Concurrent Review**: Providers must call their Assigned Reviewer to present clinical information to determine medical necessity.

**In Home Behavioral Services (IHBS):**
- **Initial Authorization and Concurrent Review**: Providers must call their Assigned Reviewer to present clinical information to determine medical necessity.

**Mobile Crisis Intervention (MCI):**
- No authorization is required. Providers should submit claims.

**CBAT and ICBAT:**
Prior authorization is not required for ICBAT and CBAT services. Tufts Health Plan requires notification within 1 business day, followed by concurrent review for medical necessity.

*To determine the **Assigned Reviewer**, contact:

Commercial and Senior Products Behavioral Health Department: 800.208.9565  
Tufts Health Public Plans Provider Services (MA): 888.257.1985

| Can authorizations be backdated? | ICC can be backdated 3 business days (initial and subsequent).  
IHT can backdated 1 business day for the initial authorization. Subsequent authorizations will not be backdated. |

**Note**: All information related to cost share is for the 2020 benefit year and subject to change.
### BEHAVIORAL HEALTH FOR CHILDREN & ADOLESCENTS (BHCA)

**FEBRUARY 13, 2020  WEBINAR Q&A**

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| Is the form to request services the same exact form that is used for Medicaid CBHI services? Or is there a new form. | IHBS will not be backdated. The form is very similar but has a different fax number. Commercial: [https://tuftshealthplan.com/documents/providers/forms/comm-csa-form](https://tuftshealthplan.com/documents/providers/forms/comm-csa-form)  
  Tufts Health Direct: [https://tuftshealthplan.com/documents/providers/forms/thpp_community-service-agency-(csa)-notificat](https://tuftshealthplan.com/documents/providers/forms/thpp_community-service-agency-(csa)-notificat) |
| Is Tufts Health Plan following the same processes as Medicaid CBHI for Commercial and Direct? | Yes, the processes and medical necessity criteria that apply to Commercial and Direct plans are the same as those that apply to Medicaid CBHI services with one difference. Commercial and Direct plans medical necessity criteria for ICC, IHT, CBAT and ICBAT do not require a CANS assessment. |
| How many days and units will be authorized for concurrent reviews?       | The number of days and units for concurrent review will depend on medically necessity. |
| For IHT and IHBS, is there a limit to the sessions?                      | No, there is no benefit limit that applies to these services. Services will be authorized as long as medically necessary. |
| Is ICC per 15 minutes, or per diem?                                     | The ICC procedure code is per diem. |
| IHT has billable units, is that per 15 minutes?                         | The IHT procedure code is per 15 minutes. |
| Will subsequent IHT authorizations be for 60 days at a time?            | Subsequent IHT authorizations will be based on medical necessity. |
| Some teams consist of a master’s level and a bachelor’s level clinician. Can Bachelors level clinicians provide services for the commercial products? | Yes, providers should bill using the appropriate modifier to indicate the licensure level of the clinician providing the service. |
| When a client is in the hospital and there is an IHT or ICC involved, are we able to see clients and submit claims? | Yes. |
| How should the modifiers be used when more than one provider is billing for the same service? | Providers should bill using the appropriate modifier to indicate the licensure level of the clinician providing the service. |
| For ICC services, should intake occur before seeking initial authorizations? Or are providers able to submit claims such as outreach to family before the intake? | ICC providers can outreach to the family before the intake. The assessment form should be submitted within 3 business days of the intake. The initial authorization can be backdated up to 3 days. |

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<tr>
<td>For ICC, is there a requirement for face to face activity to bill for services?</td>
<td>No, there is not a requirement for face to face activity.</td>
</tr>
<tr>
<td>Do we need an authorization for IHT for commercial insurance?</td>
<td>Yes, IHT services require prior authorization. Providers must call their Assigned Reviewer to present clinical information to determine medical necessity.</td>
</tr>
<tr>
<td></td>
<td>*To determine the Assigned Reviewer, contact:</td>
</tr>
<tr>
<td></td>
<td>Commercial and Senior Products Behavioral Health Department: 800.208.9565</td>
</tr>
<tr>
<td></td>
<td>Tufts Health Public Plans Provider Services (MA): 888.257.1985</td>
</tr>
<tr>
<td>Are the procedure codes different between Direct and Commercial plans and Medicaid plans when billing for commercial IHT services?</td>
<td>No, the procedure code for IHT for Direct and Commercial Plans is the same code that is used for Medicaid Plans.</td>
</tr>
<tr>
<td>Are there requirements for initial calls and response time referral intake?</td>
<td>No, the Medicaid requirements relating to initial calls and response times do not apply to commercial plans.</td>
</tr>
<tr>
<td>Does the licensed clinical need to sign off on notes?</td>
<td>This is a facility/provider decision.</td>
</tr>
<tr>
<td>What is the minimum expected frequency of contact for ICC with the family?</td>
<td>This is a provider decision to be determined based on medical necessity and standard of care. Tufts Health Plan does not make treatment recommendations.</td>
</tr>
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</table>

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