Behavioral Health Services for Children and Adolescents (BHCA)
Webinar
November 6, 2020
The Coronavirus (COVID-19) Updates for Providers page contains the most up-to-date information about Tufts Health Plan's policies and coverage pertaining to COVID-19.

Visit the page regularly to obtain information about policy and coverage updates pertaining to COVID-19. As the situation continues to develop, updates are frequently being posted to the page on the public Provider website at: tuftshealthplan.com/provider/provider-information/coronavirus-updates-for-providers
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 in 2018.

Required coverage for benefits:

- Related to children and adolescents up to age 19 with behavioral health disorders
  - Substantially interfere with their functioning and social interactions
  - 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 – Phase 1

Effective **July 1, 2019**, Commercial health insurance carriers are required to provide coverage for additional **intermediate care** and **outpatient services** when medically necessary to treat child-adolescent behavioral health disorders.

Services included in Phase 1:

- 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)

Applies to all Massachusetts fully-insured Commercial products and Tufts Health Direct

Note: Self-insured groups that renewed on or after July 1, 2019 may have elected this benefit upon renewal.
Required Coverage for Benefits
Children and Adolescents – Phase 2

Effective January 1, 2021, Commercial health insurance carriers are required to provide coverage for additional intermediate care and outpatient services when medically necessary to treat child-adolescent behavioral health disorders.

Services included in Phase 2:

- Family Support and Training (FS&T)
- Therapeutic Mentoring (TM)

Commercial members, including Tufts Health Direct, are covered for BHCA services up to the age of 19.*

Applicable for all Massachusetts fully-insured Commercial products and Tufts Health Direct.

Note: Self-insured groups that renew on or after January 1, 2021 may elect this benefit upon renewal.

*Please note that this differs from the MassHealth CBHI benefit that covers members up to the age of 21, including Tufts Health Together members.
Who to Contact with Eligibility Questions

Phase 2 required benefits apply to the following groups or members that **renew on or after January 1, 2021:**
- All Massachusetts fully-insured Commercial products
- Tufts Health Direct
- Self-insured groups **may elect benefit** upon renewal beginning on or after January 1, 2021

To determine **eligibility** for these benefits, contact:
Commercial and Senior Products Behavioral Health Department: **800.208.9565**
or
Tufts Health Public Plans Provider Services (MA): **888.257.1985**
Family Support and Training

Service description/definition: Service provided to the parent/caregiver of a youth (under the age of 19), in any setting where the youth resides, such as the home (including foster homes and therapeutic foster homes), and other community settings.

Allowable staff/supervision: Delivered by strength-based, culturally and linguistically appropriate qualified paraprofessionals under the supervision of a licensed clinician.

Procedure Coder: H0038 Self-help/peer services, per 15 minutes (no modifier)

Service Unit: Per 15 minutes

Unit Duration (ex. 15-minute): 15 minutes

Unit Limits (ex. 1 unit per day): Maximum of 32 units per day

Medical Necessity Guidelines: https://tuftshealthplan.com/documents/providers/guidelines/medical-necessity-guidelines/fs-t

Cost sharing: For Tufts Health Plan Commercial products, services map to the Intermediate Level of Care cost share which can vary based on the member’s plan design. Tufts Health Direct is covered in full.

Authorization Procedures: No prior authorization is required
Contracting contact: AHCBehavioralHealth@tufts-health.com

Process for billing for TM or FP without CHW certification: Services should be billed under the supervising licensed clinician.
Therapeutic Mentoring

**Service description/definition:** Provides structured, one-to-one, strength-based support services to youth (under the age of 19) for the purpose of addressing daily living, social and communication needs.

**Allowable staff/supervision:** Services are provided by a qualified paraprofessional under the supervision of a licensed clinician.

**Procedure Code & Modifier:** T1027 with EP modifier. Family training and counseling for child development, per 15 minutes

**Service Unit:** Per 15 minutes

**Unit Duration** (ex. 15-minute): 15 minutes

**Unit Limits** (ex. 1 unit per day) - Maximum of 32 units per day

**Medical Necessity Guidelines:** [https://tuftshealthplan.com/documents/providers/guidelines/medical-necessity-guidelines/tm](https://tuftshealthplan.com/documents/providers/guidelines/medical-necessity-guidelines/tm)

**Cost sharing:** For Tufts Health Plan Commercial products, services map to the Intermediate Level of Care cost share which can vary based on the member’s plan design. Tufts Health Direct is covered in full.

**Authorization Procedures:** No prior authorization is required.

**Contracting contact** - AHCBehavioralHealth@tufts-health.com

**Process for billing for TM or FP without CHW certification:** Services should be billed under the supervising licensed clinician.
Medical Necessity Guidelines

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

- **Medical Necessity Guidelines** and **Payment Policies** available on the public Provider website indicate Prior Authorization requirements (same requirements as Tufts Health Together)
Authorization and Concurrent Review
-Commercial and Tufts Health Direct

For FS&T and TM:
• No prior authorization is required
• Providers should submit claims

Clinical Hub providers are responsible for coordinating behavioral health services for children and adolescents and collaborating with other service providers, including FS&T and TM providers.

Clinical Hub services in order of intensity are:
• Intensive care coordination (ICC)
• In-home therapy (IHT)
• Outpatient therapy

When more than one Clinical Hub service provider is involved with a family, care coordination is provided by the most intensive service.

*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
Online Tools for Providers

tuftshealthplan.com/provider
Tufts Health Plan recommends using the latest versions of one of the following Internet browsers for the public website and secure Provider portal:

- Mozilla Firefox
- Google Chrome

Note: Internet Explorer is not optimal for working on the public website and secure Provider portal.
Navigating Tufts Health Plan’s Website
- tuftshealthplan.com/provider

Two distinct sections:

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

- **Secure Provider Portal** *(registration required)*
  - Tufts Health Provider Connect (Tufts Health RITogether Public Plans only)
  - Tufts Health Plan Provider Portal (Commercial, Senior and Tufts Health Public Plans MA Products)
    - Eligibility and benefits
    - Claims status inquiry
    - Referral inquiry and submission
    - Inpatient notification and prior authorization request submission
    - Online claim adjustment (Commercial and Senior Products only)
Welcome Providers

tuftshealthplan.com/provider

Click on the Behavioral Health tile to access payment policies, forms, guidelines, manuals and more.

Scroll down the page to access additional tools and resources.
From the welcome page, scroll down to find more resources...

MORE RESOURCES TO WORK BETTER TOGETHER

Need information about our plans, authorization requirements, and what's covered under each plan?

This Products Overview and Member ID Card Guide can assist in determining cost-share amounts and more.

Tufts Health Plan’s clinical practice guidelines help ensure quality preventive care and care management.

Payment policies and provider manuals assist you with submitting claims and doing business with Tufts Health Plan.
Behavioral Health Overview

Commercial

Benefits

Providers should confirm member benefits prior to rendering services. Members are covered as described in their benefit document. Providers can obtain specific benefit information by:

- Logging in to the secure Provider website
- Using the interactive voice response (IVR) system by calling 800.208.9565
- Speaking to a Behavioral Health Coordinator at 800.208.9565. The Behavioral Health Department is open Monday, Tuesday, Wednesday and Friday 8:30 a.m.–5 p.m. and Thursday 9 a.m.–5 p.m.

Outpatient care

Inpatient and immediate care

Click on the chevrons to view detailed information.
Behavioral Health Program Information - Commercial

Program Information
Commercial

- Behavioral Health Authorization Requirements
- Behavioral Health Services for Children and Adolescents
- Outpatient Treatment Notifications
- Psychological and Neuropsychological Testing
- Inpatient Behavioral Health and Substance Use Disorders
- Autism/Applied Behavioral Analysis (ABA)
- Tools and Resources

Substance Use Disorder Survey
Looking for referrals for substance use disorder?
Take the Survey
Behavioral Health Overview

Tufts Health Public Plans

We are committed to supporting care for patients with behavioral health needs. The Behavioral Health Care Management Team coordinates the delivery and utilization of behavioral health services for Tufts Health Plan members. We believe that optimal care results from a partnership among members, providers and the care management team.

About our behavioral health services

- Behavioral health services offer varying levels of care management to members based on need, intensity of utilization and/or coexisting medical conditions.
- Care managers offer 24/7 toll-free clinical access, triage, service authorization and utilization review at 888.257.1985. They also work closely with medical/social care managers and PCPs to provide a coordinated care approach.
- Tufts Health Plan offers intensive clinical management to members at the highest risk for recurrent hospitalizations. These members are given the opportunity to participate in the development of an individualized crisis prevention plan.
Behavioral Health in Massachusetts
- Tufts Health Public Plans

Covered services and benefits

Please refer to the following resources for additional information on covered behavioral health services, including prior authorization procedures:

- Outpatient services
- Emergency services
- Diversionary services
- Inpatient services

For more details, please refer to the Tufts Health Public Plans Provider Manual.

In-network

Prior authorization is not required for visits to in-network, outpatient behavioral health providers. Use the Find a Doctor, Hospital, or Pharmacy tool to verify if a provider is considered in-network.
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.

Refer to Coronavirus Updates for Providers for the most up-to-date information about Tufts Health Plan’s policies and coverage pertaining to COVID-19.

Need help? Click here for some quick search tips.

Search for: Level of Care Determinations

Showing: Tufts Health Public Plans, Behavioral Health: View All (24)

Behavioral Health

View All:

- Acupuncture Detoxification Level of Care
  Behavioral Health Medical Necessity Guidelines

- Behavioral Health – Level of Care Request Form (Standard Form)

- Behavioral Health – Outpatient Treatment Level of Care
  Behavioral Health Medical Necessity Guidelines

- Behavioral Health – Outpatient Treatment Level of Care
  Behavioral Health Medical Necessity Guidelines Effective: January 1, 2021 for Tufts Health Together, Tufts Health RiTogether and Tufts Health Unify

- Behavioral Health (BH)/Primary Care Provider (PCP) Communication Form – Tufts Health RiTogether

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

- Combined MCE Behavioral Health Provider/Primary Care Provider Communication Form
Medical Necessity Guidelines

- Family Support and Training (FS&T)

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.

Refer to Coronavirus Updates for Providers for the most up-to-date information about Tufts Health Plan’s policies and coverage pertaining to COVID-19.

Need help? Click here for some quick search tips.

Filter By Product
- Commercial
- Tufts Medicare Preferred HMO
- Tufts Health Plan Senior Care Options
- Tufts Health Public Plans
  - Tufts Health Direct
  - Tufts Health RITogether
  - Tufts Health Together
  - Tufts Health Unify

Filter By Category
- View All
- Provider Manuals
  - View All
- Guidelines
  - View All
- Online + Electronic Services
- Clinical Resources
- Behavioral Health
- Medical Necessity Guidelines
- Pharmacy Medical Necessity Guidelines
- Payment Policies
  - View All

Showing: Commercial, Tufts Health Public Plans: Tufts Health Direct (4)

Guidelines

Uninformed Services Family Health Plan (USFHP)

Behavioral Health:
- Family Stabilization Treatment (FST) Criteria for Behavioral Health Services
  - Behavioral Health Medical Necessity Guidelines

Medical Necessity Guidelines:
- Family Stabilization Treatment (FST) Criteria for Behavioral Health Services
  - Behavioral Health Medical Necessity Guidelines

Family Support & Training: Massachusetts Products
Effective: January 1, 2021 for Commercial and Tufts Health Direct
Medical Necessity Guidelines

Family Support & Training (FS&T): Massachusetts Products

Effective: January 1, 2021

Prior Authorization Required
If REQUIRED, submit supporting clinical documentation pertinent to service request.

Yes ☐ No ☐

Applies to:

COMMERCIAL Products
☒ Tufts Health Plan Commercial products; Fax: 617.972.9409
☐ Tufts Health Freedom Plan products; Fax: 617.972.9409
• CaroLinkSM – 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: 857.304.6304
*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

OVERVIEW
Family support and training is a service provided to the parent/caregiver of a youth (under the age of
19), in any setting where the youth resides, such as the home (including foster homes and therapeutic
foster homes), and other community settings. Family support and training provides a structured, one-to-one,
strength-based relationship between a family support and training partner and a
parent/caregiver. The purpose of this service is to resolve or ameliorate the youth’s emotional and
behavioral needs by improving the capacity of the parent/caregiver to parent the youth so as to
improve the youth’s functioning as identified in the outpatient or in-home therapy treatment plan or
individual care plan (ICP) for youth enrolled in intensive care coordination (ICC), and to support the
youth in the community or to assist the youth in returning to the community.
Medical Necessity Guidelines

Therapeutic Mentoring (TM)

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.

Refer to Coronavirus Updates for Providers for the most up-to-date information about Tufts Health Plan’s policies and coverage pertaining to COVID-19.

Need help? Click here for some quick search tips.

Search for: Therapeutic Mentoring

Showing: Commercial, Tufts Health Public Plans: Tufts Health Direct (5)

Guidelines

Medical Necessity Guidelines:

Therapeutic Lenses
Medical Necessity Guidelines

Therapeutic Mentoring: Massachusetts Products
Effective: January 1, 2021 for Commercial and Tufts Health Direct
Provider Manuals
- Commercial and Tufts Health Public Plans

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.

Refer to Coronavirus Updates for Providers for the most up-to-date information about Tufts Health Plan’s policies and coverage pertaining to COVID-19.

Need help? Click here for some quick search tips.

Provider Manuals

Showing: Commercial, Tufts Health Public Plans (1678)

View All:
- Commercial Provider Manual
- Tufts Health Public Plans Provider Manual
Inpatient and Intermediate Behavioral Health/Substance Use Disorder Facility Payment Policy - Commercial Plans (Search Codes Here)
Payment Policies

- RIT Behavioral Health Outpatient Authorization Request Process
  - For Tufts Health RITogether

- **Outpatient Behavioral Health** Outcome Tool Selection Form

- Behavioral Health Enhanced Outpatient Services (EOS)
  - Behavioral Health Medical Necessity Guidelines

- **Outpatient Behavioral Health** (Mental Health & Substance Use Disorder)
  - Professional Payment Policy
  - Tufts Health Public Plans
  - Behavioral Health Outpatient Treatment Record Documentation Tool

- **Outpatient Behavioral Health**/Substance Use Disorder Professional Payment Policy
  - Tufts Medicare Preferred HMO, Tufts Health Plan Senior Care Options

- **Outpatient Behavioral Health**/Substance Use Disorder Professional Payment Policy
  - Commercial
Outpatient Behavioral Health and Substance Use Disorder Professional Payment Policy

Applies to the following Tufts Health Plan products:

- Tufts Health Plan Commercial (including Tufts Health Freedom Plan)
- Tufts Medicare Preferred HMO (a Medicare Advantage product)
- Tufts Health Plan Senior Care Options (SCO) (a dual-eligible product)

The following payment policy applies to Tufts Health Plan contracting behavioral health and substance use disorder (BH/SUD) providers who render professional services in an outpatient office setting.

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 behavioral health and substance use disorder (BH/SUD) services rendered in an outpatient office setting, 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 website or by contacting Commercial Provider Services.

State and Federal Mental Health Parity Law

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

Note: While BH/SUD services have no limit, the benefit covers medically necessary treatment only. Treatment for members covered under mental health parity laws must still meet any applicable medical necessity guidelines and authorization requirements.
Claim Information - Commercial

1. Submit claims to Tufts Health Plan
2. Get remittance advice
3. File a Provider Payment Dispute

File claims no later than **90 days** after the date of service.

- Tufts Health Plan encourages direct electronic claim submission
- Check Evidence of Payment (EOP) through PaySpan Health
- Additional information on claim submission and disputes is available in the Commercial Provider Manual
- Refer to the Provider Payment Dispute Policy located in the Resource center of the public Provider website
- Submit Provider payment disputes using the online claim adjustment process through the secure Provider portal
Claim Information - Tufts Health Public Plans

1. Submit claims to Tufts Health Plan
2. Get remittance advice
3. File a request for claim review

File claims no later than **90 days** after the date of service.

- Tufts Health Public Plans encourages direct electronic submission to the plan but also accepts claims submitted through a clearinghouse.
- Mail to:
  
  Tufts Health Plan  
  P.O. Box 8115  
  Park Ridge, IL 60068-8115

File a **request for a claim review** no later than **60 days** after the Explanation of Payment (EOP) date.

- Find the “Request for Claim Review” form on our website in the Provider Resource Center
- Submit by email to: THPP_Provider_Disputes@tufts-health.com
- Mail requests forms to:
  
  Tufts Health Public Plans  
  Provider Payment Disputes  
  P.O. Box 9194  
  Watertown, MA 02471-9194
Secure Provider Portal Login
-Commercial and Tufts Health Public Plans (MA)
Behavioral Health Guides and Resources

Secure Provider Portal (Commercial products, Senior Products and Tufts Health Public Plans Massachusetts products)
- Tufts Health Plan Secure Provider Portal User Guide
- Claim Status Inquiry
- Eligibility and Benefits Inquiry
- Online Claim Adjustments
- Referral Inquiry
- Referral Submission

Secure Provider Portal (for Tufts Health RITogether)
- Tufts Health Provider Connect User Guide

Tufts Health Plan Senior Care Options (SCO)
- Care Model Training
- Continuing Education Resources
- Plan Overview

Tufts Health Public Plans
- Tufts Health Public Plans Member Benefits Guide
- Tufts Health Public Plans Durable Medical Equipment Prior Authorization Guide
- MHK Provider Portal User Guide
- Patient Health Tool Navigation for Tufts Health Unify Reference Guide

Behavioral Health
- Behavioral Health Provider Resource Guide
- Behavioral Health Authorization and Portal User Guide
Contact Information

- Tufts Health Plan Behavioral Health Department for Commercial and Senior Products: **800.208.9565**

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

- Technical Inquiries:
  **Tufts_Health_Plan_Provider_Technical_Support@tufts-health.com**

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

- Contracting: **AHCBehavioralHealth@tufts-health.com**

- Provider Education: **provider_education@tufts-health.com**