



## **Tufts Health Together and Tufts Health Direct Behavioral Health Prior Authorization and Notification Grid**

In-network providers must fax **888.977.0776** or call **888.257.1985** for prior authorization (PA), notification, or medical necessity review for behavioral health (BH) services as outlined in the charts on the subsequent pages. Refer to the appropriate resources, including medical necessity guidelines (MNG), for additional information. Out-of-network providers are required to request PA before initiating services. Refer to the following sections for PA and/or notification instructions for a particular service:

- [Inpatient Services](#)
- [Diversionary Services](#)
- [Outpatient Services](#)
- [Intensive Home and Community Based Services for Youth](#)

**Note:** 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 Provider Services.

**INPATIENT SERVICES**

**Inpatient Services** are 24-hour services that provide clinical intervention for acute mental health or substance abuse diagnosis. Refer to the inpatient services below for specific PA and notification requirements:

<b>Level of care</b>	<b>PA/Notification/MNG Resources</b>	<b>PA or Notification for admission</b>	<b>Notification Process</b>	<b>PA and/or Medical Necessity Review Process</b>	<b>Continued Authorization Process</b>
<p><b>Inpatient Mental Health Services</b> Hospital services to evaluate and treat an acute psychiatric condition</p>	InterQual®	PA not required for urgent admission; ESP/admitting facility required to notify THPP	ED/CBHC faxes Notification form <a href="https://tuftshealthplan.com/documents/providers/forms/ed-cbhc-notification-form">https://tuftshealthplan.com/documents/providers/forms/ed-cbhc-notification-form</a> and the BH assessment to THPP	Admitting facility contacts THP within 72 hours of date of admission to notify THP of admission and request continuing stay medical necessity review. <i>*If 72 hours falls on a weekend or holiday, notification is deferred to the next business day.</i>	Facility calls THPP
<p><b>Inpatient Substance Use Disorder Services (Level 4)</b> Hospital services that provide detoxification regime of medically directed care and treatment</p>	InterQual®	<ul style="list-style-type: none"> <li>• Notification days 1 – 14</li> <li>• Medical Necessity Review for days 15+</li> </ul>	ED/CBHC faxes Notification form <a href="https://tuftshealthplan.com/documents/providers/forms/ed-cbhc-notification-form">https://tuftshealthplan.com/documents/providers/forms/ed-cbhc-notification-form</a> and the BH assessment to THPP. Admitting facility contacts THP within 72 hours of date of admission to notify THP of admission. Provider may then bill up to 14 days.	Facility calls THPP on last covered day to request continuing stay medical necessity review for days 15+	Facility calls THPP

Level of care	PA/Notification/MNG Resources	PA or Notification for admission	Notification Process	PA and/or Medical Necessity Review Process	Continued Authorization Process
<b>Observation/Holding beds</b> Hospital services for a period of up to 24 hours to assess, stabilize and identify appropriate resources for Enrollees	InterQual®	<ul style="list-style-type: none"> <li>PA not required for urgent admission; ESP and admitting facility required to notify THPP</li> </ul>	<ul style="list-style-type: none"> <li>Admitting facility contacts THPP</li> <li>ESP faxes ESP Notification Form and the BH assessment to THPP</li> </ul>	Admitting facility calls THPP after 48 hours of admission to notify THPP of admission and request continuing stay medical necessity review	Facility calls THPP
<b>Administratively Necessary Day (AND) Services *</b> Day(s) of inpatient hospitalization for Enrollees who are ready for discharge, but an appropriate setting is not available <b>*Note: This is not a covered benefit for Tufts Health Direct members.</b>	MA Together: N/A, as this is not a level of care	MA Together: PA	N/A	MA Together: Facility discusses AND payment during continuing stay medical necessity review	MA Together: Facility calls THPP

**DIVERSIONARY SERVICES**

**Diversionary Services** are mental health or substance use disorder services provided as an alternative to inpatient services, to support a Member returning to the community after a 24-hour acute placement or to provide intensive support to maintain functioning in the community. These services are provided in a 24-hour facility or a non-24-hour setting. Refer to the sections below for PA and notification requirements for the following types of settings:

- [24-hour diversionary services](#)
- [Non-24-hour divisionary services](#)

**24-hour divisionary services**

Level of care	PA/Notification/MNG Resources	PA or Notification for admission	Notification Process	PA and/or Medical Necessity Review Process	Continued Authorization Process
<p><b>Community Crisis Stabilization</b>                      Services provided as an alternative to hospitalization, providing 24-hour observation and supervision generally used as a diversionary level of care rather than a stepdown</p>	<p>InterQual®</p>	<p>PA not required for urgent admission from ED; ESP or admitting facility required to notify THPP</p>	<p>ED/CBHC faxes                      Notification form  <a href="https://tuftshealthplan.com/documents/providers/forms/ed-cbhc-notification-form">https://tuftshealthplan.com/documents/providers/forms/ed-cbhc-notification-form</a>                      and the BH assessment to THPP</p>	<ul style="list-style-type: none"> <li>• Admitting facility contacts THP within 72 hours of date of admission to notify THP of admission and request continuing stay medical necessity review</li> <li>• For stepdown from Acute Inpatient: Inpatient facility completes stepdown review as part of concurrent review process with THP. CCS facility completes all continued stay medical necessity.</li> </ul>	<p>Facility calls THPP</p>

Level of care	PA/Notification/ MNG Resources	PA or Notification for admission	Notification Process	PA and/or Medical Necessity Review Process	Continued Authorization Process
<p><b>Community-Based Acute Treatment for Children and Adolescents (CBAT); and Intensive Community-Based Acute Treatment for Children and Adolescents (ICBAT)</b> Mental health services provided on a 24-hours basis with sufficient clinical supports to ensure safety for children or adolescents</p>	InterQual®	PA not required for urgent admission from ED; ESP or admitting facility required to notify THPP	ED/CBHC faxes Notification form <a href="https://tuftshealthplan.com/documents/providers/forms/ed-cbhc-notification-form">https://tuftshealthplan.com/documents/providers/forms/ed-cbhc-notification-form</a> and the BH assessment to THPP	<ul style="list-style-type: none"> <li>Admitting facility contacts THP within 72 hours of date of admission to notify THP of admission and request continuing stay medical necessity review</li> <li>For stepdown from Acute Inpatient: Inpatient facility completes stepdown review as part of concurrent review process with THP. ICBAT/CBAT facility completes all continued stay medical necessity reviews</li> </ul> <p>*If 72 hours falls on a weekend or holiday, notification is deferred to the next business day.</p>	Facility calls THPP

Level of care	PA/Notification/MNG Resources	PA or Notification for admission	Notification Process	PA and/or Medical Necessity Review Process	Continued Authorization Process
<p><b>Acute Treatment Services (ATS) for Substance Use Disorders (Level 3.7)</b> 24-hour medically monitored admission treatment services that provide evaluation and withdrawal management <b>Note:</b> Enhanced Level 3.7 services include <b>EATS</b> (Enhanced Acute Treatment Services) and <b>DDART</b> (Dual Diagnosis Acute Residential Treatment)</p>	InterQual®	<ul style="list-style-type: none"> <li>Notification: days 1-14</li> <li>Medical Necessity Review: days 15+</li> </ul>	<ul style="list-style-type: none"> <li>Admitting 3.7 facility <a href="https://tuftshealthplan.com/documents/providers/forms/su-d-admission-notification">https://tuftshealthplan.com/documents/providers/forms/su-d-admission-notification</a> submits to THP within 72 hours of date of admission to notify THP of admission. Provider may then bill up to 14 days</li> </ul>	Facility calls THPP to complete continuing stay medical necessity review for days 15+	Facility calls THPP
<p><b>Clinical Support Services for Substance Use Disorders (Level 3.5)</b> 24-hour treatment services which can be used independently or following stay at Acute Treatment Services facility</p>	InterQual®	<ul style="list-style-type: none"> <li>No Notification/PA: days 1-10</li> <li>Notification: days 11-14</li> <li>Medical Necessity Review: days 15+</li> </ul>	Facility notifies THPP via call at day 10.	Facility calls THPP to complete the continuing stay medical necessity review for days 15+	Facility calls THPP

Level of care	PA/Notification/MNG Resources	PA or Notification for admission	Notification Process	PA and/or Medical Necessity Review Process	Continued Authorization Process
<b>Residential Rehabilitation Services (Level 3.1)</b>  <b>Note:</b> This is a covered benefit for Tufts Health Together members. This is not a covered benefit for Tufts Health Direct members.	ASAM®	<ul style="list-style-type: none"> <li>Notification</li> <li>Medical Necessity Review: days 90+</li> </ul>	Facility faxes the <a href="#">Residential Rehabilitation Notification</a> Form within one week of admission; Provider may bill for up to 90 days upon timely notification	<ul style="list-style-type: none"> <li>Facility faxes THPP for first medical necessity review</li> <li>Subsequent medical necessity reviews via telephone</li> </ul>	<ul style="list-style-type: none"> <li>Fax <a href="#">1<sup>st</sup> Clinical Review Form</a> within one week prior to or after end date of initial authorization</li> <li>Within one week prior to after end date of latest authorization, facility calls THPP to complete medical necessity review via telephone</li> </ul>
<b>Transitional Care Unit (TCU)</b> Community-based therapeutic programs offering high levels of supervision, support and intensity of service for children under 18 years old	InterQual®	N/A	N/A	Inpatient or CBAT facility coordinates with state agency, if any involved, and makes phone or fax referral to THP.	Facility calls THPP

**Non-24-hour divisionary services**

<b>Level of care</b>	<b>PA/Notification/MNG Resources</b>	<b>PA or Notification for admission</b>	<b>Notification Process</b>	<b>PA and/or Medical Necessity Review Process</b>	<b>Continued Authorization Process</b>
<p><b>Partial Hospitalization (PHP)</b> An alternative to inpatient services, PHP offers short-term day mental health programming available 5 to 7 days a week</p>	InterQual®	<ul style="list-style-type: none"> <li>Notification required after first visit</li> <li>Medical Necessity Review for subsequent visits</li> </ul>	Provider calls THPP	Provider calls THPP	Provider calls THPP
<p><b>Psychiatric Day Treatment</b> A program of a combination of diagnostic, treatment and rehabilitative services</p>	None	<ul style="list-style-type: none"> <li>No PA or notification required. Providers just bill for this service.</li> </ul>	N/A	N/A	N/A
<p><b>Structured Outpatient Addition Program (SOAP)</b> Clinically intensive, structured day and/or evening SUD services</p>	None	<ul style="list-style-type: none"> <li>No PA or notification required. Providers just bill for this service.</li> </ul>	N/A	N/A	N/A
<p><b>Intensive Outpatient Program (IOP)</b> A clinically-intensive service designed to improve functional status, provide stabilization in the community and divert an admission to Inpatient Service</p>	None	<ul style="list-style-type: none"> <li>No PA or notification required. Providers just bill for this service.</li> </ul>	N/A	N/A	N/A

Level of care	PA/Notification/MNG Resources	PA or Notification for admission	Notification Process	PA and/or Medical Necessity Review Process	Continued Authorization Process
<b>Community Support Program (CSP)</b> an array of services delivered by a community-based, mobile multidisciplinary team	InterQual®	<ul style="list-style-type: none"> <li>No PA or Notification for first 6 months</li> <li>Medical Necessity review: after month 6</li> </ul>	N/A	Provider calls THPP	Provider calls THPP
<b>Community Support Program for Homeless Individuals (CSP-HI) and Tenancy Preservation Program (TPP)</b>  <b>Note:</b> These are covered benefits for Tufts Health Together members. They are not covered benefits for Tufts Health Direct members.	<a href="#">THPP CSP and Specialized CSP MNG</a>	<ul style="list-style-type: none"> <li>Notification</li> </ul>	Facility faxes the <a href="#">notification form</a> .	This service requires notification only, not Prior Authorization.	Annually – Facility faxes the <a href="#">notification form</a> .
<b>Community Support Program for Individuals with Justice Involvement (CSP-JI)</b>  <b>Note:</b> These are covered benefits for Tufts Health Together members. They are not covered benefits for Tufts Health Direct members.	<a href="#">THPP CSP and Specialized CSP MNG</a>	<ul style="list-style-type: none"> <li>Notification</li> <li>Medical Necessity Review for days 180+</li> </ul>	Facility notifies THPP by faxing the <a href="#">CSP-JI Notification Form</a> within 7 days of start of service; Providers may bill up to 180 days upon timely notification	Facility calls THPP	<ul style="list-style-type: none"> <li>Within one week prior to or after end date of latest authorization facility calls THPP to complete medical necessity review via telephone</li> </ul>

Level of care	PA/Notification/ MNG Resources	PA or Notification for admission	Notification Process	PA and/or Medical Necessity Review Process	Continued Authorization Process
<p><b>Peer Recovery Coach</b> A non-clinical service provided by peers who have SUD experience and are certified Peer Recovery Coaches</p>	<p><a href="#">THPP (Peer Recovery Coach)</a></p>	<ul style="list-style-type: none"> <li>Notification</li> <li>Medical Necessity Review for days 180+</li> </ul>	<p>Facility notifies THPP by faxing the Peer <a href="#">Recovery Coach Notification Form</a> within 14 days of start of service; Providers may bill up to 180 days upon timely notification</p>	<ul style="list-style-type: none"> <li>Facility faxes THPP for first medical necessity review</li> <li>Subsequent medical necessity reviews completed via telephone</li> </ul>	<ul style="list-style-type: none"> <li>Fax 1<sup>st</sup> <a href="#">Clinical Review Form</a> within one week prior to or after the initial 180-day treatment period</li> <li>Within one week prior to after end date of latest authorization, facility calls THPP to complete medical necessity reviews via telephone</li> </ul>
<p><b>Recovery Support Navigators - Tufts Health Together Only</b> Specialized care coordination services intended to engage Enrollees with SUD in accessing and continuing SUD treatment</p> <p><b>Note:</b> These are covered benefits for Tufts Health Together members. They are not covered benefits for Tufts Health Direct members.</p>	<p><a href="#">THPP (Recovery Support Navigator)</a></p>	<ul style="list-style-type: none"> <li>Notification</li> <li>Medical Necessity Review for days 90+ or 360+ units</li> </ul>	<p>Facility notifies THPP by faxing the <a href="#">Recovery Support Navigator Services Notification Form</a> to THPP within one week of start of service; Providers may bill up to 90 days/360 units upon timely notification</p>	<p>Facility calls THPP</p>	<ul style="list-style-type: none"> <li>Within one week prior to or after end date of latest authorization facility calls THPP to complete medical necessity review via telephone</li> </ul>

Level of care	PA/Notification/ MNG Resources	PA or Notification for admission	Notification Process	PA and/or Medical Necessity Review Process	Continued Authorization Process
<b>Program of Assertive Community Treatment (PACT)</b> – a multi-disciplinary team approach to providing acute, active, ongoing, and long-term community-based psychiatric treatment, assertive outreach, rehabilitation, and support. (This is a covered benefit for Tufts Health Together members)	N/A	None – Providers bill for this service	N/A	N/A	N/A

### OUTPATIENT BEHAVIORAL HEALTH SERVICES

**Outpatient behavioral health services** are services that provide clinical intervention for acute mental health or substance abuse diagnosis in an outpatient setting. Refer to the outpatient services below for specific PA and notification requirements.

Level of care	PA/Notification/MNG Resources	PA or Notification for admission	Notification Process	PA and/or Medical Necessity Review Process	Continued Authorization Process
<p><b>Preventive Behavioral Health Services for Members Younger than 21- Tufts Health Together Only</b></p> <p>For members who have a positive behavioral health screen and recommended by a physician or other licensed practitioner for Preventive Behavioral Health Services</p>	<p>N/A</p> <p><a href="https://tuftshealthplan.com/documents/providers/payment-policies/outpt-bh-thpp">https://tuftshealthplan.com/documents/providers/payment-policies/outpt-bh-thpp</a></p>	No PA or notification required	N/A	N/A	During delivery of preventive behavioral health services, if the provider determines that a member has further clinical needs, the provider should refer the member and family to outpatient Behavioral Health providers for evaluation, diagnostic, and treatment services.
<p><b>Family Consultation</b></p> <p>Meeting with Enrollee's family to identify and plan for services, coordinate a treatment plan, and review progress or revise the treatment plan</p>	<p>N/A</p> <p><b>Note:</b> See Performance Specifications for OP Treatment</p>	None; provider can bill in conjunction with outpatient therapy visits	N/A	N/A	N/A
<p><b>Case consultation</b></p> <p>A meeting with the treating provider, PCP and other BH professionals to identify and plans for services, coordinate a treatment plan, review progress, and revise the treatment plan</p>	<p>N/A</p> <p><b>Note:</b> See Performance Specifications for OP Treatment</p>	None; provider can bill in conjunction with outpatient therapy visits	N/A	N/A	N/A

Level of care	PA/Notification/ MNG Resources	PA or Notification for admission	Notification Process	PA and/or Medical Necessity Review Process	Continued Authorization Process
<b>Diagnostic Evaluation</b> An assessment of an Enrollee's level of functioning to diagnose and design a treatment plan	N/A  <b>Note:</b> This is an evaluation, not a level of care.	None	N/A	N/A	N/A
<b>Dialectical Behavioral Therapy (DBT)</b> An outpatient treatment that combines strategies from behavioral cognitive and supportive psychotherapies	<b>Note:</b> Refer to the MNG: <a href="#">Outpatient Psychotherapy</a>	None	N/A	N/A	N/A
<b>Psychiatric Consultation on an Inpatient Medical Unit</b> Meeting between a psychiatrist or Advanced Practice Registered Nurse Clinical Specialist and an Enrollee at the request of the medical unit to assess the Enrollee's mental status and consult on a behavioral health or psycho-pharmacological plan	N/A  <b>Note:</b> This is an evaluation, not a level of care.	None	N/A	N/A	N/A

<b>Level of care</b>	<b>PA/Notification/ MNG Resources</b>	<b>PA or Notification for admission</b>	<b>Notification Process</b>	<b>PA and/or Medical Necessity Review Process</b>	<b>Continued Authorization Process</b>
<b>Medication Visit</b> An individual visit specifically for psychopharmacological evaluation, prescription, review, and/or monitoring by a psychiatrist or R.N. Clinical Specialist	N/A	None	N/A	N/A	N/A
<b>Couples/Family Treatment</b> psychotherapeutic and counseling techniques in the treatment of an Enrollee and his/her partner and/or family simultaneously in the same session	MNG: <a href="#">Outpatient Psychotherapy</a>	None	N/A	N/A	N/A
<b>Group Treatment</b> psychotherapeutic or counseling techniques in the treatment of a group	MNG: <a href="#">Outpatient Psychotherapy</a>	None	N/A	N/A	N/A
<b>Individual Treatment</b> psychotherapeutic or counseling techniques in the treatment of an individual	MNG: <a href="#">Outpatient Psychotherapy</a>	None	N/A	N/A	N/A
<b>Inpatient-Outpatient Bridge visit</b> Consultation conducted by an outpatient provider while an Enrollee remains on an Inpatient psychiatric unit	MNG: <a href="#">Outpatient Psychotherapy</a>	None	N/A	N/A	N/A

Level of care	PA/Notification/MNG Resources	PA or Notification for admission	Notification Process	PA and/or Medical Necessity Review Process	Continued Authorization Process
<b>Assessment for Safe and Appropriate Placement (ASAP)</b> An assessment, required by MGL 119 Sec. 33B, conducted by a diagnostician with specialized training and experience in the evaluation and treatment of sexually abusive youth or arsonists	N/A  <b>Note:</b> This is an evaluation, not a level of care	PA	N/A	In conjunction with DCF, treating provider calls THPP	N/A
<b>Collateral Contact</b> A communication between a Provider and individuals who are involved in the care or treatment of an Enrollee under 21 years of age	N/A <b>Note:</b> See <a href="#">Performance Specifications for Outpatient Treatment</a> .	None; provider can bill in conjunction with outpatient therapy visits	N/A	N/A	N/A
<b>Acupuncture Treatment</b> The insertion of metal needles through the skin at certain points on the body, with or without the use of herbs, an electric current, heat to the needles or skin, or both, as an aid to persons who are withdrawing from dependence on substances or in recovery from addiction	<a href="#">Acupuncture Detoxification Level of Care</a>	None	N/A	N/A	N/A

<b>Level of care</b>	<b>PA/Notification/ MNG Resources</b>	<b>PA or Notification for admission</b>	<b>Notification Process</b>	<b>PA and/or Medical Necessity Review Process</b>	<b>Continued Authorization Process</b>
<b>Opioid Replacement Therapy</b> Medically monitored administration of methadone, Buprenorphine, or other U.S. Food and Drug Administration (FDA)-approved medications to opiate- addicted individuals, in conformance with FDA and Drug Enforcement Administration (DEA) regulations	<a href="#">Opioid Treatment Therapy Level of Care</a>	None	N/A	N/A	N/A
<b>Ambulatory Detoxification (Level II.d)</b> Outpatient services for Members who are experiencing a serious episode of excessive substance use or withdrawal complications	<a href="#">Ambulatory Detoxification Performance Specifications</a>	None	N/A	N/A	N/A

Level of care	PA/Notification/ MNG Resources	PA or Notification for admission	Notification Process	PA and/or Medical Necessity Review Process	Continued Authorization Process
<p><b>Psychological Testing/Neuropsychological Testing</b> The use of standardized test instruments to assess a Covered Individual's cognitive, emotional, neuropsychological, verbal, and defensive functioning on the central assumption that individuals have identifiable and measurable differences that can be elicited by means of objective testing</p>	<ul style="list-style-type: none"> <li>• <a href="#">Neuropsychological Testing and Assessment</a>,</li> <li>and</li> <li>• <a href="#">Psychological Testing and Assessment</a></li> </ul>	<p>PA</p> <p><b>Note:</b> Most treatment facilities have an all-inclusive per diem rate that covers any needed psychological and neuropsychological testing. Therefore, we do not reimburse individual providers for such testing done during an inpatient stay or at an acute treatment program.)</p>	<p>N/A</p>	<p>Fax <a href="#">Psychological and Neuropsychological Assessment Supplemental</a> form</p>	<p>N/A</p>
<p><b>Special Education Psychological Testing</b> Psychological, emotional, or neuropsychological testing which is requested by school personnel responsible for initiating referrals for diagnosis and evaluation of children who qualify for special education programs pursuant to Mass Gen. Law 71B</p>	<ul style="list-style-type: none"> <li>• <a href="#">Neuropsychological Testing and Assessment</a>,</li> <li>and</li> <li>• <a href="#">Psychological Testing and Assessment</a></li> </ul>	<p>PA</p>	<p>N/A</p>	<p>Fax <a href="#">Psychological and Neuropsychological Assessment Supplemental</a> form</p>	<p>N/A</p>

<b>Level of care</b>	<b>PA/Notification/ MNG Resources</b>	<b>PA or Notification for admission</b>	<b>Notification Process</b>	<b>PA and/or Medical Necessity Review Process</b>	<b>Continued Authorization Process</b>
<b>Applied Behavioral Analysis</b> Service that focuses on the analysis, design, implementation, and evaluation of social and other environmental modifications to produce meaningful changes in human behavior	<a href="#">ABA (Applied Behavior Analysis) Therapy for Autism Spectrum Disorders for MassHealth Members</a>	PA	N/A	Fax Autism Spectrum Disorder Services PA Request, along with Comprehensive Diagnostic Assessment (MNG indicates provider type for assessment completion) include testing indicating Autism Spectrum DO diagnosis, copy of IEP	Fax Autism Spectrum Disorder Services PA Request form
<b>Early Intensive Behavioral Intervention (EIBI)</b>	<a href="#">Early Intensive Behavioral Intervention (EIBI) Medical Necessity Guidelines</a>	N/A	N/A	N/A	N/A

**INTENSIVE HOME AND COMMUNITY-BASED SERVICES FOR YOUTH**

**Intensive Home and Community-Based Services for Youth** provides therapeutic interventions for children and families in their homes and community settings to improve youth and family functioning. These services are also known as wraparound services, Children’s Behavioral Health Initiative (CBHI) services or Behavioral Health for Children & Adolescents (BHCA). Refer to the services below for specific PA and notification requirements:

Level of care	PA/Notification/MNG Resources	PA or Notification for admission	Notification Process	PA and/or Medical Necessity Review Process	Continued Authorization Process
<b>Family Support and Training</b>  <b>Note:</b> This is a covered benefit for Tufts Health Together members <21. This is a covered benefit for Tufts Health Direct members <19.	<b>Tufts Health Together</b>				
	THPP <b>Note:</b> Refer to the <a href="#">Family Support and Training Medical Necessity Criteria</a> .	<ul style="list-style-type: none"> <li>Notification for first 42 days if FS&amp;T is provided in conjunction with Intensive Care Coordination (ICC)</li> <li>No notification, PA, or Medical Necessity Review if FS&amp;T is provided in conjunction with IHT or Outpatient as the hub</li> </ul>	For initial 42-day period, if FS&T is provided in conjunction with ICC, provider faxes CSA notification form	ICC calls THPP when FS&T is provided in conjunction with ICC	When FS&T is provided in conjunction with ICC, ICC requests authorization for payment at time of ICC Medical Necessity Review as FS&T is included in day rate (Day rate includes ICC & FS&T)
	<b>Tufts Health Direct</b>				
	THPP <b>Note:</b> Refer to the <a href="#">Family Support and Training Medical Necessity Criteria</a> .	<ul style="list-style-type: none"> <li>Notification for first 30 days if FS&amp;T is provided in conjunction with Intensive Care Coordination (ICC)</li> <li>No notification, PA, or Medical Necessity Review if FS&amp;T is provided in conjunction with IHT or Outpatient as the hub</li> </ul>	<ul style="list-style-type: none"> <li>For initial 30-day period, if FS&amp;T is provided in conjunction with ICC, ICC provider faxes CSA notification form</li> <li>No notification if FS&amp;T is provided in conjunction with IHT or Outpatient as the hub</li> </ul>	<ul style="list-style-type: none"> <li>ICC calls THPP when FS&amp;T is provided in conjunction with ICC</li> <li>No PA or Medical Necessity Review if FS&amp;T is provided in conjunction with IHT or Outpatient as the hub</li> </ul>	When FS&T is provided in conjunction with ICC, ICC requests authorization for payment at time of ICC Medical Necessity Review as FS&T is included in day rate (Day rate includes ICC & FS&T)

Level of care	PA/Notification/MNG Resources	PA or Notification for admission	Notification Process	PA and/or Medical Necessity Review Process	Continued Authorization Process
<b>Intensive Care Coordination</b> a service that provides targeted case management services to individuals with a Serious Emotional Disturbance including individuals with co-occurring conditions  <b>Note:</b> This is a covered benefit for Tufts Health Together members <21. This is a covered benefit for Tufts Health Direct members <19.	<b>Tufts Health Together</b>				
	THPP <b>Note:</b> Refer to the <a href="#">Intensive Care Coordination Medical Necessity Criteria</a> .	<ul style="list-style-type: none"> <li>Notification for first 42 days</li> <li>Medical Necessity Review for days 43+</li> </ul>	Provider faxes CSA Notification form	Provider calls THPP	Provider faxes copy of Care Plan and Safety plan, then calls THPP
	<b>Tufts Health Direct</b>				
	THPP <b>Note:</b> Refer to the <a href="#">Intensive Care Coordination Medical Necessity Guidelines</a> .	<ul style="list-style-type: none"> <li>Notification for first 30 days</li> <li>Medical Necessity Review for days 30+</li> </ul>	Provider faxes CSA Notification form	Provider calls THPP	Provider faxes copy of Care Plans and Safety Plan, then calls THPP
<b>In-home Therapy Services</b> a service provided to the parent /caregiver of a youth, in any setting where the youth resides, such as the home and other community settings  <b>Note:</b> This is a covered benefit for Tufts Health Together members <21. This is a covered benefit for Tufts Health Direct members <19.	<b>Tufts Health Together</b>				
	THPP <b>Note:</b> Refer to the <a href="#">In-Home Therapy Services Medical Necessity Criteria</a> .	PA	N/A	Provider calls THPP	Provider calls THPP
	<b>Tufts Health Direct</b>				
	THPP <b>Note:</b> Refer to the <a href="#">In-Home Therapy Medical Necessity Guidelines</a> .	PA	N/A	Provider calls THPP	Provider calls THPP

Level of care	PA/Notification/ MNG Resources	PA or Notification for admission	Notification Process	PA and/or Medical Necessity Review Process	Continued Authorization Process
<b>In-home Behavioral Services</b> this service usually includes a combination of behavior management therapy and behavior management monitoring provided to youth  <b>Note:</b> This is a covered benefit for Tufts Health Together members <21. This is a covered benefit for Tufts Health Direct members <19.	<b>Tufts Health Together</b>				
	THPP <b>Note:</b> Refer to the <a href="#">In-Home Behavioral Health Services Medical Necessity Criteria.</a>	PA	N/A	Provider calls THPP	Provider calls THPP
	<b>Tufts Health Direct</b>				
	THPP <b>Note:</b> Refer to the <a href="#">In-Home Behavioral Medical Necessity Guidelines.</a>	PA	N/A	Provider calls THPP	Provider calls THPP
<b>Therapeutic Mentoring Services (TM)</b> This service provides a structured, one-to-one mentoring relationship between a therapeutic mentor and a child or adolescent for the purpose of addressing daily living, social and communication needs	THPP <b>Note:</b> Refer to the <a href="#">Therapeutic Mentoring Services Medical Necessity Criteria.</a>	None – provider bills for the service	None – provider bills for the service	None – provider bills for the service	None – provider bills for the service

Level of care	PA/Notification/MNG Resources	PA or Notification for admission	Notification Process	PA and/or Medical Necessity Review Process	Continued Authorization Process
<b>Electro-Convulsive Therapy (ECT)</b> This is a therapeutic service which initiates seizure activity with an electric impulse while the individual is under anesthesia. It is administered in a facility that is licensed to provide this service by DMH	THPP  <b>Note:</b> Refer to the <a href="#">Outpatient Electroconvulsive Therapy (ECT) Performance Specifications</a> .	None	N/A	N/A	N/A
<b>Specialing</b> These are therapeutic services provided to an Enrollee in a variety of 24-hour settings, on a one-to-one basis, to maintain the individual's safety	N/A	PA	N/A	ESP or inpatient facility calls THPP to discuss this service	Inpatient facility discusses authorization for this service during medical necessity review
<b>Repetitive Transcranial Magnetic Stimulation (rTMS)</b> A non-invasive form of neurostimulation in which rapidly changing magnetic fields are applied to the surface of the scalp through a copper wire coil connected to a magnetic stimulator	THPP  <b>Note:</b> Refer to the <a href="#">Transcranial Magnetic Stimulation (rTMS) Medical Necessity Guidelines</a> .	PA	N/A	Fax the <a href="#">Repetitive Transcranial Magnetic Stimulation Request Form</a>	Fax the <a href="#">Repetitive Transcranial Magnetic Stimulation Request Form</a>

Level of care	PA/Notification/ MNG Resources	PA or Notification for admission	Notification Process	PA and/or Medical Necessity Review Process	Continued Authorization Process
<p><b>Enrollees under age 21 Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services</b> PCPs must offer to conduct periodic and medically necessary EPSDT and PPHSD screenings, and provide the needed assessment, diagnosis, and treatment services for members &lt;21</p>	<p>N/A</p> <p><b>Note:</b> Refer to the <a href="#">Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services Payment Policy</a></p>	<p>None</p>	<p>N/A</p>	<p>N/A</p>	<p>N/A</p>