



**Fully-Insured Health Plan's Coverage of Behavioral Health for Children and Adolescents:  
*Plans Partnered with Tufts Health Plan***

Information contained therein is applicable provided you are contracted to provide the services. Information in the following pages is current as of February 17, 2021. For additional information visit:

<https://tuftshealthplan.com/provider/behavioral-health/commercial/program-information>

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In-home Behavioral Services					
Plan Name	Procedure Code & Modifier	Unit	Definition	Authorization Procedures	Other Information
Tufts Health Plan	H2014 HN (In Home Behavior Management Monitoring)  H2014 HO (In Home Behavioral Management Therapy)	15 minute unit. 32 units max per day.	Skills training and development	Requires prior authorization.	As of July 1, 2019:  Append modifier HN for providers at the Bachelor's degree level or HO for those with a Master's degree level.  Tufts Health Plan will continue for members beyond 19 when services are medically necessary and part of ongoing treatment plan.

In-home Therapy					
Plan Name	Procedure Code & Modifier	Unit	Definition	Authorization Procedures	Other Information
Tufts Health Plan	H2019 HO (In Home Therapy)	15 minute unit	<p><b>In-Home Therapy Services:</b> This service is delivered by one or more Members of a team consisting of professional and paraprofessional staff, offering a combination of medically necessary In-Home Therapy and Therapeutic Training and Support. The main focus of In-Home Therapy Services is to ameliorate the youth's mental health issues and strengthen the family structures and supports. In-Home Therapy Services are distinguished from traditional therapy in that services are delivered in the home and community; services include 24/7 urgent response capability on the part of the provider; the frequency and duration of a given session matches need and is not time limited; scheduling is flexible; services are expected to include the identification of natural supports and include coordination of care.</p> <p>In Home Therapy Services may be provided in any setting where the youth is naturally located, including, but not limited to, the home (including foster homes and therapeutic foster homes), schools, child care centers, respite settings, and other community settings.</p>	Requires prior authorization.	As of July 1, 2019:  Tufts Health Plan will continue for members beyond 19 when services are medically necessary and part of ongoing treatment plan.
	H2019 HN (Therapeutic Training and Support)	15 minute unit	<p><b>Therapeutic Training and Support</b> is a service provided by a qualified paraprofessional working under the supervision of a clinician to support implementation of the licensed clinician's treatment plan to assist the youth and family in achieving the goals of that plan. The paraprofessional assists the clinician in implementing the therapeutic objectives of the treatment plan designed to address the youth's mental health, behavioral and emotional needs. This service includes teaching the youth to understand, direct, interpret, manage, and control feelings and emotional responses to situations and to assist the family to address the youth's emotional and mental health needs. Phone contact and consultation are provided as part of the intervention.</p>	Requires prior authorization.	As of July 1, 2019:  Tufts Health Plan will continue for members beyond 19 when services are medically necessary and part of ongoing treatment plan.

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Mobile Crisis Intervention					
Plan Name	Procedure Code & Modifier	Unit	Definition	Authorization Procedures	Other Information
Tufts Health Plan	H2011	15 minute unit. Max 32 units per day.	Crisis intervention service.	Does not require authorization.	As of July 1, 2019:  Append modifier HN for providers at the Bachelor's degree level or HO for those with a Master's degree level.  Tufts Health Plan will continue for members beyond 19 when services are medically necessary and part of ongoing treatment plan.

Intensive Care Coordination					
Plan Name	Procedure Code & Modifier	Unit	Definition	Authorization Procedures	Other Information
Tufts Health Plan	H0023 HT	per day	<p>Intensive Care Coordination (ICC) is a service that facilitates care planning and coordination of services for youth with serious emotional disturbance (SED). Care planning is driven by the needs of the youth and developed through a Wraparound planning process consistent with Systems of Care philosophy.</p> <p>Intensive Care Coordination (ICC) provides a single point of accountability for ensuring that medically necessary services are accessed, coordinated, and delivered in a strength-based, individualized, family/youth-driven, and ethnically, culturally, and linguistically relevant manner. Services and supports, which are guided by the needs of the youth, are developed through a Wraparound planning process consistent with Systems of Care philosophy that results in an individualized and flexible plan of care for the youth and family. ICC is designed to facilitate a collaborative relationship among a youth with SED, his/her family and involved child-serving systems to support the parent/caregiver in meeting their youth's needs. The ICC care planning process ensures that a care coordinator organizes and matches care across providers and child serving systems to enable the youth to be served in their home community. The care coordinator facilitates the development of a Care Planning Team (CPT) comprised of both formal and natural support persons who assist the family in identifying goals and developing an Individual Care Plan (ICP) and risk management/safety plan; convenes CPT meetings; coordinates and communicates with the Members of the CPT to ensure the implementation of the ICP; works directly with the youth and family to implement elements of the ICP; coordinates the delivery of available services; and monitors and reviews progress toward ICP goals and updates the ICP in concert with the CPT. The provision of ICC services reflects the individualized needs of youth and their families.</p> <p>Changes in the intensity of a youth's needs over time should not result in a change in care coordinator.</p>	Members are covered without PA for the initial assessment and one month of ICC services. ICC providers must notify THP that services have begun within 3 days of the initial assessment. PA is required for coverage of ICC services beyond one month.	As of July 1, 2019:  Tufts Health Plan will not cover Intensive Care Coordination services when EITHER of the following is met: <ol style="list-style-type: none"> <li>1. The person(s) with authority to consent to medical treatment for the youth does not voluntarily consent to participate in ICC.</li> <li>2. The youth is in a hospital, skilled nursing facility, psychiatric residential treatment facility, or other residential treatment setting at the time of referral and is unable to return to a family home environment or community setting with community-based supports.</li> </ol> Tufts Health Plan will continue for members beyond 19 when services are medically necessary and part of ongoing treatment plan.

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			<p>Delivery of ICC may require care coordinators to team with family partners. In ICC, the care coordinator and family partner work together with youth with SED and their families while maintaining their discrete functions. The family partner works one-on-one and maintains regular frequent contact with the parent(s)/caregiver(s) in order to provide education and support throughout the care planning process, attends CPT meetings, and may assist the parent(s)/caregiver(s) in articulating the youth's strengths, needs, and goals for ICC to the care coordinator and CPT. The family partner educates parents/caregivers about how to effectively navigate the child-serving systems for themselves and about the existence of informal/community resources available to them; and facilitates the caregiver's access to these resources.</p>		
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**Community Based Acute Treatment for Children and Adolescents (CBAT)**

Plan Name	Procedure Code & Modifier	Unit	Definition	Authorization Procedures	Other Information
Tufts Health Plan	H0017	Per diem. All inclusive.	<p>CBAT is a 24-hour therapeutically planned group living program that provides individualized therapeutic treatment. CBAT is not equivalent to acute, intermediate or long-term hospital care, but rather is a less restrictive environment that allows for stabilization as an alternative to inpatient care or to further stabilization and integration following an acute stay. The CBAT program must be both physically and programmatically distinct if it is a part of a larger treatment program.</p> <p>The CBAT program serves Members who have sufficient potential to respond to active treatment, who need a protected and structured environment, and for whom outpatient or partial hospitalization is not adequate and acute hospital inpatient treatment is not necessary. During treatment, the Member and his or her family members are expected to participate in treatment as appropriate. All children and adolescents enrolled in a CBAT program must have parent or guardian consent.</p>	Notification is required no later than one business day following admission.	CBAT was a covered benefit prior to the July 1, 2019 date required by the legislation.

**Intensive Community Based Acute Treatment for Children and Adolescents (ICBAT)**

Plan Name	Procedure Code & Modifier	Unit	Definition	Authorization Procedures	Other Information
Tufts Health Plan	0114, 0124	Per diem (all inclusive).	Intensive Community-Based Acute Treatment (ICBAT) is a 24-hour level of care provided in the same setting as the CBAT, to Members who are at a greater level of acuity who require both staffing and therapeutic programming of a higher level of intensity.	Notification is required no later than one business day following admission.	ICBAT was a covered benefit prior to the July 1, 2019 date required by the legislation. Compensation for inpatient treatment and related services corresponds to the Tufts Health Plan

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					contracted rate for per diem, per case and/or other arrangements, as applicable. Refer to your current contract for details regarding inpatient compensation provisions.
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**Family Support and Training (FS&T)**

Plan Name	Procedure Code & Modifier	Unit	Definition	Authorization Procedures	Allowable Staff/Supervision	Other Information
Tufts Health Plan	H0038	15 minute unit. Max 32 units per day.	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.	Does not require prior authorization.  Services must be referred by a clinical hub provider. The clinical hub provider serves as the primary behavioral health care provider for the member and will coordinate with other service providers to meet clinical needs.	Delivered by strength-based, culturally and linguistically appropriate qualified paraprofessionals under the supervision of a licensed clinician.	As of January 1, 2021: *  FS&T services should be billed under the contracting facility's NPI as both the provider and payee, without the clinician on the claim. This applies for both practitioners that have completed the CHW certification and those that are still in training period. The contract is at the agency level, the individual clinicians are not contracted directly with Tufts Health Plan for this service.  If you are currently billing THP Direct with a licensed rendering clinician and not experiencing any claims payment issues, do not alter your billing process  Tufts Health Plan will continue for members beyond 19 when services are medically necessary and part of ongoing treatment plan.

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Therapeutic Mentoring (TM)						
Plan Name	Procedure Code & Modifier	Unit	Definition	Authorization Procedures	Allowable Staff/Supervision	Other Information
Tufts Health Plan	T1027 EP	15 minute unit. Max 32 units per day.	Provides structured, one-to-one, strength-based support to youth (under the age of 19) for the purpose of addressing daily living, social and communication needs	<p>Does not require prior authorization.</p> <p>Services must be referred by a clinical hub provider. The clinical hub provider serves as the primary behavioral health care provider for the member and will coordinate with other service providers to meet clinical needs.</p>	Services are provided by a qualified paraprofessional under the supervision of a licensed clinician.	<p>As of January 1, 2021: *</p> <p>TM services should be billed under the contracting facility's NPI as both the provider and payee, without the clinician on the claim. This applies for both practitioners that have completed the CHW certification and those that are still in training period. The contract is at the agency level, the individual clinicians are not contracted directly with Tufts Health Plan for this service.</p> <p>If you are currently billing THP Direct with a licensed rendering clinician and not experiencing any claims payment issues, do not alter your billing process</p> <p>Tufts Health Plan will continue for members beyond 19 when services are medically necessary and part of ongoing treatment plan.</p>

\* Applicable to Massachusetts fully insured Commercial products and Tufts Health Direct for groups or members that renew on or after January 1, 2021.