


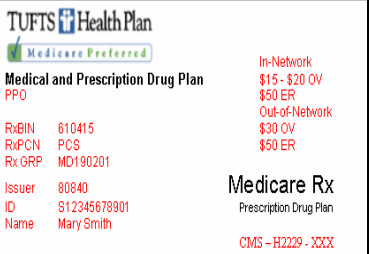


# Mental Health Authorization Requirements for Senior Products

The following grid is intended to clarify when authorization requirements apply depending on the member's product.

Product	Outpatient Psychological/ Neuropsychological Testing	Outpatient Treatment	Intensive Outpatient/Partial Hospital Treatment	Inpatient Treatment	Claims Address/Filing Limits	Notes
<p>Tufts Medicare Complement (TMC)</p> 	<p>Coverage for Medicare participating providers only</p> <p>A <a href="#">Psychological/ Neuropsychological Testing Request Form</a> must be submitted to the Mental Health Department and reviewed <i>prior</i> to services rendered</p> <p>Forms are available at <a href="http://tuftshealthplan.com/providers">tuftshealthplan.com/providers</a></p>	<p>Coverage for Medicare participating providers only</p> <p><b>Contact the Mental Health Department for authorization (800) 208-9565</b></p>	<p>Facility must be Medicare participating</p> <p><b>Contact the Mental Health Department at 800-208-9565</b></p>	<p>Hospital must be Medicare participating</p> <p><b>Contact the Mental Health Department at 800-208-9565</b></p> <p>Preregistration not required</p>	<p>Tufts Health Plan HMO P.O. Box 9163 Watertown, MA 02471</p> <p>Within 90 days of Medicare EOB</p>	<p>Medicare is the primary insurance</p> <p>All providers must be Medicare participating</p>
<p>Medicare Complement Plan (MCP)</p> 	<p>Coverage for Medicare participating providers only</p> <p>A <a href="#">Psychological/ Neuropsychological Testing Request Form</a> must be submitted to the Mental Health Department and reviewed <i>prior</i> to services rendered</p> <p>Forms are available at <a href="http://tuftshealthplan.com/providers">tuftshealthplan.com/providers</a></p>	<p>Coverage for Medicare participating providers only</p> <p><b>Contact the Mental Health Department for authorization (800) 208-9565</b></p>	<p>Facility must be Medicare participating</p> <p><b>Contact the Mental Health Department at 800-208-9565</b></p>	<p>Hospital must be Medicare participating</p> <p><b>Contact the Mental Health Department at 800-208-9565</b></p> <p>Preregistration not required</p>	<p>Tufts Health Plan HMO P.O. Box 9163 Watertown, MA 02471</p> <p>Within 90 days of Medicare EOB</p>	<p>Medicare is the primary insurance</p> <p>All providers must be Medicare participating</p>

Product	Outpatient Psychological/ Neuropsychological Testing	Outpatient Treatment	Intensive Outpatient/Partial Hospital Treatment	Inpatient Treatment	Claims Address/Filing Limits	Notes
<b>Tufts Health Plan Medicare Preferred (HMO)</b>  <p>Medical and Prescription Drug Plan HMO</p> <p>RxBIN 610415 RxFCN PCS Rx GRP MD130200</p> <p>Issuer 80840 ID S12345678901 Name Mary Smith PCP Jones, Jonathan M.D.</p> <p><b>Medicare Rx</b> Prescription Drug Plan</p> <p>\$10 PCP OV \$15 Spec OV \$50 ER</p> <p>CMS - H2256 - XXXX</p>	Approval is required. Contact the member's PCP for authorization	Prior authorization is required from the member's PCP	The member is generally assigned to a Designated Facility (DF)  <b>Contact the Mental Health Department at 800-208-9565</b>	The member is generally assigned to a Designated Facility (DF)  <b>Contact the Mental Health Department at 800-208-9565</b>  All inpatient admissions must be preregistered  <b>Contact the Precertification Department at 800-672-1515</b>	Tufts Medicare Preferred P.O. Box 9183 Watertown, MA 02471  Within 60 days of the date of service	
<b>Tufts Health Plan Medicare Preferred (PPO)</b>  <p>Medical and Prescription Drug Plan PPO</p> <p>RxBIN 610415 RxFCN PCS Rx GRP MD190201</p> <p>Issuer 80840 ID S12345678901 Name Mary Smith</p> <p><b>Medicare Rx</b> Prescription Drug Plan</p> <p>In-Network \$15 - \$20 OV \$50 ER Out-of-Network \$30 OV \$50 ER</p> <p>CMS - H2229 - XXXX</p>	Coverage for Medicare participating providers only  Authorization is not required	Coverage for Medicare participating providers only  Authorization is not required	Facility must be Medicare participating  <b>Contact the Mental Health Department at 800-208-9565</b>	Hospital must be Medicare participating  <b>Contact the Mental Health Department at 800-208-9565</b>  All inpatient admissions must be preregistered  <b>Contact the Precertification Department at 800-672-1515</b>	Tufts Medicare Preferred P.O. Box 9183 Watertown, MA 02471  Within 60 days of the date of service	
<b>Medicare Private Fee-For-Service (PFFS)</b>	Coverage for Medicare participating providers only  Authorization is not required	Coverage for Medicare participating providers only  Authorization is not required	Facility must be Medicare participating  <b>Contact the Mental Health Department at 800-208-9565</b>	Hospital must be Medicare participating  <b>Contact the Mental Health Department at 800-208-9565</b>  All inpatient admissions must be preregistered  <b>Contact the Precertification Department at 800-672-1515</b>	Tufts Medicare Preferred P.O. Box 9183 Watertown, MA 02471  Within 60 days of the date of service	

The information contained in the document is a guide.

For the most complete information, contact the Mental Health Department at 800-208-9565 or check the member's benefits at [tuftshealthplan.com](http://tuftshealthplan.com).