



For the following question(s), answer "1" for YES and "0" for NO

1	0
yes	no
<input type="radio"/>	<input type="radio"/>

10. Is the patient taking psychotropic medications?.....

If the answer is YES to the above, select all current medications by answering "1" if the patient is taking this class of medication, and "0" if the patient is not taking this class of medication.

	1 yes	0 no		1 yes	0 no
(1) Anti-depressant. ....	<input type="radio"/>	<input type="radio"/>	(2) Anti-anxiety.....	<input type="radio"/>	<input type="radio"/>
(3) Psycho-stimulant.....	<input type="radio"/>	<input type="radio"/>	(4) Hypnotic/Sedative.....	<input type="radio"/>	<input type="radio"/>
(5) Mood Stabilizer/Anti-convulsant.....	<input type="radio"/>	<input type="radio"/>	(6) Anti-Psychotic.....	<input type="radio"/>	<input type="radio"/>
(7) Anti-Addiction .....	<input type="radio"/>	<input type="radio"/>			

**Acuity Questions**

For the following questions, answer "1" for YES and "0" for NO

- 11. Has the patient been hospitalized for Mental Health Treatment in the past 12 months? .....
- 12. Has the patient been hospitalized for Substance Abuse Treatment in the past 12 months?.....
- 13. Has the patient assaulted another person in the past 6 months?.....
- 14. Has the patient expressed homicidal intent in the past 6 months?.....
- 15. Has the patient made a suicide attempt, or expressed suicidal intent with a plan within the past 12 months?.....
- 16. Has the patient been a victim of violence in the past 12 months?.....
- 17. Is the patient at risk for hospitalization in the next 2 weeks?.....
- 18. Has the patient abused drugs and alcohol in the past 2 weeks.....

1 yes	0 no
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You may be asked to complete the following questions:

**Functional Impairment Questions**

For the following questions, answer "1" for YES and "0" for NO

- 19. Is the patient currently unable to work or attend school full or part time due to psychiatric or substance abuse issues?.....
- 20. Has the patient been declared medically or psychiatrically disabled?.....
- 21. Does the patient require significant assistance with ADLs?.....
- 22. Has the patient shown a decrease in their baseline level of social interaction in the past 3 months?.....
- 23. Has there been a new marital or family crisis in the past 3 months?.....
- 24. Has the patient displayed active eating disorder behaviors in the past 3 months?.....
- 25. Has the patient experienced frequent episodes of feeling hopeless or worthless in the past 3 months?.....
- 26. Has the patient experienced frequent episodes of sleep or appetite disturbance in the past 3 months?.....
- 27. Has the patient had a panic attack in the past 3 months?.....
- 28. Has the patient had a significant increase in baseline anxiety symptoms in the past 3 months?.....
- 29. Has the patient had a significant decrease in their ability to control impulsive behavior in the past 3 months?.....
- 30. Has the patient engaged in self injurious behaviors in the past 3 months?.....
- 31. Is the patient connected to any community supports?.....
- 32. Does the patient have support from family or friends?.....
- 33. Has the patient's acute symptoms stabilized and the frequency of scheduled visits decreased in the past 3 months?.....

1 yes	0 no
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Please enter a ten-digit phone number where you can be reached:           ext:

Once the request is complete you will hear benefit information. If the request is approved, the authorization number will be spoken, starting with the letter "V." If your request is selected for review you will be notified of the authorization number by mail or you may log onto [tuftshealthplan.com/providers](http://tuftshealthplan.com/providers) and check your authorizations.

## AXIS III MEDICAL DIAGNOSES

Undefined medical condition	02	Asthma	03
Pancreatitis	04	Back Surgeries	05
Brain Injury	06	Cancer	07
Cirrhosis	08	Cerebral Vascular Accident	09
COPD	10	Colostomy	11
Crohn's disease	12	Diabetes	13
Epilepsy	14	Heart Disease	15
Hemiplegia	16	High Risk Pregnancy	17
Hip Fractures	18	HIV	19
IBD	20	Morbid Obesity	21
Paraplegia	22	Seizure Disorder	23
Organ Transplant	24	Ulcerative Colitis	25

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### MEDICAL NECESSITY CRITERIA FOR OUTPATIENT MHSA TREATMENT

#### Overview

Outpatient psychotherapy services are covered for the diagnosis and treatment of mental health and substance abuse disorders specified in the most recent Diagnostic and Statistical Manual (DSM). The DSM diagnosis applies to the current symptom presentation only.

#### Coverage Criteria

Outpatient Psychotherapy services, delivered by a provider licensed in a discipline recognized by Tufts Health Plan and provided face-to-face in an office or healthcare facility, are covered under the following circumstances:

- For the assessment of symptoms to determine if a disorder is present.
- When clinical data provides clear evidence of signs and symptoms of a mental health or substance abuse disorder as defined in the most recent DSM for which outpatient treatment has been shown to be an effective treatment.
- When clinical data provide clear evidence that the signs and symptoms of the patient's mental health or substance abuse disorder are active, resulting in substantial impairment in daily functioning.
- When there is a clear treatment plan, measurable goals and approaches that address the signs and symptoms of the patient's mental health or substance abuse disorder and is consistent with current professional practice standards.
- When clinical data indicate that either:
  - The member is making progress towards symptom reduction, or
  - The member's condition has stabilized and continued treatment at a maintenance level is needed to sustain the current level of functioning,
- When there is no less intensive or more appropriate level of service, which can be safely and effectively provided.

#### Limitations

Tufts Health Plan will not cover outpatient psychotherapy under the following circumstances:

- Services rendered by telephone, internet-based communication, or other non-face-to-face manner.
- Services are not delivered in a healthcare facility or professional office.
- Services that are primarily educational, personal coaching or vocational in nature.
- Services that could safely and effectively be provided at a lesser frequency or intensity.
- Services provided in a home or school setting.
- Therapy visits more than once a week except in situations of acute crisis for a brief period of time. For example, situations when there is a risk of hospitalization, severe symptoms and/or severe functional impairments.
- When services are not documented in a medical record containing contemporaneous progress notes
- Services that are not medically necessary