Harvard Pilgrim Health Care | TUFTS Health Plan

Medical Necessity Guidelines:
Children's Behavioral Health Initiative
Family-based Intensive Treatment (FIT)

Effective: January 1, 2026

Prior Authorization Required If REQUIRED, submit supporting clinical documentation pertinent to service request to the FAX numbers below	Yes ☒ No ☐
Notification Required IF REQUIRED, concurrent review may apply	Yes ☒ No ☐

Applies to:

Commercial Products

☐ Harvard Pilgrim Health Care Commercial products; 800-232-0816
☐ Tufts Health Plan Commercial products; 617-972-9409

Public Plans Products

☐ Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product); 888-415-9055
☒ Tufts Health Together – MassHealth Accountable Care Partnership Plans; 888-415-9055
☐ Tufts Health RITogether – A Rhode Island Medicaid Plan; 857-304-6404
☐ Tufts Health One Care Plan – A dual-eligible product; 857-304-6304

Senior Products

☐ Tufts Health Plan Senior Care Options (SCO), (a dual-eligible product); 617-972-9409
☐ Tufts Medicare Preferred HMO, (a Medicare Advantage product); 617-972-9409
☐ Tufts Medicare Preferred PPO, (a Medicare Advantage product); 617-972-9409

Note: While you may not be the provider responsible for obtaining prior authorization or notifying Point32Health, as a condition of payment you will need to ensure that any necessary prior authorization has been obtained and/or Point32Health has received proper notification. If notification is required, providers may additionally be required to provide updated clinical information to qualify for continued service.

Notification is required for the first 7 days of service and must be submitted within 3 business days from the first date of service. Prior authorization must be obtained for coverage to continue beyond the first 7 days of service.

Overview

Family-based Intensive Treatment (FIT): This service is delivered by a team consisting of a clinician, paraprofessional, and Family Partner (FIT Team) offering a combination of medically necessary intensive family therapy, robust care coordination (targeted case management), and Family Partner engagement for MassHealth youth with serious emotional disturbance (SED), under the age of 21, and enrolled in MassHealth Standard or CommonHealth.

The main focus of the FIT Service is to ameliorate the youth's mental health issues and strengthen the family structures and supports with the goal of safely transitioning the youth into less-intensive, community-based treatment services within 4-6 months of the initiation of services. The FIT Service is distinguished from traditional outpatient therapy in that services are delivered in the home and community, rather than in a clinic setting; services include 24/7 urgent response capability for therapeutic stabilization of enrolled youth on the part of the provider; the frequency and duration of a given session matches need and is not time-limited; scheduling is flexible; and services are expected to include the identification of natural supports and include coordination of care.

The service facilitates a structured, consistent, strength-based therapeutic relationship between the FIT team and the youth and family for the purpose of treating the youth's behavioral health needs, including improving the family's ability to provide effective support for the youth to promote the youth's healthy functioning within the family. Interventions are designed to

enhance and improve the family's capacity to improve the youth's functioning in the home and community and are focused on preventing the need for the youth's admission to an inpatient hospital, psychiatric residential treatment facility, or other treatment setting.

The FIT team, inclusive of the caregiver(s) and youth, develops a treatment plan and, using established psychotherapeutic techniques and intensive family therapy, works with the entire family, or a subset of the family, to implement focused structural or strategic interventions and behavioral techniques to: improve communication, enhance problem-solving, build skills to strengthen the family dynamics, advance therapeutic goals, improve ineffective patterns of interaction, promote limit-setting, conduct risk management/safety planning, identify and utilize community resources, and develop and maintain natural supports for the youth and parent/caregiver(s) in order to promote sustainability of treatment gains. Phone contact and consultation are provided as part of the intervention, but the primary modality of treatment is in-person.

The FIT service 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, childcare centers, respite settings, and other community settings.

Clinical Guideline Coverage Criteria

Admission Criteria

All of the following criteria are necessary for participation in this level of care:

1. The youth meets the criteria for serious emotional disturbance (SED) as defined by either Part I or II of the criteria below:
   a. Part I: The youth currently has, or at any time during the past year has had, a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet the diagnostic criteria specified within ICD-10 or DSM-V-TR (and subsequent revisions) of the American Psychiatric Association with the exception of other V codes, substance use, and neurodevelopmental disorders except attention deficit-hyperactivity disorder (ADHD), unless these disorders co-occur with another diagnosable disturbance. All of these disorders have episodic, recurrent, or persistent features; however, they vary in terms of severity and disabling effects. The diagnosable disorder identified above has resulted in functional impairment that substantially interferes with or limits the youth's role or functioning in family, school, or community activities. Functional impairment is defined as difficulties that substantially interfere with or limit the youth in achieving or maintaining developmentally appropriate social, behavioral, cognitive, communicative, or adaptive skills. Functional impairments of episodic, recurrent, and continuous duration are included unless they are temporary and expected responses to stressful events in the environment. Youth who would have met functional impairment criteria during the referenced year without the benefit of treatment or other support services are included in this definition; or

   b. Part II: The youth exhibits one or more of the following characteristics over a long period oftime and to a marked degree that adversely affects educational performance: an inability to learn that cannot be explained by intellectual, sensory, or health factors; an inability to build or maintain satisfactory interpersonal relationships with peers and teachers; inappropriate types of behavior or feelings under normal circumstances; a general pervasive mood of unhappiness or depression; or a tendency to develop physical symptoms or fears associated with personal or school problems The emotional impairment is not solely the result of autism, developmental delay, intellectual impairment, hearing impairment, vision impairment, deaf-blind impairment, specific learning disability, traumatic brain injury, speech or language impairment, health impairment, or a combination thereof.

2. A comprehensive behavioral health assessment inclusive of the MA Child and Adolescent Needs and Strengths (CANS), CRAFFT (for youth 12 years and older) indicates that the youth's clinical condition warrants this service to sustain the youth in their home setting or to prevent the need for more-intensive levels of service such as inpatient hospitalization or other out-of-home behavioral health treatment services.

3. The youth is in acute crisis and at imminent risk of placement in 24-hour level of care as demonstrated by one of the following:
   a. An evaluation by a YMCI team or an ED clinician within the last 30 days, which indicates the need for more-intensive treatment than In-Home Therapy and Youth Mobile Crisis Intervention together, and the youth can safely

be maintained in the community with FIT team in place as agreed upon by family and referring provider.

b. The youth is being discharged within two weeks from a 24-hour level of care (i.e., YCCS, Inpatient) and is at risk for readmission without significant community intervention and coordination, and the youth can safely be maintained in the community with FIT team in place as agreed upon by family and referring provider.
c. The youth was discharged within the last 30 days from a 24-hour level of care (i.e., YCCS, Inpatient) and is at risk for readmission without significant community intervention and coordination, and the youth can safely be maintained in the community with FIT team in place as agreed upon by family and referring provider.
d. The youth is being discharged within two weeks from a Partial Hospital Program (PHP) and is at risk for readmission without significant community intervention and coordination, and the youth can safely be maintained in the community with FIT team in place as agreed upon by family and referring provider.
e. The youth was discharged within the last 30 days from a Partial Hospital Program (PHP) and is at risk for readmission without significant community intervention and coordination, and the youth can safely be maintained in the community with FIT team in place as agreed upon by family and referring provider.
f. The youth is receiving IHT services but is at imminent risk of requiring admission to a 24-hour level of care, and the IHT team has consulted with the IHT team Program Director and consulting psychiatrist. The Program Director and Psychiatrist agree the youth needs a more- intensive intervention through the FIT team.

4. The youth resides in a family home environment (e.g., foster, adoptive, birth, kinship) or will be residing in a family home environment upon discharge from a 24-hour level of care and has a parent/guardian/caregiver who voluntarily agrees to participate in the FIT service.
5. Outpatient services, IHT, and/or ICC, alone are not or would not likely be sufficient to meet the youth and family's needs for clinical intervention and treatment.
6. Required consent is obtained.

Continued Stay Criteria

All of the following criteria are required for continuing treatment at this level of care:

1. The youth's clinical condition continues to demonstrate the need for treatment at this level of intensity to maintain community stability and is not yet ready for less-intensive programming.
2. Progress toward identified treatment plan goal(s) is evident and has been documented based upon the objectives defined for each goal, but the goal(s) has not been substantially achieved, or progress has not been made, and the FIT provider has identified and implemented changes and revisions to the treatment plan to support the goals.
3. The youth is actively participating in the treatment as required by the treatment plan/Individualized Care Plan to the extent possible consistent with the youth's condition.
4. The parent/guardian/caregiver is actively participating in the treatment as required by the treatment plan/Individualized Care Plan.

Discharge Criteria

Any one of the following criteria is sufficient for discharge from this level of care:

1. The youth no longer meets continued stay criteria for this level of care, or meets criteria for a less- or more-intensive level of care.
2. The treatment plan goals and objectives have been substantially met, and continued services are not necessary to prevent worsening of the youth's behavioral health condition.
3. The youth is not making progress toward treatment goals, and there is no reasonable expectation of progress at this level of care, nor is this level of care required to prevent worsening of the youth's condition.
4. The youth and parent/guardian/caregiver are not engaged in treatment as evidenced by:
   a. The team has not had contact with the family in 7 calendar days; or
   b. Despite multiple, documented attempts to address engagement, the lack of engagement is of such a degree that it implies withdrawn consent or treatment at this level of care becomes ineffective or unsafe.
5. The youth is admitted to a hospital, a skilled nursing facility, psychiatric residential treatment facility, or other residential treatment setting and is not expected to be ready for discharge within two weeks to a family home environment or a community setting with community-based supports.
6. Required consent for treatment is withdrawn.

Limitation/Exclusion Criteria

Any one of the following is sufficient for exclusion for this level of care:

1. Required consent is not obtained.
2. The youth is concurrently receiving In-Home Therapy (IHT), Family Support and Training (FS&T), and/or Intensive Care Coordination (ICC), including like services provided by other state agencies or commercial insurers. If youth is concurrently receiving In-Home Behavioral Services (IHBS) or Applied Behavior Analysis (ABA) services, the provider must determine that the youth and family can engage with FIT in a clinically appropriate manner, given the intensity of the concurrent services.
3. The youth is in a long-term hospital, skilled nursing facility, psychiatric residential treatment facility, or other residential treatment setting at the time of referral and is not ready for discharge within two weeks to a family home environment or community setting with community-based supports.
4. The current treatment needs identified to be addressed by FIT service are being fully met by other services.
5. The environment in which the service takes place presents a serious safety risk to the FIT Service provider, alternative community settings are not likely to ameliorate the risk, and no other safe venue is available or appropriate for this service.
6. The youth is in an independent living situation and is not in the family's home or returning to a family setting within 2 weeks.
7. The youth has conditions or impairments that would prevent beneficial utilization of services.
8. The youth has not been evaluated by YMCI or ED clinician or has not been admitted to or discharged from a 24-hour level of care (i.e., YCCS, Inpatient) or PHP within the last 30 days, or has been receiving IHT services and is not at imminent risk of requiring admission to a 24-hour level of care.
9. The youth has reached their 21st birthday.

Codes

The following code(s) are associated with this service:

Table 1: CPT/HCPCS Codes

Code	Description
H0046-HT	Mental health services, not otherwise specified (Family-based Intensive Treatment per week)

References:

1. Massachusetts Behavioral Health Partnership. (n.d.). Appendix 5: Functional Independence Treatment Model Needs Checklist. Retrieved from https://providers.masspartnership.com/pdf/Appendix%205-FITMNC.pdf, on November 4, 2025.

Approval And Revision History

May 21, 2025: Reviewed by the Medical Policy Approval Committee (MPAC) to be effective September 1, 2025.

Subsequent endorsement date(s) and changes made:

- July 11, 2025: Clarified notification time frame to 7 days, to be effective September 1, 2025.
- July 24, 2025: Clarification received from MassHealth regarding effective date. MNG to be effective October 1, 2025.
- October 15, 2025: Reviewed at MPAC. Update to discharge criterion 4a. Time frame updated from 14 days to 7 days due to MassHealth Update. Effective October 1, 2025.
- November 19, 2025: Reviewed by MPAC for annual review, renewed without changes effective January 1, 2026
- December 2025: Administrative updates effective January 1, 2026

Background, Product and Disclaimer Information

Medical Necessity Guidelines are developed to determine coverage for benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. We make coverage decisions using these guidelines, along with the Member's benefit document, and in coordination with the Member's physician(s) on a case-by-case basis

considering the individual Member's health care needs.

Medical Necessity Guidelines are developed for selected therapeutic or diagnostic services found to be safe and proven effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in our service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. We revise and update Medical Necessity Guidelines annually, or more frequently if new evidence becomes available that suggests needed revisions.

For self-insured plans, coverage may vary depending on the terms of the benefit document. If a discrepancy exists between a Medical Necessity Guideline and a self-insured Member’s benefit document, the provisions of the benefit document will govern. For Tufts Health Together (Medicaid), coverage may be available beyond these guidelines for pediatric members under age 21 under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefits of the plan in accordance with 130 CMR 450.140 and 130 CMR 447.000, and with prior authorization.

Treating providers are solely responsible for the medical advice and treatment of Members. The use of this guideline is not a guarantee of payment or a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to eligibility and benefits on the date of service, coordination of benefits, referral/authorization, utilization management guidelines when applicable, and adherence to plan policies, plan procedures, and claims editing logic.