Harvard Pilgrim Health Care | TUFTS Health Plan

Medical Necessity Guidelines: **In-Home Behavioral Services (IHBS): Massachusetts Products**

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 – 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.

Overview

In-Home Behavioral Services are delivered by one or more Members of a team consisting of professional and paraprofessional staff, offering a combination of medically necessary behavior management therapy and behavior management monitoring.

Coverage for services is available to children and adolescents that meet the following medical necessity criteria until the Member's 19th birthday. The Plan will continue coverage for services for Members aged 19 and beyond when services are medically necessary and part of an ongoing treatment plan.

Behavior Management Therapy: This service includes a behavioral assessment (including observing the youth's behavior, antecedents of behaviors, and identification of motivators), development of a highly specific behavior plan; supervision and coordination of interventions; and training other interveners to address specific behavioral objectives or performance goals. This service is designed to treat challenging behaviors that interfere with the youth's successful functioning. The behavior management therapist develops specific behavioral objectives and interventions that are designed to diminish, extinguish, or improve specific behaviors related to the youth's behavioral health condition(s) and which are incorporated into the behavior plan and the risk management/safety plan.

Behavior Management Monitoring: This service includes implementation of the behavior plan, monitoring the youth's behavior, reinforcing implementation of the behavior plan by the parent(s)/guardian(s)/caregiver(s), and reporting to the behavior management therapist on implementation of the behavior plan and progress toward behavioral objectives or

performance goals. Phone contact and consultation may be provided as part of the intervention. For youth engaged in Intensive Care Coordination (ICC), the behavior plan is designed to achieve a goal(s) identified in the youth's Individual Care Plan (ICP). The Care Planning Team (CPT) works closely with the youth, parent/guardian/caregiver and/or other individual(s) identified by the family to support adherence to the behavior plan and to sustain the gains made.

Clinical Guideline Coverage Criteria

Admission Criteria
The Plan considers initial in-home behavioral services as reasonable and medically necessary when **ALL** of the following criteria are met:

1. A comprehensive behavioral health assessment indicates that the youth's clinical condition warrants this service in order to diminish, extinguish, or improve specific behaviors related to the youth's behavioral health condition(s). **If the Member has MassHealth as a secondary insurance and is being referred to services by a provider who is paid through the Member's primary insurance, the provider must conduct a comprehensive behavioral health assessment;* **and**
2. Less intensive behavioral interventions have not been successful in reducing or eliminating the problem behavior(s) or increasing or maintaining desirable behavior(s); **and**
3. Clinical evaluation suggests that the youth's clinical condition, level of functioning, and intensity of need require the establishment of a specific structure, and the establishment of positive behavioral supports to be applied consistently across home and school settings; and warrant this level of care to successfully support him/her in the home and community; **and**
4. Required consent is obtained; **and**
5. The youth is currently engaged in outpatient services, In-Home Therapy or ICC and the provider or ICC CPT, determine that In-Home Behavioral Services are needed in order to facilitate the attainment of a goal or objective identified in the treatment plan or ICP that address specific behavioral objectives or performance goals designed to treat challenging behaviors that interfere with the youth's successful functioning; **and**
6. The youth is under age 19.

Continuation Criteria
The Plan considers continuation of in-home behavioral services as reasonable and medically necessary when **ALL** of the following criteria are met:

1. The youth's clinical condition(s) continues to warrant In-Home Behavioral Services in order to maintain him/her in the community and continue progress toward goals established in the behavior plan; **and**
2. The youth is actively participating in the plan of care and treatment to the extent possible consistent with his/her condition; **and**
3. With consent, the parent/guardian/caregiver, and/or natural supports are actively involved in the treatment as required by the behavior plan, or there are active efforts being made and documented to involve them.

Discharge Criteria
The Plan considers continuation of in-home behavioral services as not reasonable and medically necessary when **ANY** of the following criteria are met:

1. The youth no longer meets admission criteria for this level of care, or meets criteria for a less or more intensive level of care; **or**
2. The youth's behavior plan goals and objectives have been substantially met and continued services are not necessary to prevent the worsening of the youth's behavior; **or**
3. The youth and/or parent/guardian/caregiver are not engaged in treatment. The lack of engagement is of such a degree that treatment at this level of care becomes ineffective or unsafe, despite multiple, documented attempts to address engagement issues; **or**
4. The youth is not making progress toward goals and objectives in the behavior plan, and there is no reasonable expectation of progress at this level of care, nor is it required to maintain the current level of functioning; **or**
5. Consent for treatment is withdrawn.

**Please note that Psychosocial, Occupational, and Cultural and Linguistic factors may change the risk assessment and should be considered when making level-of-care decisions.*

Limitations

Coverage for services is available to children and adolescents that meet the foregoing medical necessity criteria until the Member's 19th birthday. The Plan will continue coverage for services for Members age 19 and beyond when services are medically necessary and part of an ongoing treatment plan.

The Plan considers in-home behavioral services as not reasonable or medically necessary if **ANY** of the following criteria are met:

1. The environment in which the service takes place presents a serious safety risk to the behavior management therapist or monitor, alternative community settings are not likely to ameliorate the risk and no other safe venue is available or appropriate for this service; **or**
2. The youth is at imminent risk to harm self or others, or sufficient impairment exists that requires a more intensive level of care beyond a community-based intervention; **or**
3. The youth has medical conditions or impairments that would prevent beneficial utilization of services.
4. Introduction of this service would be duplicative of services that are already in place; **or**
5. The youth is in a hospital, skilled nursing facility psychiatric residential treatment facility or other residential setting at the time of referral and is not ready for discharge to a family home environment or community setting with community-based supports.

Codes

The following code(s) require prior authorization:

Table 1: CPT/HCPCS Codes

Code	Description
H2014	Skills training and development, per 15 minutes

Please refer to the Inpatient and Intermediate Behavioral Health/Substance Use Disorders Facility Payment Policy for more information regarding billing of these services.

References:

1. Commonwealth of Massachusetts, Executive Office of Health and Human Services, MassHealth criteria for coverage of In-Home Behavioral Services. Accessed at https://www.mass.gov/doc/in-home-behavioral-services-0/download.Last accessed October 1, 2024.

Approval And Revision History

October 21, 2020: Reviewed by IMPAC, renewed without changes.

Subsequent endorsement date(s) and changes made:

- November 4, 2020: Fax number for Unify updated.
- September 15, 2021: Reviewed by IMPAC, renewed without changes.
- April 6, 2022: Template updated.
- September 21, 2022: Reviewed by Medical Policy Approval Committee (MPAC), renewed without changes.
- August 16, 2023: Reviewed by MPAC, renewed without changes, template updated effective November 1, 2023
- November 2023: Unify name changed to One Care effective January 1, 2024
- September 19, 2024: Reviewed by MPAC, renewed without changes effective November 1, 2024
- 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.