Peer Recovery Coach Services First Clinical Review Form for In-Network Providers Only

TUFTS Health Plan
a Point32Health company

Completed forms can be faxed to the following locations:

- **Tufts Health Together:** 888-977-0776
- **Tufts Health One Care:** 857-304-6304

Rev. 4/2026

Today's date / / Date range of requested sessions / / to / /

To ensure continuous authorization, requests must be received a week before or after the previous authorization's end date. Use this form for the first medical necessity review; **subsequent reviews are to be completed by calling 888-257-1985.**

Member Information

Member name

THP member ID # DOB / /

Member address Member phone

City State ZIP

Provider Information

Organization name Organization Phone

NPI # Tax ID #

Provider address

City State ZIP

Peer Recovery Coach name Peer Recovery Coach phone

Supervisor name Supervisor phone

Fax to send authorization to

Clinical Information

1. ICD-10 Alpha Numeric Diagnosis Code
2. ☐ By checking this box, I affirm that I have made at least one connection with the member over each 21-day period of the last authorization.
3. In the space below, outline specific program made towards initial goals and plan. How is the member actively addressing their goals? What adjustments have been made?
4. Outline care coordination of services with other behavioral health providers, the primary care provider, and other services and state agencies. If coordination has not been successful, document the reasons below:

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5. Outline the discharge plan and any barrier to discharge below.

6. Does the member require psychopharmacological services (i.e medication assisted treatment [MAT] or psychiatric medications)? If *Yes*, how are those services accessed?

CLEAR FORM