Optum

Quick Reference Guide

Family-based Intensive Treatment (FIT)
within Community Service Agencies

Overview

To better serve our high-risk Medicaid members Family-based Intensive Treatment (FIT) service is available effective October 1, 2025.

Family-based Intensive Treatment is a short-term service for individuals younger than 21 years of age who are at acute risk of hospitalization or who have been recently hospitalized. The FIT team provides intensive therapeutic interventions to ensure member safety in the home as well as case management to align long-term supports as needed.

Prior Authorizations

- Family-based Intensive Treatment services require prior authorization (PA) for initiation of services as well as for ongoing treatment. Decisions are made based on Medical Necessity Criteria.
- If additional information is needed after PA request submission, a licensed Care Advocate may request additional details for medical necessity and/or a peer review, which can be conducted by phone or online

Initiation of Services

1. To obtain prior authorization for initiating services submit the FIT prior authorization request form found on the Mass. page of Provider Express. The form requires member details and a provider attestation that the member meets the Medical Necessity Criteria for services.
2. After successfully submitting the form, you will receive an authorization number and can begin services. The initial authorization allows for billing of one 7-day unit.

The 7-day unit is built on a fixed Sunday-Saturday structure regardless of the day on which the member is approved or begins services.

For example, if services are approved on a Wednesday, the authorization will cover one 7-day unit beginning on the previous Sunday (3 days prior to enrollment) and ending on the following Saturday (3 days after enrollment)

Ongoing Treatment Authorization

1. Providers must seek the first reauthorization 7 calendar days after the date of enrollment, using the FIT prior authorization request form.
2. If services are deemed medically necessary and approved, the provider will receive an authorization number for two 7-day units and can continue treatment for 14 days.
3. To maintain services, the provider must repeat this process **every 14 days**.
4. All subsequent reauthorizations will continue to follow this same Sunday-Saturday structure. However, providers must adhere to the day of the week on which the youth was initially enrolled when requesting reauthorization.

   For example, if the member is enrolled on a Wednesday, all reauthorization requests must be submitted on Wednesdays for the duration of FIT services.

Approval for FIT Services

If services are approved, you will receive immediate digital confirmation as well as a letter via United States Postal Service for your records. A sample of this communication follows.

Authorization includes the member's information, authorization number, units authorized, associated dates, and related details.

The FIT billing code (H0046 HT) will appear in Service Codes (yellow) which corresponds to the Service Authorized of 'HCPCS-Non-Therapy Per Diem' (blue). The inclusion of the H0046 HT code in the Service Codes section is validation of FIT authorization.

January 27, 2026
Benefit Coverage is APPROVED
Member ID: R225186514

NANCY A SALERNO
485 NANTASKET AVE UNIT C
HULL MA 02045-2556

Dear NANCY A SALERNO:

Good news! United Behavioral Health, operating under the brand Optum®, has authorized benefit coverage for John Doe for the mental health or substance use disorder services indicated below.

Member Name: John Doe
Approval#: R57DPQ-01
Sessions Approved: 2
Effective Dates: 02/01/2026 to 02/14/2026
Service Authorized: HCPCS-Non-Therapy Per Diem

Account ID: 2086419
Account Name: 887BO3-MASS GENERAL BRIGHAM
Onset of Services: 02/01/2026
Sessions Approved to Date: 2
Service Codes: H0037, H0040, H0040 HT, H0041, H0043, H0045, H0045 HE, H0045 HK, H0045 TF, H0046 HT, H2013, H2016, H2018, H2020, H2022, H2031, H2034, H2036, S5140, S5145, T1025, T2002

Appeals

If a requested service is determined to not meet clinical criteria, that determination will be communicated including appeals rights and appeal submission instructions.

Performance Specifications

Please check the Performance Specifications to ensure compliance with the requirements for treatment adherence. Your Care Advocate can be a valuable resource for any updates.

Medicaid Coding and Billing Requirements

- Only Community Service Agencies can provide FIT services
- The Provider Express secure portal is ready to receive and process claims for FIT services. Simply log in to your account using your One Healthcare ID.
- Bill the Managed Care Entity (MCE) one flat-rate encounter bundle code (H0046 HT) for any week in which services are rendered, regardless of the number of activities provided to the member and/or family during the seven-day period
- The code H0046 HT includes all professional and licensure levels, as well as all places of service (home, office, community, telehealth, etc.) and service delivery modalities (in-person, telephonic, telehealth, etc.)

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

Other helpful resources

For benefit questions please call the benefits phone number listed on the back of the member's insurance card

For contracting or credentialing questions please call the dedicated Mass. Provider Services line at **1-866-860-7308**.

For enrollment and clinical questions, please email CBHI Program Manager, Brad Eardley, at Bradley_eardley@optum.com