Point32Health

Insights and Updates for Providers

October 2025

Point32Health offers continued coverage of COVID-19 vaccine

Harvard Pilgrim Health Care Commercial | Tufts Health Plan Commercial | Tufts Health Direct | Tufts Health One Care | Tufts Health Plan Senior Care Options | Tufts Health RITogether | Tufts Health Together | Tufts Medicare Preferred

Point32Health wants to make providers aware that we will continue to cover the COVID-19 vaccine for members age six months and older. This applies for all our Harvard Pilgrim Health Care and Tufts Health Plan products, as well as CarePartners of Connecticut, a joint venture of Tufts Health Plan and Hartford HealthCare.

Recently, the Food and Drug Administration limited access to COVID vaccines to people at high risk of complications from COVID and those over age 65. In response, Massachusetts Governor Maura Healey announced measures to ensure that these vaccines remain available to Massachusetts residents of all ages. The Massachusetts bulletin includes a standing order to allow pharmacies in the state to continue to provide COVID vaccines to Massachusetts residents age five or older, while children ages six months to five years can receive the vaccine through their pediatrician.

Our vaccine coverage policy is applicable for members of all our products throughout our service area.

With the variance in recommendations from states and the federal government, we anticipate that members may have questions for their physicians about COVID-19 vaccine coverage. Please share Point32Health's vaccine coverage policy and direct patients to our dedicated member webpage on COVID-19 vaccine coverage for further information. ▲

Reminder: Observation Stay Policy and dispute process

Harvard Pilgrim Health Care Commercial | Tufts Health Plan Commercial | Tufts Health Direct

As a reminder, Point32Health updated our review process for short inpatient stays and observation services, effective for dates of service beginning Jan. 1, 2025 for our Harvard Pilgrim Health Care and Tufts Health Plan Commercial plans and Tufts Health Direct. We also want to make you aware of the expedited review process in the event that you believe an inpatient request has been incorrectly denied.

About the policy

As noted in our Observation Stay Payment Policy, we will evaluate any request for a short inpatient stay of up to 48 hours to determine if it is more appropriate to categorize the encounter as an observation stay rather than an inpatient stay for payment purposes. An observation stay is an alternative to an inpatient admission and allows the facility reasonable and necessary time to evaluate, stabilize, and treat a member whose diagnosis and treatment is not expected to exceed 24 hours, but may extend up to 48 hours before a decision can be made to discharge or admit to inpatient.

Any inpatient notification determined to be consistent with the parameters outlined in the payment policy will be administratively denied. If a claim is submitted for observation stay, regardless of how it was identified on the initial notification, it will be reimbursed appropriately in accordance with the member's benefit and the provider's contract terms.

The policy is intended to provide greater clarity around what is reimbursable at an observation rate, and it outlines physician and hospital notification and documentation responsibilities, billing guidelines, and more.

Exceptions to the short stay policy include the following scenarios, which Point32Health will review as standard inpatient requests:

- Admission to a behavioral health facility, including for acute psychiatric or substance use disorder treatment
- Obstetrical admission resulting in delivery
- Admission where the patient was discharged against medical advice or died during hospitalization
- Neonatal admission
- Admission requiring intensive critical care services (such as intubation and mechanical ventilation)
- Patient is transferred to a higher level of care before 48 hours of inpatient admission at the initial facility

Additional exceptions may be evaluated through the provider dispute process.

About the provider dispute process

In the event you believe we have incorrectly denied an inpatient request under our short stay policy, you may request a review to determine if the encounter meets our policy exceptions criteria.

Submit your request by email to shortstayexceptions@point32health.org along with the following information:

- Member ID
- Date of service
- Specific reason for exception from short stay policy
- Claim ID (if applicable)

Please do not include clinical records in your email, and if you are sending a request for multiple members send separate emails for each individual.

Point32Health will acknowledge receipt of your request within two business days and will provide a decision or further instructions within six business days.

Physicians are involved in review of expedited requests to determine whether the circumstances may warrant an exception to the payment policy.

In the event an exception is granted, the admission will be reviewed using InterQual criteria to evaluate medical necessity.

For more information, please refer to the Point32Health Observation Stay Payment Policy and our Inpatient Acute and Post-Acute Level of Care (Medical/Surgical) Medical Necessity Guidelines, as well as the inpatient sections of the Provider Manuals. ▲

Update on coverage of weight loss medication

Harvard Pilgrim Health Care Commercial | Tufts Health Direct

As we announced in last month's issue of *Insights and Updates for Providers*, we're making changes in coverage related to weight loss medications, as part of our efforts to provide access to the most appropriate health care options while managing rising pharmacy costs.

These updates include:

- Harvard Pilgrim Health Care Commercial products and Tufts Health Direct will **exclude coverage of weight loss medications, including GLP-1 drugs, to treat weight loss and alternative indications** — including cardiovascular conditions and other comorbidities.
  - Effective on Jan. 1, 2026, this policy will impact Tufts Health Direct and Harvard Pilgrim Individual/Small Group/Merged Market Products utilizing the Core MA, Core NH, Core ME, Core RI, and ConnectorCare formularies. Please keep in mind that for Core NH, Core ME, and Core RI formularies, weight loss drugs

are currently excluded from coverage except for alternative indications, and in these cases, the primary change is that as of Jan. 1, 2026 those alternative indications will be excluded from coverage.

  - Starting Jan. 1, 2026 (and upon group anniversary date), this policy will impact Harvard Pilgrim large group products (MA, NH, ME, RI) that will be moved to a new Select formulary, which has been designed for cost containment and excludes all weight loss medication coverage. For more details about the new Select formulary, refer to this article also included in this issue of *Insights and Updates for Providers*.
  - This change does not affect GLP-1 medications prescribed for diabetes.

- Some Commercial large groups will be offered the **option to buy up to a Premium formulary to include drugs prescribed for weight loss coverage,** with Zepbound as the preferred weight loss GLP-1 medication. To receive coverage, members would need to meet the medical necessity criteria for weight loss medications.
- Beginning on Jan. 1, 2026, all fully insured Harvard Pilgrim Commercial plans with weight loss medication coverage will require members who are newly seeking coverage for a weight loss GLP-1 medication **to participate in a behavior modification program for 6 months.**
  - Upon completion, and if the member meets the medical criteria and continues to have weight loss coverage, they will then be eligible to receive coverage for Zepbound as the preferred weight loss GLP-1 medication.
  - This program will help members adopt and sustain healthy habits for long-term weight management and include access to weight loss coaching by registered dieticians.
  - This requirement applies to members newly starting a weight-loss GLP-1 medication, not members currently on the prescription medication.
- For certain products, such as self-insured accounts, the effective date will be upon the group anniversary date in 2026, and the behavior modification program will be offered as an option.

Determining coverage: formulary and prior authorization information

To determine whether your Harvard Pilgrim Commercial or Tufts Health Direct patient has weight loss drug coverage, please refer to their formulary. Members on the Core, Select, ConnectorCare, and Tufts Health Direct formularies will exclude weight loss medication coverage.

Members who were previously approved for a weight loss medication for weight management or an alternative indication will have their authorization terminated on **Jan. 1, 2026, or upon group anniversary.** There will be no grandfathering of prior authorizations.

If the member's product utilizes the Value or Premium formulary for 2026, weight loss medication coverage will remain available, with GLP-1 medications and Contrave subject to prior authorization.

Our utilization management team will provide information on whether the behavior modification program is necessary at the time that the prior authorization determination is made for members newly starting a weight loss GLP-1 medication.

Please note that 2026 formulary selection and coverage may be subject to change upon the group's anniversary.

Options for members seeking access to weight loss medications

Members who will be affected by this coverage change will be notified by letter at least 60 days prior to the change and encouraged to discuss options with their primary care physicians and other doctors.

Members may wish to explore prescription discount cards or manufacturer copay assistance programs. Additional information on resources and programs for nutrition and weight management is available on Harvard Pilgrim's member wellness page. ▲

Laboratory Payment Policies: Maine provider update

Harvard Pilgrim Health Care Commercial

We announced in last month's newsletter that we are implementing a new laboratory benefit management program for Harvard Pilgrim Health Care Commercial products, effective for dates of service beginning Nov. 1, 2025 for providers in our service area other than Maine. Please note that we will be implementing this program for Maine providers providing care for Harvard Pilgrim Commercial members effective for dates of service beginning Dec. 1, 2025.

As of these effective dates, we will implement the following new Payment Policies and utilize automated claims edits (post-service, pre-payment) to ensure consistency with the guidelines for laboratory services, tests, and procedures performed in office, hospital outpatient, and independent laboratory locations. Laboratory services provided in emergency rooms, hospital observation, and hospital inpatient settings are excluded from this program.

New Payment Policies for Harvard Pilgrim Health Care Commercial

To access these policies and review details, visit the Payment Policy section of our Provider website.

- Cervical Cancer Screening
- Prostate Biopsy Specimen Analysis
- Diagnostic Testing of Iron Homeostasis & Metabolism
- Immunohistochemistry
- Biomarker Testing for Autoimmune Rheumatic Disease
- Hepatitis Testing
- Pediatric Preventative Screening
- Helicobacter Pylori Testing
- Biochemical Markers of Alzheimers Disease and Dementia
- Bone Turnover Markers Testing
- Diagnosis of Vaginitis
- Fecal Analysis in the Diagnosis of Intestinal Dysbiosis and Fecal Microbiota Transplant Testing
- Therapeutic Drug Monitoring for 5-Fluorouracil
- Identification of Microorganisms by Nucleic Probes
- Intracellular Micronutrient Analysis
- Immunopharmacologic Monitoring of Therapeutic Serum Antibodies
- Serum Marker Panels for Hepatic Fibrosis in the Evaluation and Monitoring of Chronic Liver Disease
- Oral Cancer Screening and Testing
- Human Immunodeficiency Virus (HIV) Testing
- Salivary Hormone Testing
- Serum Biomarker Testing for Multiple Sclerosis and Related Neurologic Diseases
- Urinary Tumor Markers for Bladder Cancer
- Testing of Homocysteine Metabolism-Related Conditions
- Biomarkers for Myocardial Infarction and Chronic Heart Failure
- Diabetes Mellitus Testing
- Prostate Specific Antigen (PSA) Testing
- Testosterone
- Flow Cytometry
- Prenatal Screening (Nongenetic)
- Venous and Arterial Thrombosis Risk Testing
- Celiac Disease Testing
- Thyroid Disease Testing
- Cardiovascular Disease Risk Assessment
- Diagnosis of Idiopathic Environmental Intolerance
- Epithelial Cell Cytology in Breast Cancer Risk Assessment
- Testing for Diagnosis of Active or Latent Tuberculosis
- Testing For Alpha-1 Antitrypsin Deficiency
- Immune Cell Function Assay
- In Vitro Chemoresistance and Chemosensitivities Assays
- Nerve Fiber Density Testing
- Metabolite Markers for Thiopurines
- Diagnostic Testing of Influenza
- Testing for the Diagnosis of Inflammatory Bowel Disease
- Serum Tumor Markers for Malignancies

New Payment Policies for Harvard Pilgrim Health Care Commercial To access these policies and review details, visit the Payment Policy section of our Provider website.	
• Pancreatic Enzyme Testing for Acute Pancreatitis • General Inflammation Testing • Diagnostic Testing of Common Sexually Transmitted Infections • β-Hemolytic Streptococcus Testing • Parathyroid Hormone, Phosphorus, Calcium, and Magnesium Testing • Gamma-glutamyl Transferase Testing in Adults • Colorectal Cancer Screening	• Evaluation of Dry Eyes • Pathogen Panel Testing • Serum Testing for Evidence of Mild Traumatic Brain Injury • Folate Testing • Urine Culture Testing for Bacteria • Onychomycosis Testing • Coronavirus Testing in the Outpatient Setting

These evidence-based policies are aligned with the latest scientific research to determine the appropriateness of lab testing.

We encourage ordering providers and laboratories that utilize requisition forms and panels to review the new Payment Policies and adjust forms as needed to help avoid ordering and conducting tests that would not be covered. ▲

Reimbursement rate update for home infusion therapy

Harvard Pilgrim Health Care Commercial | Tufts Health Plan Commercial | Tufts Health Direct | Tufts Health One Care | Tufts Health Plan Senior Care Options | Tufts Health RITogether | Tufts Health Together | Tufts Medicare Preferred

As a reminder, if you are reporting home infusion therapy services for multiple dates of service for the same Point32Health member, you should report a separate line for each date of service with the applicable procedure code(s) and number of units for that date.

Consistent with industry standard correct coding guidelines, Point32Health requires that modifier SH (second concurrently administered infusion therapy) or SJ (third or more concurrently administered infusion therapy) be included as appropriate. **Effective for dates of service beginning Dec. 1, 2025, we will reimburse subsequent concurrent infusions (identified by SH or SJ) at 50% of the standard rate/fee schedule amount for all of our Harvard Pilgrim and Tufts Health Plan members.**

For more information, please refer to our updated Harvard Pilgrim Health Care Home Infusion Therapy Payment Policy and Tufts Health Plan Home Infusion Payment Policy in the Payment Policies section of our provider website.

(*Consistent with Maine regulations, a redlined version of the Harvard Pilgrim policy is also posted temporarily.*) ▲

Updated billing requirements effective Jan. 1, 2026

Harvard Pilgrim Health Care Commercial

Effective for dates of service beginning Jan. 1, 2026, in support of correct coding practices, we're implementing the following billing and reimbursement updates for our Harvard Pilgrim Health Care Commercial plans:

- Claims billed with procedure codes 64561, 64581, or A4290 will be denied when a diagnosis of urinary incontinence or fecal incontinence is not also submitted.
- When reporting CPT codes 93784-93790 (ambulatory blood pressure monitoring; recording; analysis or review/report blood pressure recording), the claim will deny if it is billed for a reason other than elevated blood pressure reading without diagnosis of hypertension.

For more information, please refer to Point32Health's General Coding and Claims Editing Payment Policy in the Payment Policies section of our provider website, which has been updated to reflect these requirements.

(*Consistent with Maine regulations, a redlined version of this policy is also posted temporarily*.) ▲

Reminders regarding required billing of modifiers

Harvard Pilgrim Health Care Commercial | Tufts Health Plan Commercial | Tufts Health Direct | Tufts Health One Care | Tufts Health Plan Senior Care Options | Tufts Health RITogether | Tufts Health Together | Tufts Medicare Preferred

As you're aware, it's important to include modifiers on a claim whenever appropriate to provide additional information to describe the encounter in better detail. We're offering the reminders below regarding certain types of encounters or scenarios for which the inclusion of modifiers is required in the interest of industry standard correct coding.

Drugs with multiple routes of administration

When reporting drugs that have only one HCPCS Level II (J or Q) code but multiple potential routes of administration, providers must append one of the following modifiers to denote the route of administration:

- **JA**: Administered intravenously
- **JB**: Administered subcutaneously

End stage renal disease and erythropoiesis-stimulating agents

When billing for end stage renal disease and erythropoiesis-stimulating agents, you're required to append the following modifiers, as appropriate:

- **EA**: Erythropoetic stimulating agent (ESA) administered to treat anemia due to anti-cancer chemotherapy
- **EB**: Erythropoetic stimulating agent (ESA) administered to treat anemia due to anti-cancer radiotherapy
- **EC**: ESA administered to treat anemia not due to anti-cancer radiotherapy or anti-cancer chemotherapy

Positron Emission Tomography (PET) services

Providers reporting PET services with an oncological diagnosis must append the following modifiers:

- **PI**: Positron Emission Tomography (PET) or PET/Computed Tomography (CT) to inform the initial treatment strategy of tumors that are biopsy proven or strongly suspected of being cancerous based on other diagnostic testing
- **PS**: Positron Emission Tomography (PET) or PET/Computed Tomography (CT) to inform the subsequent treatment strategy of cancerous tumors when the beneficiary's treating physician determines that the PET study is needed to inform subsequent antitumor strategy

Please keep in mind that failure to append the modifiers referenced above when applicable may result in a claim denial. ▲

Authorization reminder: non-emergent medical transportation

Tufts Medicare Preferred

Point32Health wants to remind our provider network that — as we announced in the November 2024 issue of *Insights and Updates for Providers* — prior authorization is required for the following codes associated with non-emergent medical transportation for our Tufts Medicare Preferred members:

- A0426
- A0428
- A0430
- A0435

Our Non-Emergent Ambulance Transportation for Tufts Medicare Preferred (HMO and PPO) Medical Necessity Guidelines detail the prior authorization requirements for non-emergent medical transportation, including criteria, coverage limitations, and modifier combinations for various required transfer types (e.g., hospital to non-hospital-based dialysis facility, hospital to skilled nursing facility).

As a reminder, the prior authorization requirement does not apply to emergent medical transportation using an ambulance, or to non-emergent medical transportation using another other type of vehicle, such as a wheelchair van or chair car. The intention of the policy is to encourage the use of the least intensive means of transportation whenever possible, which helps manage costs for members and helps ensure that prompt ambulance transportation is accessible for those who need it most. ▲

Pharmacy coverage changes and 2026 formulary updates

Harvard Pilgrim Health Care Commercial | Tufts Health Plan Commercial | Tufts Health Direct | Tufts Health RITogether | Tufts Health Together

The chart below identifies updates for Pharmacy Medical Necessity Guidelines. For additional details and to access the guidelines referenced below, please visit the Pharmacy Medical Necessity Guidelines page on our Point32Health provider website.

Updates to existing prior authorization programs			
Drug	Plan	Eff. date	Policy & additional information
Asmanex HFA Asmanex Twisthaler	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct	1/1/2026	Asmanex Step Therapy policy Updated step therapy program to remove Pulmicort Flexhaler.
Fluticasone propionate HFA	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct	1/1/2026	Fluticasone propionate HFA Step Therapy Program policy Updated step therapy program to remove Pulmicort Flexhaler.
Wegovy Zepbound	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct	1/1/2026	Non-Formulary Exceptions policy • Clarified that non-formulary review of Wegovy for secondary cardiovascular prevention in overweight/obesity or metabolic dysfunction-associated steatohepatitis (MASH) is applicable to only Value and Premium formularies. • Updated Wegovy's non-formulary criteria for secondary cardiovascular prevention in overweight/obesity to exclude type 1 diabetes. • Removed non-formulary coverage criteria for Zepbound in moderate to severe obstructive sleep apnea in obesity.
Zepbound (tirzepatide)	Harvard Pilgrim Commercial, Tufts Health Plan Commercial	1/1/2026	Weight Loss Medications policy • Updated initial criteria for Zepbound to require that the patient has successfully completed 6 months of the plan-specified behavior modification program, if applicable.

2026 drug status and formulary updates

Please refer to this document to review drug status and formulary changes for Harvard Pilgrim Commercial, Tufts Health Plan Commercial, and Tufts Health Direct for the 2026 plan year, including:

- Drugs moving to non-formulary status
- Drugs moving to a higher tier
- Drugs moving to excluded status
- Drugs with prior authorization added

2026 drug status and formulary updates for Tufts Health RITogether, Tufts Medicare Preferred, Tufts Health Plan Senior Care Options, and Tufts Health One Care will be announced in the November issue of *Insights and Updates for Providers*. ▲

New for 2026: Select formulary

Harvard Pilgrim Health Care Commercial

In an effort to support member needs and manage costs, Point32Health has created a new Select formulary for large groups for the 2026 plan year. As we communicated in last month's article about our updated coverage of weight loss medication and again via a reminder in this month's issue, starting Jan. 1, 2026 (and upon group anniversary date), Harvard Pilgrim Health Care large group products in MA, NH, ME, and RI will be moved to this new Select formulary. This formulary has been designed for cost containment and excludes all weight loss medication coverage (among other distinctions), and will be available in 3-tier, 4-tier and 5-tier versions.

Members moving to the Select formulary will be notified before their change in coverage. The Select formulary, as well as our other formularies for 2026, are available here for reference. ▲

Coverage changes for Remicade and biosimilars

Harvard Pilgrim Health Care Commercial | Tufts Health Plan Commercial | Tufts Health Direct

We want to make you aware of some upcoming coverage changes related to the monoclonal antibody medication Remicade (infliximab) and its biosimilars. Effective Jan. 1, 2026 for Harvard Pilgrim Health Care Commercial, Tufts Health Plan Commercial, and Tufts Health Direct members, **Avsola and Inflectra will be the preferred infliximab products.** Remicade and unbranded Infliximab (HCPCS code J1745) will become non-preferred products.

Patients currently utilizing Remicade or unbranded Infliximab will not need a new prior authorization request for Avsola or Inflectra in order to transition to one of these two preferred products. Our Medical Benefit Drug MNG for Targeted Immunomodulators Skilled Administration, which you can find here, is being updated to reflect these changes. ▲

Applied behavioral analysis policy and coverage updates

Harvard Pilgrim Health Care Commercial | Tufts Health Plan Commercial | Tufts Health Direct | Tufts Health Together

Effective for dates of service beginning Jan. 1, 2026, Point32Health is making a number of policy and coverage updates pertaining to applied behavioral analysis (ABA) therapy services, which vary by product.

We're replacing our MNG for ABA therapy services for Commercial plans and Tufts Health Direct with the new Applied Behavioral Analysis (ABA) for Commercial Products and Tufts Health Direct MNG. The Applied Behavioral Analysis (ABA) Therapy for Autism Spectrum Disorders: Rhode Island Products MNG will be retired, and the new MNG will apply for Rhode Island Commercial products in addition to those in MA, ME, and NH.

The policy will utilize InterQual criteria and we're adopting a number of InterQual SmartSheets for prior authorization review.

Down syndrome coverage for Commercial, Direct, and Together

For Harvard Pilgrim and Tufts Health Plan Commercial products in Massachusetts only — including Tufts Health Together — in accordance with recent legislative guidance, **we will cover ABA therapy services for members who have a singular diagnosis of Down syndrome.** (An additional diagnosis of autism spectrum disorder will not be required for coverage of these patients.) The above-referenced MNG for Commercial and Direct outlines covered ICD-10 diagnosis codes for Down syndrome, and similar updates are in development for the MNG specific to Tufts Health Together, which will leverage criteria from MassHealth.

To reflect this change, our Autism Services Payment Policy has also been revised and renamed Applied Behavioral Analysis (ABA).

Coding updates

For Harvard Pilgrim Commercial plans, HCPCS codes H0031 and H0032 will no longer be covered, and CPT code 0362T will require prior authorization for Tufts Health Direct.

Requesting authorization

To request ABA prior authorization for Harvard Pilgrim Health Care Commercial, Tufts Health Direct, and Tufts Health Plan Commercial members, please continue to utilize the state's Standard Form for Applied Behavioral Analysis Services Prior Authorization Requests. For Tufts Health Together members, please use Point32Health's updated Applied Behavioral Analysis Prior Authorization Form.

As a reminder, we encourage providers to submit prior authorization requests electronically, in which case the prior authorization form must be uploaded with the request. If, however, you prefer to submit a prior authorization request by fax, please complete the form and fax it to the appropriate number below.

- Harvard Pilgrim Health Care Commercial members: 800-232-0816
- Tufts Health Plan Commercial members: 617-673-0314
- Tufts Health Direct members: 888-977-0776

(*Consistent with Maine regulations, the new MNG for Commercial and Direct is also posted* here *temporarily*.) ▲

Claims and authorization for ABA therapy services

Harvard Pilgrim Health Care Commercial | Tufts Health Plan Commercial | Tufts Health Direct | Tufts Health One Care | Tufts Health Plan Senior Care Options | Tufts Health RITogether | Tufts Health Together | Tufts Medicare Preferred

We'd like to offer some guidance for our provider community about the appropriate prior authorization request submission practices for applied behavioral analysis (ABA) therapy services for our Harvard Pilgrim Health Care and Tufts Health Plan members.

When requesting prior authorization for ABA therapy services, it's important to submit your request in the manner that best allows for the claim to match to the authorization in our system — and that methodology varies by line of business. We want our provider partners to have the best experience possible when doing business with us, so please keep the following product-line-specific guidance in mind for the quickest and most efficient claims processing.

Tufts Health Plan members

If you are requesting prior authorization for ABA therapy services for a member of a Tufts Health Plan product, please submit your request **under the billing NPI of your practice (type 2)** rather than under the NPI of the individual therapist.

Harvard Pilgrim members

When requesting authorization for a Harvard Pilgrim member, you'll need to submit the request under the most appropriate NPI depending on your provider type to ensure a match in the claims system:

- If you are requesting authorization on behalf of a clinic, you should submit the request using your clinic's **facility/group NPI (type 2).**
- If you are submitting an authorization request as a provider group, the request should be made at the clinician level using **the NPI of the individual ABA therapist (type 1)**.

Additional reminder

Providers should additionally be aware that the Jan. 1, 2025 changes to MassHealth's credentialing requirements — which we announced in the November 2024 issue of *Insights and Updates for Providers* — do not impact the way in which providers are expected to bill or request authorization for ABA therapy services. These updates have since been adopted across all Harvard Pilgrim and Tufts Health Plan products and reflect a process improvement designed to enhance program integrity and increase access to services. You should continue to request prior authorization for your Point32Health patients in a manner consistent with the guidance offered above. ▲

Guide to submitting provider claims appeals

Harvard Pilgrim Health Care Commercial | Tufts Health Plan Commercial | Tufts Health Direct | Tufts Health One Care | Tufts Health Plan Senior Care Options | Tufts Health RITogether | Tufts Health Together | Tufts Medicare Preferred

As Point32Health's valued partners in the delivery of care to our members, providers have the option to file an appeal if they disagree with a decision regarding the denial or reimbursement of a claim.

Point32Health acknowledges claims appeals pertaining to referral, notification, and prior authorization; filing limits; duplicate claims; contract rates; Payment Policies and clinical policies/Medical Necessity Guidelines; requests for additional information; retraction of payment; and more. To assist with the appeals process, we've developed a handy Provider Claims Appeals flyer to guide you through the steps for submitting claims appeals for services provided on behalf of our Harvard Pilgrim Health Care and Tufts Health Plan members.

Because some details of the claims appeal and review process vary by product, the flyer outlines key differences in how and where to submit the necessary Claims Review Form to initiate a request for appeal and includes other helpful appeals submission tips. For more detailed information, refer to our Harvard Pilgrim Health Care and Tufts Health Plan Provider Manuals.

We appreciate your commitment to understanding the reasons for claim denial and encourage you to keep this reference handy. Working together, we can continue to identify, address, and prevent claims errors; improve timely and accurate reimbursement; and reduce patient billing confusion — all contributing to a better experience for members, providers, and the Plans alike. ▲

Rhode Island Medicaid enrollment/screening

Tufts Health RITogether

As a reminder, if you are a Rhode Island Medicaid provider who hasn't completed screening and enrollment with the state Medicaid program, it is important to do so to ensure that you can continue participation in our Tufts Health RITogether network.

The 21st Century Cures Act requires states to screen and enroll all providers who treat Medicaid members, regardless of specialty. Providers who are not screened and enrolled risk removal from the Medicaid network.

If you haven't already, make sure to complete the RI Medicaid screening and enrollment process so that you can continue to receive reimbursement for Tufts Health RITogether members and ensure you can remain in our Tufts Health RITogether network in the future.

How to access the Medicaid enrollment/screening application:

- Go to the RI Medicaid Healthcare Portal to initiate a new provider application. There, you can also resume enrollment of an existing application, check the status of a submitted enrollment application, and view the Medicaid Provider Enrollment User Guide.
- For additional information, visit the Rhode Island Executive Office of Health and Human Services or call the Rhode Island Medicaid Customer Service Help Desk at 800-964-6211.

We encourage you to complete the process as soon as possible to avoid any interruption. ▲

Reminder: Complete the new 2025 Model of Care training by Dec. 31!

Tufts Health Plan Senior Care Options

As we shared in last month's newsletter, we recently posted the new 2025 SCO Model of Care training, and we encourage you to complete it as soon as possible.

PCPs and specialists who participate in the Tufts Health Plan Senior Care Options (SCO) plans are required by the Centers for Medicare and Medicaid Services (CMS) to complete the SCO Model of Care training annually.

This training, which is available in the Training Section of our Point32Health provider website, provides an overview of the plan and covers Tufts Health Plan SCO's Model of Care goals, team member responsibilities and PCP expectations, the individualized care plan (ICP) process, transition of care responsibilities, performance measures, and more.

At the conclusion of the presentation, you will be prompted to complete an attestation verifying completion of the training. ▲

Reminder: One Care training requirement

Tufts Health One Care

The Executive Office of Health and Human Services (EOHHS) and the Centers for Medicare & Medicaid Services (CMS) require providers and office staff to complete comprehensive training on the One Care (Medicare-Medicaid dual eligible) program.

Our online resources make it easy for you to comply with training requirements. Simply visit the Training section of our Point32Health website and click on "Begin the training" under the Tufts Health One Care provider trainings section.

The program has two tracks — a general training series developed by MassHealth via UMass Medical School, as well as a plan-specific Tufts Health One Care training. Providers must complete both tracks to meet One Care requirements.

For track one, the following recorded webinars are required:

- The Basics of One Care
- Engaging One Care Enrollees in Assessments & Care Planning
- Americans with Disabilities Act (ADA) Compliance
- Principles of Cross-Cultural Competence
- Promoting Wellness for People with Disabilities
- Contemporary Models of Disability
- Identifying Potential Abuse and Neglect of One Care Members
- Caring for Individuals with Co-Occurring Mental Health & Substance Use Disorders in One Care

The track one general series features additional trainings, including integrating virtual health care; providing support for members as parents; navigating housing instability; addressing social isolation; and many more.

Once you've concluded both training tracks, be sure to complete the attestation. Point32Health will record and submit your participation to EOHHS and CMS.

To learn more about the Tufts Health One Care program and working with us, refer to the Tufts Health One Care chapter and other relevant sections of the Tufts Health Public Plans Provider Manual. ▲

Utilization management best practices and tips

Harvard Pilgrim Health Care Commercial | Tufts Health Plan Commercial | Tufts Health Direct | Tufts Health One Care | Tufts Health Plan Senior Care Options | Tufts Health RITogether | Tufts Health Together | Tufts Medicare Preferred

We're offering some guidance around best practices and tips for utilization management (UM) requests and transactions so that Point32Health and our provider partners can work together as efficiently as possible for a positive shared experience.

These tips highlight just a few common issues and opportunities for improved collaboration, based on feedback from our provider community and our UM staff who work to help facilitate essential functions so that our providers can continue to deliver best-in-class care to our member population.

Benefits and eligibility and new MHK access for 1/1

When looking to confirm a member's benefits and eligibility prior to initiating care or referring them for a service, the best place to start is our secure provider portals. The following reference guides offer more guidance on how to use the portals to verify benefits and eligibility:

- Harvard Pilgrim Health Care Member Eligibility Verification User Guide
- Tufts Health Plan Eligibility and Benefits Inquiry Quick Reference Guide

As a reminder, we encourage you to use the electronic self-service capabilities offered via the provider portals whenever possible for their ease of use and quick turnaround times. HPHConnect and MHK — which is the medical management tool accessed from within the Tufts Health Plan secure portal — allow you to perform a number of transactions efficiently in one place, such as submitting referrals and authorizations, finding the status of a claim, providing inpatient notification, and more.

And we're delighted to share that beginning Jan. 1, 2026, providers will be able to use MHK to perform all their essential transactions for our Tufts Health One Care members! This access is new for Tufts Health One Care, and represents the most direct way to submit requests, providing real-time determinations and allowing you to attach clinical documentation and notes. (Please note that MHK is not currently available for Tufts Health Plan Senior Care Options, but it is available for Tufts Health Plan Commercial, Tufts Health Public Plans, and Tufts Medicare Preferred.)

Updating an authorization

If you initiated a request for prior authorization but need to make any changes to the information (e.g., the number of visits listed, diagnosis or procedure codes, the date range), the authorization should be submitted again as a new request. While we encourage you to use the applicable provider portal to do this, you may also choose to submit the request via fax.

After submitting a request either via the portals or by fax, please allow Point32Health a reasonable amount of time to review the request and respond. Submitting multiple requests unnecessarily may delay processing, as our UM team will need to review each request separately.

Include all necessary information

Please remember to include all pertinent information when submitting an authorization or other UM request. This includes any appropriate clinical documentation, the provider's NPI or TIN, or any other identifying information

necessary to convey a complete picture of the request or encounter so that we can process it without the need for provider resubmission.

Provider Service Center

For assistance with any functions you're unable to perform using our electronic self-service tools, we encourage you to contact the Provider Service Center at the applicable phone number as outlined by line of business here. We do not recommend calling other Point32Health departments such as UM directly for support, as the Provider Service Center is staffed and trained more appropriately to handle such inquiries. ▲

Reminder for shingles vaccine coverage

Harvard Pilgrim Health Care Commercial | Tufts Health Plan Commercial | Tufts Health Direct | Tufts Health One Care | Tufts Health Plan Senior Care Options | Tufts Health RITogether | Tufts Health Together | Tufts Medicare Preferred

Shingles affects 1 in 3 adults in their lifetime, as reported by the Centers for Disease Control and Prevention, and the risk of developing shingles increases with age. To help protect patients over the age of 50, the Shingrix vaccine is recommended as a two-dose series, administered up to 6 months apart.

While most of Point32Health's members can access the Shingrix vaccine at retail pharmacies, there are some differences across our Harvard Pilgrim and Tufts Health Plan products in how the vaccine can be accessed, which we've outlined below.

Tufts Health RITogether

For Tufts Health RITogether members, Shingrix is not covered under the Pharmacy benefit and cannot be accessed at a pharmacy retail clinic, such as CVS MinuteClinic. RITogether members must receive the vaccine under the Medical benefit at a provider location (e.g., office or outpatient clinic). As a provider, you can help your RITogether patients get vaccinated by participating in buy-and-bill or by directing the patient to one of your practice's outpatient clinics when the vaccine is available.

Commercial and Direct

Harvard Pilgrim Commercial, Tufts Health Plan Commercial, and Tufts Health Direct members age 50 and older can access the Shingrix vaccine under their Medical benefit with no cost-share, either at a participating retail pharmacy or by having it administered at the doctor's office. You can assist your Commercial and Direct patients by providing them with a list of retail pharmacy locations that administer the vaccine.

Senior Products/Tufts Health One Care

For members of our Tufts Medicare Preferred, Tufts Health Plan Senior Care Options, and Tufts Health One Care plans, Shingrix is available at retail pharmacies for patients age 50 and older with no cost-share.

Tufts Health Together

Tufts Health Together members can access the Shingrix vaccine, which is offered under the Pharmacy and Medical benefits, at the doctor's office or at a retail pharmacy or clinic. For members age 50 and older, the vaccine is available with no cost-share if administered in-network and prior authorization is not required. ▲

Administratively Necessary Days for psychiatric inpatient stays

Tufts Health One Care | Tufts Health Plan Senior Care Options | Tufts Health Together

As you may know, MassHealth recently issued a bulletin to clarify the acceptable use of Administratively Necessary Days (AND) for inpatient psychiatric hospital stays.

If you provide care for Tufts Health Together, Tufts Health One Care, or Tufts Health Plan Senior Care Options (SCO) members, please keep in mind that patients being treated in an inpatient psychiatric hospital can only be moved to AND status when they are clinically ready for discharge to a lower level of care, but a bed in the appropriate setting is not available. Patients who are awaiting discharge to an equivalent inpatient level of care are not eligible for Administratively Necessary Days.

Prior to moving a patient to AND status, a clinical case review is required to demonstrate:

- the patient's clinical presentation calls for discharge to a lower level of care, but an appropriate placement has not yet been secured; *and*
- any clinical barriers to discharge have been addressed and the discharge plan is ready to be implemented when an appropriate discharge placement has been secured; *and*
- the patient does not require a high degree of clinical resources daily.

Providers can request reimbursement for Administratively Necessary Days using revenue code 169. For more information, refer to the Tufts Health Public Plans and Senior Products Inpatient and Intermediate/Diversionary Behavioral Health/Substance Use Disorder Facility Payment Policies. ▲

Discontinued coverage of Bausch Health non-rebate medications

Tufts Health Together

As a result of drug manufacturer Bausch Health discontinuing participation in the Medicaid Drug Rebate Program, MassHealth is no longer covering non-rebate medications from Bausch Health and its subsidiaries — and consistent with that, Point32Health will no longer cover the non-rebate medications listed below, effective beginning Oct. 15, 2025 for Tufts Health Together members.

Point32Health is end-dating authorizations as of Oct. 15 for medications that are part of Bausch Health's Patient Assistance Program, which is available to help eligible Medicaid patients obtain their products and treatments. We advise you and your patients to seek access to medications that are no longer covered by MassHealth and Point32Health, but are available through the PAP, by contacting the program at 855-770-0424.

In cases where the drug is not available through the PAP and a generic alternative is available on the MassHealth covered drug list, Point32Health will offer coverage. If that medication requires prior authorization, Point32Health will automatically update the existing authorization to allow for use of the generic. Often, pharmacies will provide a generic alternative without a new prescription, but in the event a dispensing pharmacy does not, the prescribing physician will need to write a new prescription.

In preparation for this change in medication coverage, Point32Health will notify impacted members.

Topical Medications	Oral Medications	Injectable or Intranasal Medications
• Acanya (clindamycin/benzoyl peroxide) • Altreno (tretinoin 0.05% lotion) • Anusol-HC (hydrocortisone hemorrhoidalcream) • Arazlo (tazarotene lotion) • Benzamycin (benzoylperoxide/erythromycin) • Bryhali (halobetasol lotion)	• Ancobon (flucytosine) • Aplenzin (bupropion hydrobromide ER) • Apriso (mesalamine 0.375-gram ER capsule) • Ativan (lorazepam tablet) • Cardizem CD (diltiazem ER capsule) • Cardizem LA (diltiazem ER tablet)	• Ammonul (sodium phenylacetate/sodium benzoate) • Migranal (dihydroergotamine nasal spray) • Relistor (methylnaltrexone injection) • Siliq (brodalumab) • Visudyne (verteporfin)

Topical Medications	Oral Medications	Injectable or Intranasal Medications
• Cabtreo (clindamycin/adapalene/benzoyl peroxide) • Carac (fluorouracil 0.5% cream) • Clindagel (clindamycin gel) • Duobrii (halobetasol/tazarotene lotion) • Efudex (fluorouracil 5% cream) • Elidel (pimecrolimus) • Ertaczo (sertaconazole) • Jublia (efinaconazole) • Klaron (sulfacetamide 10% lotion) • Luzu (luliconazole) • Noritate (metronidazole 1% cream) • Onexton (clindamycin/benzoyl peroxide gel, gel pump) • Retin-A (tretinoin) • Retin-A Micro (tretinoin microspheres) • Uceris (budesonide rectal foam) • Vanos (fluocinonide 0.1% cream) • Xerese (acyclovir/hydrocortisone) • Ziana (clindamycin/tretinoin) • Zovirax (acyclovir cream, ointment) • Zyclara (imiquimod 2.5%, 3.75% cream)	• Cardizem (diltiazem) • Colazal (balsalazide) • Cuprimine (penicillamine capsule) • Cycloset (bromocriptine 0.8 mg tablet) • Demser (metyrosine) • Diuril (chlorothiazide suspension) • Edecrin (ethacrynic acid tablet) • Isordil (isosorbide dinitrate tablet) • Librax (chlordiazepoxide/ clidinium) • Lodosyn (carbidopa) • Mestinon (pyridostigmine bromide tablet, ER tablet, solution) • Moviprep (polyethylene glycol-electrolyte solution) • Mysoline (primidone) • Pepcid (famotidine tablet) • Plenvu (polyethylene glycol-electrolyte solution) • Relistor (methylnaltrexone tablet) • Syprine (trientine 250 mg capsule) • Targretin (bexarotene) • Tasmar (tolcapone) • Tiazac ER (diltiazem) • Trulance (plecanatide) • Uceris (budesonide ER tablet) • Vaseretic (enalapril/hydrochlorothiazide) • Vasotec (enalapril) • Wellbutrin XL (bupropion hydrochloride ER 150 mg, 300 mg tablet) • Xifaxan (rifaximin 200 mg, 550 mg) • Zelapar (selegiline ODT)	• Zegalogue (dasiglucagon)

ER = extended release; **ODT** = orally disintegrating tablet

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Reassessment requirement for CANS-certified assessors

Tufts Health Together

If you are a current provider of behavioral health assessments for Tufts Health Together members under the age of 21, please be aware that due to upcoming changes to the Child and Adolescent Needs and Strengths (CANS) assessment and associated training, MassHealth has temporarily suspended the reassessment requirement for CANS-certified assessors. Clinicians who are not yet CANS-trained and certified, however, must fulfill the current training requirement and certification prior to completing CANS assessments.

As you may know, MassHealth is in the process of developing the Comprehensive Assessment System (eCAS), an electronic application within which clinicians will complete CANS assessments. This new portal will include revised language and usability features developed by clinical stakeholders, the CANS Training and Certification Team, and MassHealth.

To learn more about current CANS training and certification requirements, visit the Mass.gov website. ▲

Help us keep directory information up to date

Harvard Pilgrim Health Care Commercial | Tufts Health Plan Commercial | Tufts Health Direct | Tufts Health One Care | Tufts Health Plan Senior Care Options | Tufts Health RITogether | Tufts Health Together | Tufts Medicare Preferred

Provider directories are an important resource for health care consumers, who utilize them to select providers, make appointments, and access care. In accordance with the No Surprises Act of 2021, providers should review and revalidate their information every 90 days to ensure accuracy of the Provider Directory. Failure to review and update information at least every 90 days may result in directory suppression until such information is validated.

At a minimum of every 90 days, providers should make sure to review and verify the accuracy of their information displayed in our Harvard Pilgrim Health Care and Tufts Health Plan provider directories (including practice location, phone number, hours of operation, ability of each individual provider to accept new patients, and any other information that affects the content or accuracy of the directories).

Reporting changes

Changes to data should be reported via the CAQH Provider Data Portal for those who have implemented it. Please keep in mind that the CAQH Provider Data Portal has recently been updated with some additional required data fields, as we announced in this article.

Report any contractual affiliation changes — such as a provider leaving or joining a contracted provider group or practice — to Harvard Pilgrim and/or Tufts Health Plan by:

- Submitting a Provider Change Form to Harvard Pilgrim's Provider Processing Center for Harvard Pilgrim products by email at PPC@point32health.org, or;
- Submitting a Medical or Behavioral Health Provider Information Form to provider_information_dept@point32health.org for Tufts Health Plan products.

If Point32Health identifies potentially inaccurate provider information in the directories, we may outreach to your practice to validate or obtain accurate information. If we are unable to obtain a timely response, the provider record may be subject to suppression in the directories until up-to-date information is received.

Attestation for facilities

As a reminder, for contracted facilities, confirmation of your directory data should be submitted using the facility attestation functionality available on Harvard Pilgrim's secure provider portal, HPHConnect, or on Tufts Health's Plan's secure provider portal (newly available as of June 1, 2025). These online forms allow facilities to confirm that their information is accurate every 90 days to avoid directory suppression. For step-by-step instructions on how to complete the facility attestation forms, please refer to the updated Harvard Pilgrim Completing the Provider Data Attestation for Facilities User Guide and Tufts Health Plan Secure Provider Portal User Guide.

Additional information

For additional information, please refer to the updated Directory Accuracy and Suppression of Unverified Provider Information policy for Harvard Pilgrim Commercial plans, as well as the Directory Accuracy and Suppression of Unverified Provider Information sections recently added to the Providers sections of our Tufts Health Plan Commercial, Senior Products, and Public Plans Provider Manuals. ▲

Point32Health Medical Necessity Guideline updates

Harvard Pilgrim Health Care Commercial | Tufts Health Plan Commercial | Tufts Health Direct | Tufts Health One Care | Tufts Health Plan Senior Care Options | Tufts Health RITogether | Tufts Health Together | Tufts Medicare Preferred

The chart below identifies updates to our Medical Necessity Guidelines. For additional details, refer to the Medical Necessity Guidelines page on our Point32Health provider website, where you can find coverage and prior authorization criteria for our Harvard Pilgrim and Tufts Health Plan lines of business.

Updates to Medical Necessity Guidelines (MNG)			
MNG Title	Products affected	Eff. date	Summary
Applied Behavioral Analysis (ABA) for Commercial Products and Tufts Health Direct	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health Together	1/1/2026	Various changes made to coverage and policies pertaining to applied behavioral analysis therapy service, which vary by product. Please see this article for more detailed information.
Genetic and Molecular Diagnostic Testing for Tufts Health Direct, Tufts Health Together, Tufts Health RITogether, and Tufts Health One Care	Tufts Health Direct, Tufts Health Together, Tufts Health RITogether, Tufts Health One Care	12/1/2025	List of applicable codes will no longer be maintained on the MNG — you'll find the most current coding and prior authorization information on Carelon's provider portal. In addition, we're making coverage updates related to biomarker codes, in support of guidance from the Massachusetts Executive Office of Health and Human Services. For Tufts Health Together and Tufts Health One Care only, the following CPT codes will be covered with prior authorization: • 82233 • 82234 • 83884 • 84393 • 84394 • 86581 • 87513 • 87564 • 87626 • 81335 Prior authorization will be newly required for CPT codes 81514 and 81515.

Updates to Medical Necessity Guidelines (MNG)			
MNG Title	Products affected	Eff. date	Summary
Stereotactic Radiosurgery and Stereotactic Body Radiotherapy	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health Together, Tufts Health RITogether, Tufts Health One Care	12/1/2025	Adding primary renal cell carcinoma as a covered indication in alignment with guidelines from the National Comprehensive Cancer Network for kidney cancer. In addition, prior authorization will be newly required for all codes listed on the MNG for Tufts Health RITogether, and prior authorization will be newly required for CPT codes 63620 and 63621 for Tufts Health One Care.
Community Support Programs Including Specialized Community Support Programs	Tufts Health Together, Tufts Health One Care, Tufts Health Plan Senior Care Options	12/1/2025	We're updating the notification timeframe requirements outlined on this MNG as follows: • CSP: No notification or prior authorization for the first six months of service. Prior authorization must be obtained for coverage to continue beyond the first six months of service. • CSP-HI and CSP-TPP: Notification required and must be submitted within one week of initiation of services. Notification is required annually. • CSP-JI: Notification required for the first 6 months 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 6 months.
Recovery Support Navigator	Tufts Health Together, Tufts Health One Care	12/1/2025	We're updating the notification timeframe requirements outlined on the MNG to specify that notification is required for the first 90 days of service and must be submitted within 7 business days from the first date of service. Prior authorization must be obtained for coverage to continue beyond the first 90 days of service.
Continuous Glucose Monitoring and Diabetes Management Devices	Tufts Health One Care	12/1/2025	Prior authorization will be required for HCPCS code E2103. In addition, criteria updated to specify that members new to the plan do not need to meet the criteria for "Poorly controlled blood glucose" if they are stable and have been successfully using the device prior to becoming a member and the device was authorized for use by their prior insurance. (Supporting documentation is required.)

Updates to Medical Necessity Guidelines (MNG)			
MNG Title	Products affected	Eff. date	Summary
Lower Limb Prostheses	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health Together, Tufts Health RITogether, Tufts Health One Care	11/1/2025	HCPCS code L5783 (adjustable sockets) will now be covered with prior authorization. (This code was previously not covered.)
Intensity Modulated Radiation Therapy	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health Together, Tufts Health RITogether, Tufts Health One Care, Tufts Medicare Preferred, Tufts Health Plan Senior Care Options	10/1/2025	Minor updates to criteria language. In addition, intensity modulated radiation therapy is now covered when medically necessary for the following indications: oral cavity, oropharynx, hypopharynx, larynx
Clinical Review of Dental Services in the Medical Benefit	Harvard Pilgrim Commercial	10/1/2025	Minor criteria updates, and following have been added to the MNG as covered indications: • History of malignant hypothermia • Infection that compromises nutrition or hydration
Continuous Glucose Monitoring and Diabetes Management Devices	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health RITogether	10/1/2025	Criteria updated to specify that members new to the plan do not need to meet the criteria for “Poorly controlled blood glucose” if they are stable and have been successfully using the device prior to becoming a member and the device was authorized for use by their prior insurance. (Supporting documentation is required.)
Percutaneous Electrical Nerve Field Stimulation for Functional Abdominal Pain Disorders — IB-STIM	Tufts Health Together	10/1/2025	New MNG providing details on coverage of IB Stim (64999), a percutaneous electrical nerve field stimulator system for use in children and adolescents with abdominal pain associated with irritable bowel syndrome (IBS). MNG is consistent with MassHealth guidance. Prior authorization is not required.

Point32Health medical drug program updates

Harvard Pilgrim Health Care Commercial | Tufts Health Plan Commercial | Tufts Health Direct | Tufts Health One Care | Tufts Health Plan Senior Care Options | Tufts Health RITogether | Tufts Health Together| Tufts Medicare Preferred

The chart below identifies updates to our medical benefit drug program. For additional details, refer to the Medical Necessity Guidelines associated with the medical drug in question, which you can find on our Point32Health (the parent company of Harvard Pilgrim Health Care and Tufts Health Plan) Medical Benefit Drug Medical Necessity Guidelines page.

Alternatively, some medical drugs are managed through an arrangement with OncoHealth when utilized for oncology purposes for Harvard Pilgrim members. You can find information about this program on the OncoHealth page in the Vendor Programs section of Point32Health's provider website and you can access the prior authorization policies for these drugs directly on OncoHealth's webpage for Harvard Pilgrim.

Tufts Health Together utilizes MassHealth's Unified Formulary for pharmacy medications and select medical benefit drugs; for drug coverage and criteria refer to the MassHealth Drug List.

New prior authorization for OncoHealth drugs (for oncology purposes) For Harvard Pilgrim Health Care Commercial members		
MNG/Drug(s)	Additional information	Eff. date
Avtozma (tocilizumab-anoh)	Avtozma (tocilizumab-anoh) (Q5156), a biosimilar of Actemra (tocilizumab), will be covered with prior authorization.	11/1/2025
Tocilizumab Fresenius (tocilizumab-aazg)	Tocilizumab Fresenius (tocilizumab-aazg) (J9999), a generic biosimilar to Tyenne (tocilizumab-aazg), approved by the FDA in March 2024, will be covered with prior authorization. Please note that only the IV formulation of the drug will be covered.	11/1/2025
Tocilizumab Celltrion (tocilizumab-anoh)	Tocilizumab Celltrion (tocilizumab-anoh) (J9999), a generic biosimilar of Avtozma (tocilizumab-anoh), approved by the FDA in January 2025, will be covered with prior authorization. Please note that only the IV formulation of the drug will be covered.	11/1/2025

New prior authorization programs		
Drug/MNG	Plan & additional information	Eff. date
Kebilidi	Tufts Medicare Preferred, Tufts Health Plan Senior Care Options, Tufts Health One Care Prior authorization is now required for Kebilidi, an adeno-associated virus vector-based gene therapy indicated for the treatment of adult and pediatric patients with aromatic L-amino acid decarboxylase deficiency. Our coverage criteria are aligned with MassHealth's, as is the case for all gene therapies for our Senior Products.	10/1/2025

New prior authorization programs		
Drug/MNG	Plan & additional information	Eff. date
Encelto MassHealth Adjudicated Payment Amount per Discharge and Adjudicated Payment per Episode Carve Out Drug	Tufts Health Together, Tufts Medicare Preferred, Tufts Health Plan Senior Care Options, Tufts Health One Care The ophthalmology drug Encelto (J3403) is covered with prior authorization.	10/1/2025
>Ryoncil Unified Medical Policies	Tufts Health Together Ryoncil (J3402) is covered with prior authorization.	10/1/2025

Updates to existing prior authorization programs		
Drug/MNG	Plan & additional information	Eff. date
Luxturna	Tufts Health Together Criteria updated to remove the following: • Baseline full-field light sensitivity threshold (FST) scores • Discontinuation of retinoid compounds for at least 18 months Luxturna monitoring program	10/1/2025
Abecma Breyanzi Carvykti Kymriah Tecartus Yescarta	Tufts Health Together Criteria updated to remove authorized treatment center requirements for these T-cell immunotherapies.	10/1/2025

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Point32Health Payment Policy updates

Harvard Pilgrim Health Care Commercial | Tufts Health Plan Commercial | Tufts Health Direct | Tufts Health One Care | Tufts Health Plan Senior Care Options | Tufts Health RITogether | Tufts Health Together | Tufts Medicare Preferred

Please refer to the chart below for information on new and updated Payment Policies. For details, access the policies listed below by visiting the Payment Policies section of our Point32Health provider website.

Updates to Payment Policies			
Payment Policy Title	Products affected	Eff. date	Additional information
Home Health Care	Harvard Pilgrim Health Care Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health Together, Tufts	10/1/2025	Minor administrative edits for accuracy and clarity.

Updates to Payment Policies			
Payment Policy Title	Products affected	Eff. date	Additional information
	Health RITogether, Tufts Health One Care, Tufts Health Plan Senior Care Options, Tufts Medicare Preferred		
Transplants	Harvard Pilgrim Health Care Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health Together, Tufts Health RITogether, Tufts Health One Care, Tufts Health Plan Senior Care Options, Tufts Medicare Preferred	10/1/2025	Integrated Point32Health Payment Policy replaces the Harvard Pilgrim Health Care Transplant Payment Policy and the Tufts Health Plan Transplant Facility Payment Policy.
Inpatient Hospital Admissions	Harvard Pilgrim Health Care Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health Together, Tufts Health RITogether, Tufts Health One Care, Tufts Health Plan Senior Care Options, Tufts Medicare Preferred	10/1/2025	Minor administrative edits for accuracy and clarity.
Obstetrics/ Gynecology	Harvard Pilgrim Health Care Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health Together, Tufts Health RITogether, Tufts Health One Care, Tufts Health Plan Senior Care Options, Tufts Medicare Preferred	10/1/2025	Minor administrative edits for accuracy and clarity.
Radiation Oncology	Harvard Pilgrim Health Care Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health Together, Tufts Health RITogether, Tufts Health One Care, Tufts Health Plan Senior Care Options, Tufts Medicare Preferred	10/1/2025	Minor administrative edits for accuracy and clarity.
Chemotherapy Oncology	Harvard Pilgrim Health Care Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health Together, Tufts Health RITogether, Tufts Health One Care, Tufts Health Plan Senior Care Options, Tufts Medicare Preferred	10/1/2025	Minor administrative edits for accuracy and clarity.
General Coding and Claims Editing	Harvard Pilgrim Health Care Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health Together, Tufts Health RITogether, Tufts Health One Care, Tufts Health Plan Senior Care Options, Tufts Medicare Preferred	10/1/2025	Minor administrative edits for accuracy and clarity.
Radiology	Harvard Pilgrim Health Care Commercial	10/1/2025	Minor administrative edits for accuracy and clarity.

Updates to Payment Policies			
Payment Policy Title	Products affected	Eff. date	Additional information
Imaging Services	Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health Together, Tufts Health RITogether, Tufts Health One Care, Tufts Health Plan Senior Care Options, Tufts Medicare Preferred	10/1/2025	Minor administrative edits for accuracy and clarity.
Inpatient and Intermediate Behavioral Health/Substance Use Disorder Facility	Tufts Health Plan Senior Care Options, Tufts Medicare Preferred	10/1/2025	Updates to Billing Instructions section to include information on Administratively Necessary Days (AND)
Applied Behavioral Analysis Services	Harvard Pilgrim Health Care Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health Together, Tufts Health RITogether	10/1/2025	Policy name changed from Autism Services to Applied Behavioral Analysis Services. Updates to Billing Guidelines and Documentation section to reflect changes in Medical Necessity Guidelines. Refer to Applied behavioral analysis policy coverage updates article for more information.