

Insights and Updates for Providers

January 2026

Guide to navigating pre-service clinical appeals

[Harvard Pilgrim Health Care Commercial](#) | [Tufts Health Direct](#) | [Tufts Health Plan Commercial](#)

[Tufts Health RITogether](#) | [Tufts Health Together](#) | [Tufts Health Plan Senior Care Options](#)

[Tufts Health One Care](#) | [Tufts Medicare Preferred](#)

As valued partners in the care of our members, providers have the option to appeal a coverage denial if they disagree with the result of a Point32Health utilization management (UM) decision. Also referred to as a clinical or pre-service appeal, a UM appeal is a formal request for reconsideration of a denial that providers can submit — either verbally or in writing — on behalf of a Harvard Pilgrim Health Care or Tufts Health Plan member.

To assist you with the submission process, we've developed a [Guide to navigating pre-service clinical appeals](#) that provides an overview of Point32Health's UM appeals options as well as step-by-step submission instructions, which vary by product. It also includes key contact information, links to important forms and resources, member appeal rights, and other helpful tips for initiating and submitting UM appeals.

As a reminder, UM appeals are different than claims appeals, which address provider reimbursement disputes for services that have already been rendered. Refer to the [Provider Claims Appeals](#) flyer in the Provider Training Guides section of our website for detailed information on the payment dispute process.

We appreciate your commitment to providing our members with the most clinically appropriate care and encourage you to keep these resources handy. For additional guidance, please refer to the applicable sections of our Harvard Pilgrim Health Care and Tufts Health Plan [Provider Manuals](#). ▲

Elective inpatient medical admissions

[Harvard Pilgrim Health Care Commercial](#)

Effective for dates of service beginning April 1, 2026, for our Harvard Pilgrim Health Care Commercial members, **Point32Health will require prior authorization for elective inpatient medical admissions, including elective oncology admissions for the administration of chemotherapy drugs, and will apply level of care reviews.**

Similar to the change we communicated regarding elective inpatient surgical procedures in the [January 2025 issue](#) of *Insights and Updates for Providers*, **we will perform level of care reviews using InterQual criteria.**

These medical necessity reviews will assess whether it's more appropriate for a given service or drug to be administered in the inpatient setting or an outpatient setting.

Please keep in mind that in addition to the authorization for the elective inpatient medical admission itself, you'll need to continue to follow existing processes for any associated drugs or services requiring prior authorization — including the submission of any necessary accompanying clinical documentation. For example, while Point32Health will apply level of care reviews to the planned administration of chemotherapy drugs, the drugs themselves will still be reviewed separately by OncoHealth.

Harvard Pilgrim's Commercial [Provider Manual](#) will be updated in advance of the April 1 effective date to reflect this change.

Editor's note:

Based on further review of utilization management processes and feedback from our providers, **we have elected**

not to proceed with this change and will no longer be implementing a prior authorization requirement or level of care reviews for elective inpatient medical admissions. ▲

Update on diabetic GLP-1 and GIP/GLP-1 drug coverage

Harvard Pilgrim Health Care Commercial | Tufts Health Direct

Effective May 1, 2026, for Harvard Pilgrim Health Care Commercial and Tufts Health Direct members on our Premium, Select, Value, Core Massachusetts, Tuft Health Direct, and Value ConnectorCare formularies, the automated step therapy program will be removed for diabetic GLP-1 and GIP/GLP-1 medications.

Currently, step therapy is applied at the point of service; if a member requesting a diabetic GLP-1 or GIP/GLP-1 medication at the pharmacy has a prior claim for an oral hypoglycemic agent from within the previous 365 days, the claim will automatically pay. Prior authorization would only be required in the event that there is no evidence of a paid claim for an oral hypoglycemic agent.

As of May 1, however, this automated step therapy program will no longer apply. **Prior authorization will be required for all members with the products/formularies referenced above for diabetic GLP-1 and GIP/GLP-1 medications (e.g., Bydureon BCise, Byetta, Mounjaro, Ozempic, Rybelsus, Trulicity).** The prior authorization criteria, intended to reduce or prevent off-label use for weight loss, will specify that coverage is only available for these members if they have a diagnosis of type 2 diabetes and have a trial and failure of a 30-day supply — or are currently taking — an oral hypoglycemic agent.

Members impacted by this update will be notified at least 60 days prior to the change. For coverage of diabetic GLP-1 and GIP/GLP-1 medications, prescribing providers must submit a request through the typical medical review process subject to our [Pharmacy Medical Necessity Guidelines for Incretin Mimetics](#).

Additionally, as a reminder, [the coverage changes we've previously announced](#) related to medications including GLP-1 drugs to treat weight loss and alternative indications are now in effect as of Jan. 1, 2026. ▲

2026 Physician Group Honor Roll announced

Harvard Pilgrim Health Care Commercial

For 24 years, Harvard Pilgrim Health Care has used its annual Physician Group Honor Roll to acknowledge physician groups for achieving exceptional results in their approach to disease prevention and the treatment of acute and chronic illness for both adult and pediatric patients.

We're proud to continue the longstanding tradition of highlighting clinical excellence and would like to congratulate the 34 physician groups in Harvard Pilgrim's Commercial network named to our 24th annual Physician Group Honor Roll.

We selected the Honor Roll physician groups based on clinical performance measured against NCQA's national HEDIS quality benchmarks in three domains of clinical care: acute, chronic, and preventive care. Physician groups were identified as Honor Roll practices based on performance on 18 measures, such as appropriate treatment for adults and children with upper respiratory infection, diabetes care, and breast cancer screenings. Seven practices achieved "With Distinction" status, meaning they exceeded NCQA's national 90th percentile in these domains of clinical care.

Honor Roll physician groups are noted in Harvard Pilgrim's [Provider Directory](#), enabling members to evaluate and select providers based on quality performance. You can view the complete list of this year's recipients and learn more about Harvard Pilgrim's methodology on the [Physician Group Honor Roll page](#). ▲

Continuity of care for patients switching health plans

Harvard Pilgrim Health Care Commercial | Tufts Health Direct

Ensuring uninterrupted care for members — especially those in active treatment or managing chronic conditions — is an integral component of Point32Health's mission. In the spirit of that commitment, we're pleased to share that beginning Jan. 1, 2026, we will honor existing prior authorizations from in-network providers when a patient switches to a Harvard Pilgrim Health Care Commercial plan or Tufts Health Direct from another insurer.

This important continuity of care initiative aligns with [AHIP's efforts to streamline prior authorization](#) and will serve to connect patients more quickly to care while reducing administrative burden for providers.

Below we've outlined the information you'll need to know about the scope of the change, how to submit the required proof of authorization, and other key details.

Honoring existing authorizations

If a member has a prior authorization in place from an in-network provider under their previous insurer, we will honor that authorization for 90 days after their new plan's effective date. During this 90-day continuity of care period, no additional medical necessity review will be required. Keep in mind, however, that services authorized by a previous insurer from an out-of-network provider will continue to be subject to additional medical necessity review.

This applies to benefit-equivalent medical and behavioral health services, as well as pharmacy drugs and items. (Please note that medical drugs are not in scope for this change and will require a new prior authorization.)

How to submit proof of authorization

To continue medical and behavioral health services without interruption, providers will need to validate that the member had an active authorization on file with their previous insurer by submitting a copy of the authorization letter. Alternatively, you can submit the following documentation:

- Previous provider information
- Dates of service
- CPT codes
- Number of units or visits authorized
- Authorization number from the previous plan

For **medical services**, this information should be submitted by fax to:

- Harvard Pilgrim Health Care: 800-232-0816
- Tuft Health Direct: 888-415-9055

Please fax proof of authorization for **behavioral health services** to:

- Harvard Pilgrim Health Care: 800-232-0816
- Tuft Health Direct: 888-977-0776

For **pharmacy drugs**, if an active authorization existed under the member's previous plan, providers are not required to submit proof of prior authorization. To request a 30-day prescription extension, you can call the appropriate Harvard Pilgrim Health Care or Tufts Health Plan [Provider Service Center](#).

For medical and behavioral health services as well as pharmacy drugs and items, once prior authorization is verified, Point32Health will enter the information into our system to allow for extended coverage for 90 days from the member's Harvard Pilgrim Commercial or Tufts Health Direct plan start date.

Vendor programs

In cases where Point32Health utilizes a contracted vendor to oversee utilization management for certain services, if an active authorization existed under the member's previous plan, providers are not required to submit proof of prior authorization to Point32Health. However, requirements for documentation may vary by vendor. You can find information about these vendors on the [Vendor programs page](#) on the Point32Health provider website. Refer to a

respective vendor's website or call the phone number provided for information on prior authorization and continuity of care.

More information

We've updated the prior authorization sections of the [Harvard Pilgrim Health Care Commercial](#) and [Tufts Health Public Plans](#) Provider Manuals to reflect this change. For any questions you may have, contact the applicable [Provider Service Center](#).

** Editor's note: formatting of fax information updated for submitting proof of authorization for medical and behavioral health services.* ▲

New – interim billing for medical inpatient stays

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

Point32Health is pleased to share that we're now accepting interim claims for all medical inpatient stay types, as appropriate, for Tufts Health Together, Tufts Health One Care (HMO D-SNP), and Tufts Health Plan Senior Care Options members. This means that providers no longer have to wait until a patient discharges before submitting claims. Interim claims can now be billed for members receiving a continuous course of inpatient treatment that's expected to last for an extended period of time.

For admission dates on or after July 1, 2024, providers can submit a bill for services every 60 days using the bill types below.

First claim	Bill type 112 (initial interim bill)
Subsequent claims	Bill type 117 (replacement/corrected claim)

Please note that interim bill types 113 and 114 are not allowed for medical inpatient stays.

It's important to keep in mind that each interim bill for a single inpatient stay should be a cumulative bill of all services provided to the member. The initial interim bill is submitted for the first 60 days of the stay, and any subsequent bills are submitted in 60-day intervals, except for the final bill, which is submitted upon discharge and cumulatively reflects all of the services provided throughout the course of the stay — thus replacing the previous bills.

We've updated our [Inpatient Hospital Admissions Payment Policy](#) to include information on interim billing for Tufts Health Together, Tufts Health One Care, and Tufts Health Plan Senior Care Options plans. Additional claims guidance can be found within the Claims Requirements section of the [Tufts Health Public Plans](#) and [Senior Products](#) Provider Manuals. ▲

Billing update for annual behavioral health wellness exams

Tufts Health Together

As you may know, Point32Health covers annual behavioral health wellness exams with no member cost sharing or prior authorization required for our Tufts Health Together and Tufts Health Direct members, which may be rendered by a primary care provider or licensed mental health professional.

We follow MassHealth's guidance and regulations — and providers who perform annual behavioral health wellness exams for Tufts Health Together members should be aware that effective for dates of service on or after Sept. 23, 2025, MassHealth has updated the billing requirements for reimbursement of these exams. Providers impacted by this change include:

- Acute outpatient hospitals
- Community health centers (CHCs)

- Group practice organizations
- Hospital-licensed health centers
- Primary care practitioners (PCPs)
- Psychologists
- Licensed independent clinical social workers (LICSWs)
- Licensed marriage and family therapists
- Licensed mental health counselors

Massachusetts [All Provider Bulletin 408](#) outlines the state's updated billing guidance and requirement details, which vary depending on provider type. We encourage you to refer to the bulletin for the appropriate procedure codes, diagnosis codes, and modifiers to use when submitting claims for reimbursement. We're currently updating our systems to align with this MassHealth guidance.

As a reminder, the annual behavioral health wellness examination includes an assessment or screening to identify behavioral or mental health needs and appropriate treatment resources. Details on the components of the annual behavioral health wellness examination can be found in [Appendix A of the Division of Insurance Bulletin 2024-02](#).



Billing for short-term behavioral health inpatient stays

[Tufts Health Together](#) | [Tufts Health Plan Senior Care Options](#) | [Tufts Health One Care \(HMO D-SNP\)](#)

We're offering some important reminders around the correct billing practices for short-term behavioral health (BH) inpatient stays. (Please keep in mind that the following guidance does not apply to inpatient acute medical admissions.)

As you may know, **it is not appropriate to submit interim bills for BH inpatient treatment when the length of stay is less than 30 days.**

When the length of stay is 1-30 days, including claims for BH services that are reimbursed per diem, **the claim should be submitted as one inpatient stay using bill type 111.**

In addition, please keep the following rules in mind regarding the fields included on the bill:

- The statement "From" date must be before or equal to the admission date.
- Per [MassHealth billing guidelines](#), do not count the statement "Through" date (discharge date) as a covered day.
- The status code should indicate that the patient has been discharged.
- Submit one procedure code per date of service.
- Do not submit separate claims for consecutive-day stays.

If the total length of stay is one day, distinct billing dates must be used; the "From" (admission) and "Through" (discharge) dates cannot be the same. ▲

Expanded access to MHK portal for increased convenience

[Harvard Pilgrim Health Care Commercial](#) | [Tufts Health Direct](#) | [Tufts Health Plan Commercial](#)

[Tufts Health RITogether](#) | [Tufts Health Together](#) | [Tufts Health Plan Senior Care Options](#)

[Tufts Health One Care](#) | [Tufts Medicare Preferred](#)

As a reminder, Point32Health encourages our provider partners to use the electronic self-service capabilities offered via our [secure 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; confirming a member's benefits and eligibility prior to initiating care or referring them for a service; and more.

MHK now available for Tufts Health One Care (HMO D-SNP)

And as we were pleased to share in the [October issue](#) of *Insights and Updates for Providers*, **you're now able to use MHK to perform all your 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 Public Plans and Tufts Medicare Preferred.)

To reflect this new availability, we've updated our [Tufts Health Plan Secure Provider Portal User Guide](#) as well as our [MHK Portal User Guide](#) and [other User Guides](#) dedicated to specific transaction types and functionalities.

We hope the addition of MHK access for Tufts Health One Care members proves helpful in furthering our goal of building an increasingly streamlined experience for our valued providers when doing business with us! ▲

Updates to Early Intervention coverage and billing

Tufts Health Together

As you may know, MassHealth recently issued a [transmittal letter](#) highlighting revisions to Subchapter 6 of their Early Intervention Program Manual, which are in effect as of Nov. 28, 2025.

In support of the revisions and in alignment with this effective date, Point32Health will cover early intervention services when provided at an applied behavioral analysis (ABA) center for Tufts Health Together, when clinical justification is appropriately documented for why the services need to be provided there rather than at a community site.

Early intervention services delivered at an ABA center must be billed using T1015-TL, and providers should note that the description of this code has been updated to specify "per 15 minutes": *clinic visit/encounter, all-inclusive (per 15 minutes)*.

In addition, telephonic service codes 98966, 98967, and 98968 — which were added during the since-expired COVID-19 Public Health Emergency — are no longer considered covered early intervention services.

We're currently updating our systems to be consistent with this MassHealth guidance, and have revised the coding information in our [Early Intervention Payment Policy](#). If you received a denial for early intervention services delivered at an ABA center on or after Nov. 28, you may resubmit your claim to be reconsidered for appropriate reimbursement. ▲

Help us keep directory information up to date

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

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

Tufts Health One Care | 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 are responsible for reviewing and revalidating their information every 90 days to ensure accuracy of the Provider Directory. If you do not review and update your information at least every 90 days, this may result in suppression from the directory until your 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 individual practitioners who have implemented it.

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 [recently updated](#) facility attestation functionality available on Harvard Pilgrim's secure provider portal, [HPHConnect](#), or on Tufts Health Plan's [secure provider portal](#) (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. ▲

Maternity health benefit reminder

Harvard Pilgrim Health Care Commercial | Tufts Health Plan Commercial

If you provide maternity health care services to our members, we'd like to remind you that as outlined in the [Harvard Pilgrim Health Care Commercial](#) and [Tufts Health Plan Commercial](#) prior authorization and notification requirements, obstetrical admissions that result in the delivery of a newborn do not require inpatient notification.

Please keep in mind, however, that if you have a patient who requires acute inpatient hospitalization due to a complication of pregnancy and not a planned delivery, prior authorization is required. To learn more about prior authorization requirements, please refer to Point32Health's Inpatient Acute and Post-Acute Levels of Care [Medical Necessity Guidelines](#).

As always, we encourage you to submit prior authorization requests electronically through our [HPHConnect](#) and [Tufts Health Plan](#) secure provider portals. While electronic submission is preferable, we also accept faxed requests (to the number noted on the Medical Necessity Guidelines). Additional direction for submitting prior authorization requests can be found within our secure portal user guides in the [Provider training guides](#) section of our website. ▲

Updates for Humira, Simlandi, and Stelara

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

We want to make you aware of upcoming changes related to Humira (adalimumab), Simlandi, and Stelara (ustekinumab). We've notified impacted members of these changes as well.

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

Effective March 1, 2026, for our Harvard Pilgrim Health Care Commercial, Tufts Health Plan Commercial, and Tufts Health Direct products, Simlandi will be added to the formulary at preferred status with prior authorization required, while Humira and all other FDA-approved biosimilars will be designated as non-preferred, non-formulary.

Patients currently utilizing Humira will not need a new prior authorization request for Simlandi. However, we strongly recommend that you write a new prescription for Simlandi to make the transition as seamless as possible.

Tufts Health Together

Effective Jan. 5, 2026, several adalimumab and ustekinumab biosimilars will be preferred on MassHealth's formulary. Humira and Stelara will continue to be covered through March 31, 2026, to allow Tufts Health Together members sufficient time to transition to one of the following:

- **Preferred biosimilars to Humira:** Hadlima (adalimumab-bwwd) and adalimumab-adaz
- **Preferred biosimilars to Stelara:** Pyzchiva (ustekinumab-ttwe) and Imuldosa (ustekinumab-srlf). In addition, Steqeyma (ustekinumab-stba) will be accessible at parity with preferred ustekinumab biosimilars.

Effective April 1, 2026, Humira and Stelara will be designated as non-preferred and will be subject to a step therapy requirement: members will be required to have tried and failed all preferred biosimilars before coverage will be granted for Humira or Stelara. A new prior authorization will be required for patients who have not switched to a preferred biosimilar.

Hadlima and adalimumab-adaz, and Pyzchiva and Steqeyma are approved by the Food and Drug Administration (FDA) as interchangeable with Humira and Stelara respectively and can be substituted at the pharmacy without requiring a new prescription. Imuldosa is not FDA-approved as interchangeable with Stelara and will therefore require a new prescription. ▲

MassHealth Unified Formulary and prior authorization updates

Tufts Health Together - MassHealth ACPPs

MassHealth recently announced updates being made to the Unified Formulary effective Jan. 5, 2026, as well as additional updates which will take effect on Feb. 17, 2026. Tufts Health Together - MassHealth ACPPs utilize MassHealth's Unified Formulary for pharmacy medications and select medical benefit drugs, and providers should be aware that updated coverage and criteria will be available on the [MassHealth Drug List](#), on or after the respective effective dates. To view a list of the medical benefit drugs that are unified with MassHealth, refer to Point32Health's Unified Medical Policies in the [Medical Benefit Drug Medical Necessity Guidelines](#) section of our provider website.

Also, effective Jan. 1, 2026, prior authorization requirements for the following therapeutic drug classes, unless otherwise specified by Executive Office of Health and Human Services (EOHHS), will be aligned with MassHealth for medical billing in the hospital outpatient setting:

- Complement inhibitors
- Multiple myeloma
- Multiple sclerosis
- Oncology immunotherapies
- Targeted immunotherapies

As a result of this change, prior authorization will be required for the following medical benefit drugs:

- Arcalyst
- Bavencio
- Bizengri
- Cimzia
- Darzalex
- Darzalex Faspro
- Empliciti
- Imfinzi
- Imjudo
- Jemperli
- Keytruda
- Kyprolis
- Libtayo
- Loqtorzi
- Opdivo
- Opdivo Qvantig
- Sarclisa
- Tecentriq
- Tecentriq Hybreza
- Tevibra
- Tremfya
- Yervoy
- Zynzyz

Providers can find detailed information on the Mass.gov [Hospital Outpatient PA MHDL Unified Class Drugs list](#). Please note that drugs that are only available in a self-administered formulation will be limited to the pharmacy benefit. ▲

Point32Health Medical Necessity Guideline updates

Harvard Pilgrim Health Care Commercial | Tufts Health Direct | Tufts Health Plan Commercial
Tufts Health RITogether | Tufts Health Together | Tufts Health Plan Senior Care Options
Tufts Health One Care | 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
Carelon medical benefits management program	Harvard Pilgrim Commercial	3/1/2026	Prior authorization will be newly required for coverage of a number of codes/services through our medical benefits management program with Carelon . Refer to this document for the full list.
Home Health Care	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct	1/1/2026	In support of guidance from state regulatory bodies, coverage for CPT code 99501 (Home visit for postnatal assessment and follow-up care) will no longer require prior authorization. As the service is now covered without prior authorization, the code has been removed from the MNG.
Manual Wheelchairs (Commercial and Tufts Health Direct) Manual Wheelchairs (Tufts Health Public Plans)	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health Together, Tufts Health RITogether, Tufts Health One Care (HMO D-SNP)	1/1/2026	Retiring MNGs and removing prior authorization requirement.
Oxygen and Respiratory Therapy Equipment	Tufts Health Direct, Tufts Health Together, Tufts Health RITogether, Tufts Health One Care	1/1/2026	Retiring MNG and removing prior authorization requirement.
Out-of-Network Coverage at the In-Network Level of Benefits and Continuity of Care (All Plans)	Tufts Health One Care, Tufts Health Plan Senior Care Options	1/1/2026	Criteria added to MNG for Tufts Health One Care (HMO D-SNP) and Tufts Health Plan Senior Care Options.

Updates to Medical Necessity Guidelines (MNG)			
MNG Title	Products affected	Eff. date	Summary
Hematopoietic Stem Cell Transplantation	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health Together, Tufts Health RITogether, Tufts Health One Care	1/1/2026	<p>Criteria updated to specify that pediatric coverage may be allowed when the member is resistant to tyrosine kinase inhibitors, and to include haploidentical donors as authorized when criteria are met for the following indications:</p> <ul style="list-style-type: none"> • Acute Lymphocytic Leukemia (Adult and Pediatric) • Fanconi Anemia • Inherited Immunodeficiency Disorder • Myelodysplastic Syndrome • Pediatric Solid Tumors
Intraoperative Neurophysiological Monitoring	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health Together, Tufts Health RITogether, Tufts Health One Care	1/1/2026	Minor formatting changes.
Fecal Microbial Transplant (FMT) for Clostridium Difficile Infection	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health Together, Tufts Health RITogether, Tufts Health One Care	1/1/2026	<p>Minor formatting changes and language clarification.</p> <p>In addition, for Uniformed Services Family Health Plan members, in alignment with the current rule for other applicable products, procedure codes G0455 and 44705 will be covered only when they are billed with the ICD-10 diagnosis codes A04.71 or A04.72, as appropriate.</p>
Monitored Anesthesia Care for Gastrointestinal Procedures	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health Together, Tufts Health RITogether, Tufts Health One Care	1/1/2026	Added anticipated prolonged procedure where therapeutic intervention may be involved as a covered scenario for monitored anesthesia care for upper or lower gastrointestinal endoscopy.
AposTherapy System	Tufts Medicare Preferred	1/1/2026	Removed Tufts Medicare Preferred as an applicable product for this MNG.

Updates to Medical Necessity Guidelines (MNG)			
MNG Title	Products affected	Eff. date	Summary
Non-Covered Home and Community Based Services – Flexible Benefits Tufts Health One Care Home Accessibility Adaptations Respite Care for Tufts Health One Care Long-Term Services and Supports (LTSS) for Tufts Health One Care	Tufts Health One Care	1/1/2026	<p>New Non-Covered Home and Community Based Services – Flexible Benefits Tufts Health One Care MNG developed to reflect coverage criteria for a number of home- and community-based services for Tufts Health One Care (HMO D-SNP). As a result, we have removed One Care as an applicable product for the Home Accessibility Adaptations MNG and retired the Respite Care for Tufts Health One Care MNG, and the relevant information pertaining to One Care from these MNGs can be found on the new MNG. In addition, criteria for the following services have been removed from the Long-Term Services and Supports (LTSS) for Tufts Health One Care MNG and can now be found on the Non-Covered Home and Community Based Services – Flexible Benefits Tufts Health One Care MNG:</p> <ul style="list-style-type: none"> • Chore services • Companion services • Grocery and shopping services • Home delivered meals • Home health aide • Homemaking • Independent living skills training • Laundry services • Supportive home care aide • Personal care services
Intensity-Modulated Radiation Therapy (IMRT)	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	12/31/2025	<p>We have temporarily retired the Intensity-Modulated Radiation Therapy (IMRT) Medical Necessity Guidelines, as the codes listed as requiring prior authorization on the MNG are being discontinued as of Dec. 31, 2025. As a result, for all products, prior authorization is currently no longer required for IMRT. We will continue to evaluate prior authorization requirements in the future, and will provide appropriate notice in the event that authorization is reinstated.</p>

Point32Health medical drug program updates

Harvard Pilgrim Health Care Commercial | Tufts Health Direct | Tufts Health Plan Commercial
Tufts Health RITogether | Tufts Health Together | Tufts Health Plan Senior Care Options
Tufts Health One Care | 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](#).

Updates to existing prior authorization programs for OncoHealth drugs (for oncology purposes) For Harvard Pilgrim Health Care Commercial members		
Drug/MNG	Additional information	Eff. date
Gene Therapies for Sickle Cell Disease for RITogether	New medical drug MNG developed specific to Gene Therapies for Sickle Cell Disease for RITogether. Criteria for Lyfgenia (J3394) for Tufts Health RITogether has been removed from the Lyfgenia MNG for Commercial and Public Plans and can now be found on the new MNG.	1/1/2026
Lyfgenia	In addition, while criteria for Casgevy (J3392) will continue to be found on the Casgevy medical drug MNG for usage in treating beta thalassemia, the criteria for treating sickle cell disease with Casgevy has been moved to the new Gene Therapies for Sickle Cell Disease for RITogether MNG.	
Casgevy	Authorizations will be for 12 months and requests should be submitted directly to Point32Health.	
Eligard, Lupron Depot	Prior authorization is no longer required for HCPCS code J9217 (Leuprolide acetate [for depot suspension], 7.5 mg).	12/1/2025
Lupron Depot	Prior authorization is no longer required for HCPCS code J1950 (Injection, leuprolide acetate [for depot suspension], per 3.75 mg).	12/1/2025



Pharmacy coverage changes

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

Drug status changes			
Drug	Plan	Eff. date	Policy and additional information
New to Market Drugs	Harvard Pilgrim Health Care Commercial, Tufts Health Plan Commercial, Tufts Health Direct	4/1/26	Non-Formulary Exceptions New to market drugs will be excluded from coverage and may be subject to an exception under the Non-formulary Exceptions MNG.
Sucraid (sacrosidase)	Harvard Pilgrim Health Care Commercial, Tufts Health Plan Commercial, Tufts Health Direct	3/1/2026	Sucraid will be moved to non-formulary status with quantity limit.
Winlevi	Harvard Pilgrim Health Care Commercial, Tufts Health Plan Commercial, Tufts Health Direct	4/1/2026	Topical Acne Medications (previously named Topical Retinoids) Added criteria for Winlevi.



Point32Health Payment Policy updates

Harvard Pilgrim Health Care Commercial | Tufts Health Direct | Tufts Health Plan Commercial
Tufts Health RITogether | Tufts Health Together | Tufts Health Plan Senior Care Options
Tufts Health One Care | 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			
Title	Products affected	Eff. date	Additional information
Unlisted Procedure Codes	Harvard Pilgrim Health Care Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health Together, Tufts Health RITogether, Tufts Health One Care (HMO D-SNP), Tufts Health Plan Senior Care Options, Tufts Medicare Preferred	1/1/2026	Integrated Point32Health Payment Policy replaces the Harvard Pilgrim Health Care Unlisted and Unspecified Procedure Codes Payment Policy and the Tufts Health Plan Unlisted and Not Otherwise Classified (NOC) Codes Payment Policy.

Updates to Payment Policies			
Title	Products affected	Eff. date	Additional information
Inpatient Hospital Admissions	Tufts Health Together, Tufts Health One Care, Tufts Health Plan Senior Care Options	1/1/2026	Updated policy to include information on interim billing for Tufts Health Together, Tufts Health One Care, and Tufts Health Plan Senior Care Options. Refer to this article for more information.
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	1/1/2026	As a reminder, in alignment with guidance from the Centers for Medicare & Medicaid Services, the reporting of CPT code 85060 (PC/TC 8) by a physician or other qualified health care professional is appropriate only when it is accompanied by place of service (POS) code 21 (inpatient hospital.) Point32Health will deny 85060 (PC/TC 8) when billed without POS 21.
Early Intervention	Tufts Health Together	1/1/2026	Policy updated to include additional coding information pertaining to early intervention services delivered at an applied behavioral analysis center, which should be billed using T1015-TL (clinic visit/encounter, all-inclusive [per 15 minutes]). See this article for more information.

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 Harvard Pilgrim Health Care

 TUFTS Health Plan