

# Insights and Updates for Providers

December 2025

---

## HEDIS MY2025 medical record requests

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

Each year, the National Committee for Quality Assurance (NCQA) measures the clinical quality performance of health plans across the nation through a standardized set of quality measures. This measure set — known as the Healthcare Effectiveness Data and Information Set (HEDIS®) — evaluates important dimensions of care and service including effectiveness of patient care, access and availability of care, patient experience, and management of health conditions. The clinical components are measured using data from claims and medical record reviews.

As required by the NCQA and CMS, Point32Health will send HEDIS MY2025 medical record requests via mail to providers for all Point32Health (Harvard Pilgrim and Tufts Health Plan) products beginning in February 2026.

Your help is crucial to the project, as every medical record counts, and your prompt response will ensure that Point32Health's HEDIS measures accurately represent the high quality of care you provide to our members. You can be assured that our staff will maintain confidentiality of all medical information as required by HIPAA regulations. Please note that you may receive more than one mailing packet from us; we appreciate your cooperation in addressing all members and requests for medical records that you receive.

Point32Health requires providers to electronically submit the necessary information to the Provider Quality Performance Department via fax at 617-673-0754 or secure email at [HEDIS@point32health.org](mailto:HEDIS@point32health.org) by February 28, 2026. For questions, contact the Provider Quality Performance HEDIS® Help Line at 888-766-9818, option 1, ext. 52809. Point32Health values your continued participation with our clinical quality improvement efforts to meet regulatory and accreditation requirements for the NCQA and CMS HEDIS medical record review.

On Point32Health's [HEDIS and Star Rating tip sheets page](#), you can find a number of tip sheets we've developed to offer insight into specific measures and aid your practice in optimizing performance, including Prenatal and Postpartum (PPC) and Transition of Care (TRC) measures, as well as [this tip sheet presentation](#) providing information pertaining to HEDIS hybrid measures that require medical record review each year.

*HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA). ▲*

## Tufts Health One Care: Reminder to use new member ID numbers in 2026



### Tufts Health One Care

As we noted in last month's provider newsletter, beginning Jan. 1, 2026, Tufts Health One Care will become a Dual Eligible Special Needs Plan (D-SNP). As part of the transition to the new product, Tufts Health One Care members have been issued new member ID numbers.

To ensure uninterrupted care for members — and that your claims are processed and paid in a timely manner next year — please be sure to update your billing systems to reflect new ID numbers for One Care members beginning Jan. 1, 2026. If you bill for services delivered in 2026 using the previous ID number, your claim will be rejected, and you will need to resubmit it with the correct member ID number.

Since One Care members have already received their new 2026 member ID cards, you can begin reaching out to them now to obtain their updated information. You may also obtain the updated member ID number in the [secure provider portal](#).

Here's a sample image of the new Tufts Health One Care member ID:

 <b>TUFTS</b> Health Plan <small>a Point32Health company</small>	<b>Tufts Health One Care (HMO DSNP)</b> is a managed care plan that contracts with both Medicare and MassHealth.
Care Coordinator Phone: 1-833-904-2273	
RxBIN 610011 RxPCN CTRXMEDD RxGRP RXMEDD Plan (80840)	 Prescription Drug Coverage
ID <b>P12345678</b> Name <b>FIRSTNAME LASTNAME</b>	Issued: MM/DD/YYYY CMS - H5314 - 001

**IN AN EMERGENCY:** If your life is in danger, call 911 or go to the nearest emergency room.

**Massachusetts Behavioral Health Help Line:** 1-833-773-2445  
**Member Services/Behavioral Health:** 1-855-393-3154 (TTY: 711)  
**Provider Services:** 1-888-257-1985  
**DentaQuest:** 1-855-418-1625 (TTY 1-800-466-7566)  
**Eyemed:** 1-866-591-1863

**Send Medical Claims to:** Tufts Health One Care, P.O. Box 189, Canton, MA 02021-0189  
**Send Pharmacy Claims to:** OptumRx Claims Department, P.O. Box 650287, Dallas, TX 75265-0287  
**Send Dental Claims to:** DentaQuest, Tufts Health One Care, P.O. Box 2906 Milwaukee, WI 53201-2906  
**Website:** TuftsHealthOneCare.org

Please keep in mind, as well, that members will be seamlessly transitioned to the updated product, and no action is required on their part. Any active prior authorizations with an end date after Dec. 31, 2025, will be automatically transferred to the member's new ID number. These existing authorizations will remain valid until their specified end date, so no further steps are necessary on your part.

For further information, please refer to [the November article](#). ▲

## Reminder on referrals

**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**

Some of our plans require referrals from the member's PCP for specialty care. As a reminder, if a service that requires a referral is rendered without one being submitted, Point32Health will deny the claim.

Before providing care, specialists should verify which services require a referral or check the status of an existing referral request. To verify whether a service requires a referral, please check the member's plan and benefit information or contact the [Provider Service Center](#).

You may submit referrals in the following ways:

- **Harvard Pilgrim Commercial:** Submit electronically using HPHConnect and EDI options (such as NEHEN) or by completing the [Harvard Pilgrim Health Care Referral Form](#) and faxing it to 607-509-4297.
- **Tufts Health Plan Senior Products:** Submit electronically via the secure portal or by completing the paper referral form and faxing it to 617-972-1028. You can obtain these forms by [ordering them through W.B. Mason](#).
- **Tufts Health Public Plans:** Referrals are required for Tufts Health Together members to see a contracted specialist outside their ACO network. Refer to this section of the [Public Plans Provider Manual](#) for details and contact Provider Services at 888-257-1985 for assistance.

You may check the status of an existing referral using our secure portals. For details on how to conduct a referral inquiry in our secure portals, please refer to our [HPHConnect Submitting Physician Referrals User Guide](#) and [Quick Reference Sheet](#) for Harvard Pilgrim members and our Referral User Guide and the [Tufts Health Plan Secure Provider Portal User Guide](#) for Tufts Health Plan members.

For additional information on referrals, please refer to the referral chapters of our [online Provider Manuals](#). ▲

## Reminder: Deadline to submit claims for Stride members

### Harvard Pilgrim Health Care Stride Medicare Advantage

While Point32Health discontinued our Harvard Pilgrim Stride<sup>SM</sup> (HMO/HMO-POS) Medicare Advantage plans as of Jan. 1, 2025, we continue to process claims through the timely submission time frame, which is 365 days from the date of service.

As a reminder, please submit claims for Stride Medicare Advantage members by Dec. 31, 2025. We will not accept claims for Stride members after the claims runout date.

Please keep in mind, as well, that payer ID 04245 used to submit electronic claims for Stride, as well as the PO box for mail submission of claims, will be shut down as part of the closeout process.

For guidance on claims submission, please refer to the Billing and Reimbursement section of the [Harvard Pilgrim Health Care Stride Medicare Advantage Provider Manual](#). ▲

## New 2026 CPT and HCPCS codes

### 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

Point32Health will accept new 2026 CPT and HCPCS codes for dates of service beginning Jan. 1, 2026, and will update our systems and policies as appropriate. Claims that include deleted CPT and HCPCS codes for dates of service after Dec. 31, 2025, will be denied. The following Point32Health Commercial [payment policies](#) and [medical necessity guidelines](#) will be updated in the first quarter of 2025 to reflect the 2026 code changes:

- Harvard Pilgrim Non-Covered Services Payment Policy
- Noncovered Investigational Services Medical Necessity Guidelines ▲

## Reminder: QMB members exempt from Part A/B cost-sharing

### Tufts Health Plan Senior Care Options | Tufts Medicare Preferred HMO

The Qualified Medicare Beneficiary (QMB) program put in place by the Centers for Medicare and Medicaid Services (CMS) assists low-income Medicare beneficiaries with Medicare Part A and Part B premiums and cost-sharing, including deductibles, coinsurance, and copayments. As a reminder, under the QMB program enrollees are exempt from cost-sharing liability, so all providers are prohibited from charging QMB members for Medicare cost-sharing for covered Parts A and B services.

### Identifying members with QMB status

CMS's [HIPAA Eligibility Transaction System \(HETS\)](#) provides Medicare eligibility data to providers and their authorized billing agents (including clearinghouses and third-party vendors) to help verify a patient's QMB status and exemption from cost-sharing charges. Contact your third-party eligibility verification vendor to ask how their products reflect the new QMB information from HETS.

In addition, Point32Health provides the necessary information to our members and providers regarding QMB eligibility.

The Explanations of Payment we send to providers include an alert that the notice may contain claims covered by the QMB program and remind providers to review their records for any wrongfully collected cost-sharing, which may be billed to a subsequent payer.

### More information

For more detailed information about CMS's QMB program, please refer to [this document](#) from the Medicare Learning Network. ▲

# Reminder: weight loss medication coverage update

## Harvard Pilgrim Health Care Commercial | Tufts Health Direct

As we've announced in previous issues 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 (ResetStrong)**.
  - 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 dietitians.
  - **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 **ResetStrong** 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 **ResetStrong** 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](#). ▲

## Registration reminder for Electronic Visit Verification

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

As we've reminded our network previously, all providers who render Electronic Visit Verification (EVV) eligible services are required to use an EVV system to verify that personal care and home health care services have been delivered as billed. Whether planning to use the state-provided EVV system (Sandata) or their own alternative EVV system (Alt-EVV), providers should have completed the registration process by Dec. 9, 2024 — per the Massachusetts Executive Office of Health and Human Services. Tufts Health Plan is required to ensure that our providers are in compliance with this program.

**If you haven't completed your EVV registration, please complete the process as soon as possible.**

Massachusetts uses single sign-on for access to the state-sponsored Sandata EVV system or the Sandata Aggregator through an alternate EVV vendor. To obtain single sign-on access, complete the registration process on Sandata's [Self-Registration Provider Portal](#) and submit a [User Request Form](#) at Mass.gov. Once you receive your single sign-on credentials, you can log in to the Sandata EVV or Sandata Aggregator platforms through the Massachusetts [Virtual Gateway](#).

To learn more, access on-demand EVV administrator training at [Sandata Learn](#), and check your email inbox for news from the state on upcoming training sessions.

### EVV Registration Resources

- For step-by-step onboarding instructions, view the [Massachusetts Detailed Instructions for Onboarding](#).
- For general policy questions about the MA EVV program, email [EVVfeedback@Mass.gov](mailto:EVVfeedback@Mass.gov) or visit the [MA-EOHHS EVV website](#).
- For technical help with the EVV system, contact Customer Support through Submit a Request at [Sandata On-Demand](#) or call the Customer Support Line at 833-511-0164.
- For assistance with your Provider ID and Service Location (PID/SL), contact MassHealth Customer Service for Providers at 800-841-2900.
- For assistance with your Virtual Gateway account and the User Request Form (URF), reach out to Virtual Gateway Customer Service at 800-421-0938 or reference the [Virtual Gateway Business Login User Reference Guide](#).

Once your request for a Virtual Gateway account has been completed, you should receive an email from [virtual.gateway@state.ma.us](mailto:virtual.gateway@state.ma.us). If you cannot locate the email, use the [Business Log In User Guide](#) to create a MyMassGov account and set up multifactor authentication (MFA) methods. ▲

## Billing behavioral health urgent care performed via telehealth

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

As we communicated in the [September issue](#) of *Insights and Updates for Providers*, in support of MassHealth regulations, Point32Health reimburses behavioral health urgent care (BHUC) centers for a core set of outpatient services using a bundled encounter rate per member per date of service.



We've since updated our [Outpatient Behavioral Health & Substance Use Disorder Payment Policy](#) to include further guidance regarding BHUC services provided via telehealth.

BHUC services provided via telehealth should be billed using the HCPCS bundled rate code H2013 (Psychiatric health facility service, per diem) on the primary claim line — with POS 11 (Office) or POS 53 (Community Mental Health Center) and only modifier HB (Adult Services) or HA (Adolescent Services) also included on the same primary claim line.

The informational lines must include at least one applicable zero-pay service code indicating the service(s) provided and may also include applicable telehealth POS codes and modifiers. For example, it may be appropriate to include POS 02 (Telehealth Provided Other than in Patient's Home) or POS 10 (Telehealth Provided in Patient's Home) on the informational lines. Please keep in mind, however, that POS 02 and 10 may **not** be reported on the primary claim line.

You can find the list of eligible service codes on the updated Payment Policy, as well as in the September provider newsletter article referenced above. ▲

## Billing update for PACT services

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

As you may know, Point32Health covers clinically appropriate Program of Assertive Community Treatment (PACT) services for members of our Tufts Health Together and Tufts Health One Care plans, and prior authorization is not required.

In support of [recent communications from MassHealth](#), we're broadening this coverage to apply for Tufts Health Plan Senior Care Options members. In addition, we've updated our billing instructions for these services to better align with the guidance from MassHealth. When billing Point32Health for covered PACT services, please submit claims according to the following instructions:

- Assertive community treatment program, per diem (PACT programs with 50 slots): **bill HCPCS service code H0040 U1** (Appending the U1 modifier identifies the level of care as Medicaid level of care 1.)
- Assertive community treatment program, per diem (PACT programs with 80 slots): **bill HCPCS service code H0040 U2** (This modifier indicates Medicaid level of care 2 and provides more complete information than the previously employed modifier HT.)

The billing instructions for assertive community treatment program, per diem (forensic program) remain unchanged: continue to submit claims with HCPCS service code H0040-H9 as you do today.

We've updated our [Inpatient and Intermediate/Diversionary Behavioral Health/Substance Use Disorder \(BH/SUD\) Facility Payment Policy](#) for Tufts Health Public Plans and our [Inpatient and Intermediate Behavioral Health/Substance Use Disorder Facility Payment Policy](#) for Senior Products to reflect this change in billing guidance. ▲

## Final reminder: Complete the new 2025 Model of Care training by Dec. 31

**Tufts Health Plan Senior Care Options**

As we shared in our last several newsletters, the 2025 SCO Model of Care training is now available, 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 [provider training](#) section of our website, offers an overview of the plan and covers Tufts Health Plan SCO's Model of Care goals, team member responsibilities and PCP expectations, 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.



# Point32Health's clinical practice guidelines

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 maintains a number of clinical practice guidelines, which you can find in the [Clinical Practice Guidelines](#) section of our provider website. These guidelines include information about treatments, medications, and technology that reflects best practices.

They are not intended to replace a provider's clinical judgement but serve as a resource to support it. **It is also important to note that these guidelines are separate and independent from coverage criteria, which vary by product and may differ from these guidelines.** In order to determine whether a treatment or services is covered under a particular plan, please review the coverage criteria specific to that plan.

Additionally, network providers may [submit feedback](#) on the clinical practice guidelines via email. ▲

## 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
Peer Recovery Coach	Harvard Pilgrim Commercial, Tufts Health Direct, Tufts Health Together, Tufts Health One Care	1/1/2026	Scope of MNG expanding to newly apply for Harvard Pilgrim Commercial members (in Massachusetts only).  In accordance with MA bill H.5143 (An Act relative to treatments and coverage for substance use disorder and recovery coach licensure), CPT code H2016-HM (comprehensive community support services, per diem) will be covered with no prior authorization or notification requirements.  Also updated <a href="#">Outpatient Behavioral Health &amp; Substance Use Disorder Payment Policy</a> to include billing instructions for Peer Recovery Coach and Peer Recovery Support Navigators for pregnant and postpartum women.
Long-term Supports and Services	Tufts Health One Care, Tufts Health Plan Senior Care Options	1/1/2026	MNG updated to reflect that, in support of <a href="#">Personal Care Attendant Bulletin 17</a> (and associated regulatory guidance from MassHealth), we will reimburse personal care assistance (PCA) providers according to a differential payment rate for complex care tasks for members who require physical assistance with digital rectal stimulation or

Updates to Medical Necessity Guidelines (MNG)			
MNG Title	Products affected	Eff. date	Summary
			an enteral feeding tube (G and/or J tube). These PCA services are billed using an add-on to differentiate between PCA and PCA for complex care (HCPCS code T1019 with modifier TG). The differential payment rate will be offered when the eligibility criteria outlined in the bulletin are met.
<a href="#">Carelon medical benefits management program</a>	Harvard Pilgrim Commercial	1/1/2026	A number of codes/services will be newly covered with prior authorization through our medical benefits management program with <a href="#">Carelon</a> . Refer to <a href="#">this document</a> for the full list.
Home Health Care	Tufts Health Together, Tufts Health RITogether, Tufts Health One Care	12/1/2025	Minor criteria updates for clarity and alignment with MassHealth guidelines. In addition, we will now cover CPT codes 99058 and 99509 with prior authorization.
Noncovered Investigational Services	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health Together, Tufts Health RITogether, Tufts Health One Care	12/1/2025	MNG updated to reflect that the Vivally bladder control therapy device and Lantrida (allogeneic pancreatic islet cellular therapy) are not covered.
Children's Behavioral Health Initiative Family-based Intensive Treatment	Tufts Health Together	10/1/2025	Minor update to discharge criteria.



## 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](#).

New prior authorization for OncoHealth drugs (for oncology purposes) For Harvard Pilgrim Health Care Commercial members		
Drug/MNG	Plan & additional information	Eff. date
Keytruda Qlex	Prior authorization is required for coverage of Keytruda Qlex (HCPCS J9999).	12/1/2025
Inlexzo	Prior authorization is required for coverage of Inlexzo (HCPCS J9999).	12/1/2025
Papzimeos	Prior authorization is required for coverage of Papzimeos (HCPCS J9999).	12/1/2025
Bildyos	Prior authorization is required for coverage of Bildyos (HCPCS J3590), a biosimilar to Xgeva.	12/1/2025
Bilprevda	Prior authorization is required for coverage of Bilprevda (HCPCS J3590), a biosimilar to Xgeva.	12/1/2025
Bosaya	Prior authorization is required for coverage of Bosaya (HCPCS J3590), a biosimilar to Prolia.	12/1/2025
Aukelso	Prior authorization is required for coverage of Aukelso (HCPCS J3590), a biosimilar to Xgeva.	12/1/2025
Enoby	Prior authorization is required for coverage of Enoby (HCPCS J3590), a biosimilar to Prolia.	12/1/2025
Xtrenbo	Prior authorization is required for coverage of Xtrenbo (HCPCS J3590), a biosimilar to Prolia.	12/1/2025
Qivigy	Prior authorization is required for coverage of Qivigy (HCPCS J1599).	12/1/2025
Blenrep	Prior authorization is required for coverage of Blenrep (HCPCS J9999).	12/1/2025
Zusduri	Prior authorization is required for coverage of Zusduri (HCPCS J9999).	12/1/2025

Updates to existing prior authorization programs		
Drug/MNG	Plan & additional information	Eff. date
Vyjuvek	<p>Tufts Health One Care (HMO D-SNP), Tufts Medicare Preferred, Tufts Health Plan Senior Care Options</p> <p>In alignment with MassHealth criteria, we've updated the limitations section on the MNG to specify that Vyjuvek will not be used on the same target wounds as other topicals or gene therapies for a diagnosis of DEB, e.g., Filsuvez or Zevaskyn.</p>	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.

Updates to existing prior authorization programs			
Drug	Plan	Eff. date	Policy & additional information
Vtama	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct	2/1/2026	Dermatological Immunomodulators PMNG Updated prerequisite trials and removed reauthorization criteria for Vtama.



## 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			
Payment Policy Title	Products affected	Eff. date	Additional information
Oral Surgery	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	12/1/2025	Integrated Point32Health Payment Policy replaces the Harvard Pilgrim Health Care Oral Surgery Payment Policy and the Tufts Health Plan Oral Surgery Payment Policy.
Modifiers	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	12/1/2025	Integrated Point32Health Payment Policy replaces the Harvard Pilgrim Health Care CPT and HCPCS Level II Modifiers Payment Policy and the Tufts Health Plan Modifiers Payment Policy.
Sleep Studies	Harvard Pilgrim Health Care Commercial	12/1/2025	Policy archived. Refer to the <a href="#">Evolent Clinical Guidelines</a> for additional information.

Updates to Payment Policies			
Payment Policy Title	Products affected	Eff. date	Additional information
Sleep Studies and Sleep Therapies	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	12/1/2025	Policy archived. For more information, refer to the <a href="#">EviCore Clinical Guidelines</a> for Tufts Health Plan Commercial and Public Plan members and to our <a href="#">Medical Necessity Guidelines</a> for Tufts Health RITogether members.
Serious Reportable Events and Provider Preventable Conditions	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	12/1/2025	Minor administrative edits for accuracy and clarity.
Urine Drug Testing	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	12/1/2025	Minor administrative edits for accuracy and clarity.
Physical, Occupational, and Speech Therapy	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	12/1/2025	Integrated Point32Health Payment Policy replaces the Harvard Pilgrim Health Care Physical, Occupational, and Speech Therapy Payment Policy and the Tufts Health Plan Physical, Occupational, and Speech Therapy Payment Policy.
Assisted Reproductive Technology	Harvard Pilgrim Health Care Commercial, Tufts Health Plan Commercial, Tufts Health Direct	12/1/2025	Integrated Point32Health Payment Policy replaces the Harvard Pilgrim Health Care Infertility Services Payment Policy and the Tufts Health Plan Assisted Reproductive Technology (ART) Payment Policy.
Home Infusion Payment Policy	Harvard Pilgrim Health Care Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health Together, Tufts Health RITogether, Tufts Health	12/1/2025	Integrated Point32Health Payment Policy replaces the Harvard Pilgrim Health Care Home Infusion Therapy Payment

Updates to Payment Policies			
Payment Policy Title	Products affected	Eff. date	Additional information
	One Care, Tufts Health Plan Senior Care Options, Tufts Medicare Preferred		Policy and the Tufts Health Plan Home Infusion Payment Policy.
Outpatient Behavioral Health & Substance Use Disorder	Tufts Health Together	12/1/2025	Updated policy to include billing guidance for peer recovery coach and peer recovery support navigator services for pregnant and post-partum women, as well as behavioral health urgent care (BHUC) services provided via telehealth.
Long-Term Support Services (LTSS)	Tufts Health RITogether	12/1/2025	Updated policy to include direction to <a href="#">Home Health Care Payment Policy</a> for certain long-term support services.
Inpatient and Intermediate/Diversionary Behavioral Health/ Substance Use Disorder (BH/SUD) Facility (Tufts Health Public Plans) Inpatient and Intermediate Behavioral Health/Substance Use Disorder Facility Payment Policy (Senior Products)	Tufts Health One Care, Tufts Health Together, Tufts Health Plan Senior Care Options	11/1/2025	Updated policies to reflect coverage and billing guidance for Program of Assertive Community Treatment (PACT) services, and to apply to Tufts Health Plan Senior Care Options.



Read *Insights and Updates for Providers* online, and subscribe for email delivery, at [www.point32health.org/provider](http://www.point32health.org/provider).  
For questions or comments about this newsletter, contact [provider\\_communications@point32health.org](mailto:provider_communications@point32health.org)