

Insights and Updates for Providers

May 2026

Change in denial process for lack of prior authorization

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

Effective for dates of service beginning **Sept. 1, 2026, for Harvard Pilgrim Health Care Commercial products and July 1, 2026, for all other products**, Point32Health is making a change to our claim adjudication process for ancillary and supporting services when they are billed in connection with services that require prior authorization and that authorization is not obtained.

As of the applicable effective dates, failure to obtain the required prior authorization for a procedure or service will result in denial of the procedure and any related ancillary or supporting services billed on the same claim or on separate claims, due to lack of prior authorization.

This includes medications used to support the procedure requiring prior authorization and also applies to services or procedures for which an authorization request was submitted but denied.

Please note that ambulance services will be excluded from this updated denial process.

Our [Provider Manuals](#) will be updated prior to the respective effective dates for each line of business to reflect this change. ▲

Prior authorization updates: Iron Workers Union product

Harvard Pilgrim Health Care Commercial

As you may know, Harvard Pilgrim Health Care offers a shared administration plan for the Iron Workers District Council of New England/Iron Clad union.

Effective July 1, 2026, for members of this plan, we're introducing prior authorization requirements for the following services:

- **Inpatient and outpatient musculoskeletal spine services:** managed through an arrangement with our vendor partner [Evolent](#)
- **Joint surgeries and procedures:** also managed by Evolent
- **Outpatient chemotherapy/oncology services:** managed through our oncology medical management program with [OncoHealth](#)
- **Home health care services:** managed internally by Harvard Pilgrim

How to request authorization

- **Services managed by Evolent:** To request authorization for musculoskeletal spine services/joint surgeries and procedures, contact Evolent online at www.radmd.com or by telephone at 800-642-7543. You can find some resources and education materials for these programs — including utilization review matrices with coding — on Evolent's [dedicated webpage for Harvard Pilgrim members](#).

- **Services managed by OncoHealth:** For outpatient chemotherapy/oncology services, you can request authorization from OncoHealth in one of the following ways:
 - **Online:** [HPHConnect](#) secure provider portal
 - **By fax:** Fax your request and clinical records to 800-264-6128
 - **By phone:** Submit requests by calling 888-916-2616 (with any necessary clinical documentation faxed to the number above and appropriate reference number included)
- **Home health care services:** To obtain authorization for medically necessary home health care services, submit your request directly to Harvard Pilgrim by fax at 617-509-1147.

Recognizing members of the Iron Workers plan

As a reminder, identification cards for union members display the Harvard Pilgrim logo, but unlike the ID numbers for most other Harvard Pilgrim plans, the Iron Workers union member ID numbers don't begin with the HP prefix. They utilize 9-character alphanumeric member ID numbers, **which are prefixed with a B.** ▲

GIC product updates effective July 1

Harvard Pilgrim Health Care Commercial

Point32Health is offering a reminder for our provider network that the 2026-2027 plan year for our Harvard Pilgrim/Group Insurance Commission (GIC) products begins on July 1, 2026. These custom Commercial products — Harvard Pilgrim Quality HMO and Harvard Pilgrim Explorer POS — are available for active GIC or eligible municipal enrollees, retired GIC enrollees not eligible for Medicare, retired municipal teachers, and certain other government retirees:

- **Harvard Pilgrim Quality HMO** is a tiered limited-network HMO, open to Massachusetts residents (except in Martha's Vineyard, Nantucket, and Cape Cod). This plan includes a deductible, lower PCP copayment, two copayment tiers for specialist office visits, and two copayment tiers for inpatient admissions to acute care hospitals. Because Harvard Pilgrim Quality HMO is a limited-network product, some of Harvard Pilgrim's contracted providers do not participate in the Quality HMO network, so it is important to confirm network participation before a Quality HMO member receives treatment.
- **Harvard Pilgrim Explorer POS** is a tiered full-network product, open to state and municipal employees, which allows members to seek in-network medical care (from their PCP or from Harvard Pilgrim participating providers with a PCP referral) or out-of-network medical services (from non-participating providers or Harvard Pilgrim participating providers without a PCP referral). Harvard Pilgrim Explorer POS offerings include a deductible, three lower-cost copayment tiers for PCPs, and three copayment tiers for specialist visits and inpatient admissions to acute care hospitals.

For the 2026-2027 plan year, we used the same methodology to determine tiers as employed previously, and in the vast majority of cases providers' tiers will remain unchanged. Providers outside of Massachusetts were not included in the tiering analysis, and default to Tier 2 for both products.

For additional product details, please refer to the "Tiered network plans" section of the [Harvard Pilgrim products page](#) on our Point32Health provider website, as well as the [Fast Facts for Hospitals and Professional Providers](#) document. ▲

Maine update: requests for home care and hospice

Harvard Pilgrim Health Care Commercial

We want to share an update on how we process authorization requests for outpatient home care and hospice and palliative care services — for members of Harvard Pilgrim Health Care fully insured Commercial products in Maine only. There is no change for providers. Please continue to make authorization requests as you do today.

For Harvard Pilgrim Commercial members, authorization is needed for outpatient hospice and palliative care, as well as for home health care services after the initial notification period of 30 days. This will continue to be the case; utilization management requirements and medical necessity criteria for home health care and hospice services are not changing.

However, for Maine members, requests for ongoing hospice and home health care services (beyond the initial set of visits) will be classified as concurrent reviews and processed under concurrent review timeframes, consistent with guidance from the Maine Bureau of Insurance.

For Commercial members who are not in Maine plans, all requests for outpatient home health and hospice and palliative services will continue to be treated as prior authorization reviews.

For more information, please refer to the [Home Health Care Services](#) and [Hospice and Palliative Care Services](#) Medical Necessity Guidelines. ▲

CHA Referral Requirement Reminder

Tufts Health Together – Cambridge Health Alliance (CHA) ACO

Effective for dates of service on or after July 1, 2026, services for Tufts Health Together with Cambridge Health Alliance (CHA) Accountable Care Organization (ACO) members will require referrals from their primary care providers for specialty services outside of the CHA network.

Providers can verify whether a service requires a referral by checking the member's plan and benefit information or contacting the [Tufts Health Plan Provider Service Center](#).

Please follow standard referral submission processes. You can check the status of your referral at your convenience through the provider portal. Details on how to conduct a referral inquiry can be found in the [Tufts Health Plan Secure Provider Portal User Guide](#).

Providers are encouraged to ensure that staff are aware of referral requirements to avoid claim payment delays. As a reminder, if a service that requires a referral is rendered without a referral submitted, Point32Health will deny the claim. For additional information, consult the Referrals, Prior Authorizations and Notifications chapter of the [Tufts Health Public Plan Provider Manual](#).

This update is consistent with MassHealth's reinstatement of referrals per [MassHealth All Provider Bulletin 403](#). ▲

Reminder: comply with EVV usage requirements

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

As a reminder, all providers who render Electronic Visit Verification (EVV) eligible services are required to use an EVV system — either the state-sponsored Sandata EVV system or the Sandata Aggregator through an alternate EVV vendor — to verify that personal care and home health care services have been delivered as billed.

Usage and visit monitoring standards

While registering for EVV is a crucial first step (instructions and resources included below), it's important that your practice's usage and visit monitoring meet the state's compliance standards to avoid action including contract termination.

In accordance with the 21st Century Cures Act, all providers who render 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. All EVV elements must be captured and recorded **electronically** at the time of the visit.

- EVV must be captured using mobile devices or other approved technologies in a manner that enables the visit to be auto-verified.
- A visit is auto-verified when all required data elements — such as type of service, individual receiving services, date, location, provider, and time — are captured electronically.

Comply to avoid sanctions and termination

Continued non-compliance with these EVV requirements (which are regulatory and contractual obligations) may lead to sanctions and termination of the MassHealth Provider Contract and may also require Tufts Health Plan to take additional action, including, but not limited to, contract termination.

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 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. 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. ▲

Submission deadline for outstanding 2025 MassHealth claims

Tufts Health Together

If you provide care for Tufts Health Together members, please be aware that in order to meet MassHealth's deadline for submission of health plan encounter data, all outstanding claims, claims corrections, and claims appeals for services provided between Jan. 1, 2025 and Dec. 31, 2025 must be submitted to Tufts Health Plan by July 9, 2026. The most efficient way to submit claims or corrected claims is via electronic data interchange (EDI) in the HIPAA compliant 837 format. To submit claims appeals, providers are encouraged to use the claims adjustment tool on the secure Tufts Health Plan Provider portal. For additional information and instructions on claims submission, please refer to the Claim Requirements, Coordination of Benefits and Dispute Guidelines chapter of the [Tufts Health Public Plans Provider Manual](#). ▲

MassHealth coverage change: anti-obesity medications

Tufts Health Together-MassHealth ACPs, SCO, and Tufts Health One Care

Effective July 1, 2026, in alignment with [anticipated forthcoming changes to MassHealth regulations](#), we will no longer cover the following drugs when used for the treatment of obesity or overweight for members of our Tufts Health Together, Tufts Health Plan Senior Care Options, and Tufts Health One Care plans.

Anti-obesity agents

- Benzphetamine
- Diethylpropion, diethylpropion extended-release
- Saxenda (liraglutide)
- Xenical (orlistat)
- Phendimetrazine, phendimetrazine extended-release
- Lomaira, Adipex-P (phentermine capsule, tablet)
- Contrave (bupropion/naltrexone)
- Qsymia (phentermine/topiramate)
- Wegovy (semaglutide)
- Zepbound (tirzepatide)

New prior authorizations needed for approved indications

Coverage of glucagon-like-peptide-1 (GLP-1) or GIP (glucose-dependent insulintropic polypeptide)/GLP-1 medications (e.g., Wegovy, Zepbound) will continue to be available after July 1 for members previously approved for the following other medically accepted indications, but a new prior authorization request will need to be submitted for these members:

- established cardiovascular disease to reduce the risk of major adverse cardiovascular events (MACE)
- metabolic dysfunction-associated steatohepatitis (MASH)
- moderate to severe obstructive sleep apnea (OSA)

All requests for members under 21 years of age will be reviewed for medical necessity in accordance with Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) requirements.

Prior authorization timing: end dating versus review

- Prior authorizations submitted **prior to Feb. 17, 2026**, for all anti-obesity agents listed above, regardless of indication, will be end-dated as of June 30 and will need to be resubmitted for review. Members will be receiving letters if their current prior authorization is end-dated.
- Authorizations submitted **between Feb. 17 and June 30, 2026**, will be reviewed and processed based on the submitted indication.

Coverage for diabetes and prediabetes for Tufts Health Together

For continued coverage as of July 1, members with a diagnosis of type 2 diabetes mellitus or prediabetes should be switched to an antidiabetic GLP-1. Refer to the [MassHealth Drug List](#) for current coverage of diabetic GLP-1 and GIP/GLP-1 agents and prior authorization criteria.

Zepbound/Wegovy step therapy for Tufts Health Together

For Tufts Health Together, effective for dates of service beginning July 1, 2026, Zepbound will no longer be considered a preferred drug; Wegovy will be the sole preferred drug for all medically accepted indications.

All prior authorizations for continued treatment with Zepbound will require a trial with Wegovy for Tufts Health Together members. ▲

Coverage change for continuous glucose monitors

Tufts Health Direct

Effective for fill dates on or after July 1, 2026, for some Tufts Health Direct members and Jan. 1, 2027, for others (see below), we will no longer provide coverage for Dexcom continuous glucose monitors (CGMs) and their accompanying supplies — including new starts and those with previous approvals.

For existing utilizers, we're implementing this change in two phases, based on the length of time the member has been utilizing a Dexcom CGM. Existing prior authorizations will terminate at 11:59 p.m. on the dates below:

- **June 30, 2026:** members who will have been utilizing their CGM for greater than one year as of July 1, 2026.
- **Dec. 31, 2026:** members who will have completed at least one year of utilization by Jan. 1, 2027.

FreeStyle Libre (Abbott) flash CGMs and their accompanying supplies are the preferred product, and Dexcom G6 and Dexcom G7 will be considered non-formulary. **For existing utilizers who have received a prior authorization for a Dexcom CGM product, members will have an authorization entered for a FreeStyle Libre CGM, and the provider will need to write a new prescription for a FreeStyle Libre flash CGM for the patient to fill at the pharmacy.** These members will receive a letter notifying them of this update and instructing them to speak with their provider to obtain the necessary FreeStyle Libre prescription.

For all new starts, FreeStyle Libre and its accompanying supplies will continue to require prior authorization and will be reviewed against the criteria outlined in the [Pharmacy Medical Necessity Guideline](#) (PMNG) for Insulin and Diabetes Supplies.

Non-formulary exceptions for Dexcom CGMs

In order for a member to continue using a non-formulary Dexcom product, the prescribing provider must request coverage through the medical review process subject to the criteria in the Non-Formulary Exceptions PMNG. Should a request for any of these products be approved, members will have to fill their CGM and its supplies at the pharmacy as they will not be available through the DME supplier.

All CGMs subject to review and limitations

As a reminder, all CGMs (both preferred FreeStyle Libre CGMs and Dexcom products requested via a formulary exception) are restricted with quantity limitations and can only be obtained when the prescribing provider has requested coverage through the medical review process subject to the Insulin and Diabetes Supplies PMNG via the Pharmacy Utilization Management Department fax at 617-673-0988. ▲

Pharmacy coverage changes

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

You can refer to this chart to review changes and updates related to Point32Health's Pharmacy Medical Necessity Guidelines.

Drug coverage changes			
Drug	Plan	Eff. date	Policy and additional information
Insulin and Diabetes Supplies	Tufts Health Direct	7/1/26	Effective 7/1/26, in connection with the change detailed in this article , requests for non-formulary continuous glucose monitors (e.g., Dexcom G6 and Dexcom G7) will only be considered after a minimum 90-day trial of Freestyle Libre and clinical rationale as to why Freestyle Libre cannot be used.
Vtama	Tufts Health RITogether	7/1/2026	Vtama (tapinarof) topical cream PMNG Updated coverage criteria to include prerequisite trial with Zoryve (roflumilast) cream for diagnosis of plaque psoriasis.



MassHealth Updates to Unified Formulary

Tufts Health Together-MassHealth ACPPs

MassHealth recently announced updates to the MassHealth Unified Formulary, which will take effect on July 1, 2026. MassHealth Tufts Health Together-MassHealth ACPPs utilizes 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 effective date.

For the list of medical benefit drugs that are unified with MassHealth Unified Formulary, please refer to our Medical Benefit Drug Medical Necessity Guideline (MNG) titled Unified Medical Policies available on our [Point32Health Provider website](#). ▲

Point32Health's access to care standards

[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](#)

One of Point32Health's fundamental priorities is ensuring the best possible access to care for the members we serve through our Harvard Pilgrim Health Care and Tufts Health Plan products. To that end, we maintain policies for our Tufts Health Plan and Harvard Pilgrim plans that outline network practitioner standards regarding clinician availability, timeliness of appointments, and telephone accessibility, among other things.

Please refer to the policies identified below to review these standards and requirements:

Harvard Pilgrim Health Care

Commercial

- [Practice Site Standards](#) policy, Network Operations & Care Delivery Management section of our Commercial Provider Manual

Tufts Health Plan

Commercial

- Medical Care Access Standards for Primary Care Offices section of the [Providers chapter](#) of the Commercial Provider Manual

Public Plans

- Provider Access Standards section of the [Providers chapter](#) of our Tufts Health Public Plans Provider Manual

Senior Products

- Access Standards section of the [Providers chapter](#) of our Senior Products Provider Manual. ▲

HEDIS tip sheets for measures related to patients with diabetes

[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 would like to remind our providers that we have a number of HEDIS tip sheets specific to measures related to patients with diabetes, including:

- [Eye Exam for Patients with Diabetes \(EED\)](#)
- [Kidney Health Evaluation for Patients with Diabetes \(KED\)](#)
- [Glycemic Status Assessment for Patients with Diabetes \(GSD\)](#)

The best practices highlighted in our HEDIS tip sheets are intended to support your practice by ensuring that the data reported accurately reflects your practice's performance on these measures, and by identifying opportunities to improve patient care.

For the full collection of Point32Health tip sheets currently available to providers, refer to the [HEDIS tip sheet page](#) on our provider website. And as always, be sure to look to future issues of *Insights and Updates for Providers* for new information as we continue to develop additional tip sheets!

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Updated USPSTF guidance on intimate partner violence screening

Harvard Pilgrim Health Care Commercial | Tufts Health Direct

When providing care for individuals of reproductive age, including patients who are pregnant and postpartum, please be aware of the [latest U.S. Preventative Services Task Force \(USPSTF\) guidance](#) on screening for intimate partner violence (IPV) — as well as the recommended screening tools and other resources available to you.

Defined as physical violence, sexual violence, psychological aggression (including coercive tactics, such as limiting access to financial resources), or stalking by a current or former spouse or dating partner, IPV affects individuals of all ages and racial, ethnic, and socioeconomic backgrounds.

There are several screening tools that you can use within the primary care setting to assess patients for current or recent IPV. Examples include the following questionnaires:

- [Humiliation, Afraid, Rape, Kick \(HARK\)](#)
- [Hurt, Insult, Threaten, Scream \(HITS\)](#)
- [Woman Abuse Screening Tool \(WAST\)](#)

The results of these or other questionnaires and screening tools can help providers identify individuals who are impacted by IPV and appropriately plan for next steps including intervention as well as emotional and behavioral health support services.

To learn more about IPV research, prevention, and resources for providers and patients, refer to:

- The CDC’s [Intimate Partner Violence Prevention: Resource for Action](#) report
- The National Academies of Sciences, Engineering, and Medicine’s [Essential Health Care Services Addressing Intimate Partner Violence](#) report
- The US Department of Veterans Affairs’ [Intimate Partner Violence Assistance Program](#)

We also encourage you to direct patients to their member plan documents for information on domestic violence advocacy groups, trauma-informed care, privacy and confidentiality, and support services. ▲

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
Acupuncture	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	5/1/2026	Minor administrative updates for accuracy and clarity.
Child and Adolescent Needs and Strengths (CANS)	Tufts Health Together	5/1/2026	Minor administrative updates for accuracy and clarity.

Updates to Payment Policies			
Payment Policy Title	Products affected	Eff. date	Additional information
Newborn Care	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	5/1/2026	Minor administrative updates for accuracy and clarity.
Fraud, Waste, and Abuse	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	5/1/2026	Minor administrative updates for accuracy and clarity.
Urgent Care	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	5/1/2026	Minor administrative updates for accuracy and clarity.
Advanced Practice Provider (APP)	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	5/1/2026	Minor administrative updates for accuracy and clarity.
Clinical Trials	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	5/1/2026	Minor administrative updates for accuracy and clarity.
Audiology	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	5/1/2026	Minor administrative updates for accuracy and clarity.
Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Services	Tufts Health Together, Tufts Health RITogether	5/1/2026	Minor administrative updates for accuracy and clarity.
Applied Behavioral Analysis (ABA) Services	Harvard Pilgrim Health Care Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health Together, Tufts Health RITogether	5/1/2026	Minor administrative updates for accuracy and clarity.

Updates to Payment Policies			
Payment Policy Title	Products affected	Eff. date	Additional information
All-Inclusive Clinic Visit (HCPCS Code T1015)	Tufts Health Direct, Tufts Health Together, Tufts Health One Care	5/1/2026	Administrative updates for accuracy and clarity, including removal of references to Tufts Health Plan Senior Care Options (SCO) Medi (a Medicaid-only product), which is no longer offered.

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
Noncovered Investigational Services	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health Together, Tufts Health RITogether, Tufts Health One Care	5/1/2026	CPT code 1019T (Lymphovenous bypass, including robotic assistance, when performed, per extremity) removed from Noncovered Investigational Services (NCIS) MNG and now covered with prior authorization for all applicable lines of business. In addition, CPT codes 0786T, 0787T, 0788T, and 0789T removed from NCIS and covered without prior authorization for One Care only.
Evolent Advanced Imaging Guidelines	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health Together, Tufts Health RITogether, Tufts Health One Care	5/1/2026	Adopted Evolent's 2026 Advanced Imaging Guidelines. CPT codes 0742T, 70473, and 70472 will now be covered when prior authorization is obtained through Evolent.
Blepharoplasty, Upper/Limb Eyelid, Brow Ptosis Repair, Upper Eyelid Blepharoptosis Repair	Tufts Health Direct	5/1/2026	Prior authorization is now required for coverage of CPT codes 15820 and 15821

Updates to Medical Necessity Guidelines (MNG)			
MNG Title	Products affected	Eff. date	Summary
Surgical Procedures for the Treatment of Obstructive Sleep Apnea	Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health Together, Tufts Health RITogether	5/1/2026	Prior authorization is now required for coverage of the hypoglossal nerve stimulation CPT codes C8007 and C8011, which were newly released by the American Medical Association on Jan. 1, 2026.
Children's Behavioral Health Initiative Family-based Intensive Treatment (FIT)	Tufts Health Together	5/1/2026	MNG pertaining to MassHealth's CBHI intensive hospital diversion (IHD) program retired, as the program was phased out and replaced by Family Intensive Treatment (FIT).



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 programs		
Drug/MNG	Plan & additional information	Eff. date
Itvisma MassHealth Acute Hospital Carve-Out Drug List	Tufts Health Together Prior authorization will be required for coverage of Itvisma (C9309) under MassHealth's Acute Hospital Carve-Out Drug Program .	5/11/2026

Updates to existing prior authorization programs		
Drug/MNG	Plan & additional information	Eff. date
Yescarta	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health RITogether, Tufts Health One Care, Tufts Medicare Preferred, Tufts Health Plan Senior Care Options In alignment with recent updates in the FDA's guidance, removed the limitation of use from Yescarta for patients with relapsed or refractory primary central nervous system lymphoma.	5/1/2026

Updates to existing prior authorization programs		
Drug/MNG	Plan & additional information	Eff. date
Encelto	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health RITogether Criteria updated to specify that the provider is a retina specialist with expertise in treating retinal disorders.	5/1/2026



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