

Insights and Updates for Providers

July 2026

Change in denial process for lack of prior authorization

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

Point32Health is offering a reminder of the change we previously announced pertaining to claim adjudication for ancillary and supporting services when they are billed in connection with services that require prior authorization and that authorization is not obtained, **as the change is now in effect for all Point32Health products except for Harvard Pilgrim Health Care Commercial.**

As we shared in previous issues of *Insights and Updates for Providers*, effective for dates of service beginning **Sept. 1, 2026 for Harvard Pilgrim Commercial products and July 1, 2026 for all other products**, if a claim is denied due to lack of prior authorization, untimely authorization, or failure to meet medical necessity criteria, any related ancillary or supporting services or procedures associated with the denied service, whether billed on the same claim or on separate claims, will also be denied. This includes medications used to support the procedure requiring prior authorization.

Ambulance services as well as the reading of lab/pathology and radiology reports are excluded from this updated denial process.

This updated claims adjudication process also does not apply to claims submitted by Maine-contracted providers for services requiring prior authorization for fully insured members with plans issued in Maine. These claims will continue to be processed following a medical necessity review in accordance with Maine insurance statute (24-A MRS §4304). ▲

US Family Health Plan transition

Tufts Health Plan Commercial

Point2Health and Tufts Health Plan will transition administrative operations of the US Family Health Plan (USFHP) to Brighton Marine and its subcontractors, **effective for dates of service beginning Jan. 1, 2027.**

Claims for dates of service prior to Jan. 1, 2027 will be accepted and processed as usual through March 31, 2027. Claims filed after March 31, 2027, or for dates of service on or after Jan. 1, 2027, will be processed by Brighton Marine's claims processing subcontractor, Signature Performance.

Providers who have not contracted directly with Brighton Marine will need to do so prior to the new plan year in order to remain in-network for USFHP. If you want to check your contract status or inquire about contracting with Brighton Marine for USFHP, please contact ProviderTeam@brighton-marine.org.

Providers currently credentialed by Tufts Health Plan Commercial will be accepted as credentialed by Brighton Marine through the current scheduled recredentialing date. If you or any individual providers in your practice are not currently credentialed through Tufts Health Plan as part of the USFHP plan offering, Brighton Marine will require time to process a credentialing application before adding your practice to the network panel for 2027. Please contact Brighton Marine directly for any questions around credentialing for 2027 onward.

Brighton Marine will publish further operational updates for USFHP network providers on USFamilyHealth.org/for-providers/ as the transition progresses, including a new Provider Manual, instructions to apply for new credentialing, or ways to update provider demographic data.

As we've identified previously, nearly all Tufts Health Plan Commercial members have already transitioned to Harvard Pilgrim Health Care Commercial plans. USFHP was the exception; with the transition of USFHP to Brighton Marine, Point32Health Tufts Health Plan Commercial line of business will be sunsetted. We will continue to proudly offer our Harvard Pilgrim Health Care Commercial products, Tufts Health Plan Senior Products, and Tufts Health Public Plans. ▲

Guide to navigating the prior authorization process

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

As you know, prior authorization plays an important role in supporting patient care, serving as an important check point for verifying medical necessity and ensuring that care is aligned with clinical guidelines. To avoid the risk of your claims denying unnecessarily and the burden of claim appeals, it's important to request prior authorization for services requiring it.

We want to make the prior authorization process as seamless as possible for our provider partners. To assist you and your staff, we've developed a [Quick Reference Guide](#) that offers an overview of Point32Health's utilization management program and the options for submitting and tracking your prior authorization requests. Designed to simplify day-to-day workflows, the guide includes all the key information and tools providers need to facilitate obtaining successful prior authorization right from the start.

In addition, we have a helpful [new video](#) that guides providers through where to find important prior authorization resources on our website.

We appreciate your commitment to providing our members with the most clinically appropriate care and encourage you to keep these resources handy. ▲

OTC drug exclusions and other formulary updates

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

Effective for dates of service beginning Oct. 1, 2026, Point32Health is making substantial drug status and formulary updates, which will impact Harvard Pilgrim Health Care Commercial, Tufts Health Plan Commercial, and Tufts Health Direct members.

Most notably, we will no longer provide coverage for drug products that are explicitly over-the-counter (OTC) or are prescriptions that have OTC equivalents, such as:

- 2nd generation antihistamines
- H2 blockers
- Nasal steroids
- Prescription fluoride
- Proton pump inhibitors

In instances where the drug product is a pediatric formulation, has no OTC equivalent, and/or is needed for benchmarking/mandated by the Affordable Care Act, the product will remain on the relevant formularies.

Oct. 1, 2026 drug status and formulary updates

Please refer to [this document](#) to review the drug status and formulary changes in detail. Changes include:

- Drugs moving to non-formulary status
- Over the counter drugs moving to excluded status
- Prescription drugs moving to excluded status ▲

In-home KED, FIT, and HbA1c preventive screenings

Tufts Health Plan Senior Care Options | Tufts Medicare Preferred

In support of Point32Health’s commitment to helping seniors maintain their optimal health, we’re pleased to announce a new quality initiative focused on in-home preventive screenings for Tufts Health Plan Senior Care Options (SCO) and Tufts Medicare Preferred members.

Beginning next month, members of these plans who are due (based on data available to Tufts Health Plan) for kidney evaluation and detection (uACR/eGFR tests); colon cancer screening (FIT test); or HbA1c tests will be offered free, at-home test kits courtesy of SNT Biotech, a Tufts Health Plan vendor partner. Members who choose to participate will receive their kits by mail, along with detailed instructions for collecting and returning samples via prepaid return envelopes.

If you are a Tufts Health Plan SCO or Tufts Medicare Preferred primary care provider, the results of your patients’ screenings will be shared with you by mail, giving you the opportunity to develop or adapt care plans accordingly.

Because early detection through preventive screenings can lead to more effective treatments, improved outcomes, and a better quality of life, we’re proud to offer these convenient screenings right in the homes of our members and further our shared goal of helping seniors remain active and independent for as long as possible.

To access additional resources to support performance on key measures impacting Centers for Medicare and Medicaid Services Star Ratings, please visit our [HEDIS and Star Rating Tip Sheets page](#). ▲

Reminder: Annual wellness visit covered by calendar year

Tufts Health Plan Senior Care Options | Tufts Medicare Preferred

Annual wellness visits — which are a covered benefit for Medicare members — offer a vital opportunity for providers and members to collaborate on preventive care and detect and address health issues early, empowering members to take charge of their health.

As a reminder, Tufts Health Plan uses a calendar year (Jan. 1 through Dec. 31) for coverage of annual wellness visits for members of our Tufts Health Plan Senior Care Options and Tufts Medicare Preferred products. This means that a member can schedule a wellness visit fewer than 365 days after their previous visit, so long as the visits are in different calendar years. (See example below.)

Date of wellness visit	Previous wellness visit	Coverage
April 2, 2027	Nov. 16, 2026	Covered visit
Dec. 31, 2027	Jan. 1, 2027	Not covered due to being in same calendar year

We encourage providers to schedule annual wellness visits with Medicare members who are overdue for these important check-ins. Our [Annual Wellness Visit guide](#) can assist you with helping your patients understand the components of the exam and how it can benefit their overall health and well-being. ▲

Old Colony Elder Services expands coverage to South Shore

Tufts Health One Care | Tufts Health Plan Senior Care Options

We’re pleased to share that Old Colony Elder Services has expanded its service area to now cover all 34 communities across Plymouth County and the South Shore, including 11 newly added South Shore towns: Braintree, Cohasset, Hingham, Holbrook, Hull, Milton, Norwell, Quincy, Randolph, Scituate, and Weymouth.

With this expansion, Old Colony Elder Services is now offering assessment and support for daily living activities for many Tufts Health Plan Senior Care Options and Tufts Health One Care members. Point32Health has worked with members and Old Colony to ensure a seamless experience for any patients who transitioned to Old Colony Elder Services from a previous elder care provider.

The Massachusetts Executive Office of Aging and Independence designated Old Colony Elder Services as the Aging Services Access Point (ASAP) for Greater Plymouth County and the South Shore area. ASAPs are state-designated, non-profit agencies that coordinate home and community-based services for older adults, individuals with disabilities, and their caregivers.

Providers and patients can find ASAPs by city or town on the [state's regional locator](#) or by calling 1-800-AGE-INFO (1-800-243-4636). To learn more about Old Colony Elder Services, visit their [website](#). ▲

Billing for psychological and neuropsychological testing

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

Point32Health would like to offer a reminder for our provider partners of the appropriate billing practice for psychological and neuropsychological testing – particularly in cases when a provider can administer and interpret standardized tests that can be used in both psychological and neuropsychological evaluations.

In these cases, in accordance with the guidance offered on page 12 of the American Psychological Association's [2024 Psychological and Neuropsychological Testing Billing and Coding Guide](#), please choose only the code that represents the predominant service being provided. The psychological test evaluation codes (CPT codes 96130-96131) and neuropsychological test evaluation services (CPT codes 96132-96133) should not be billed together in the same episode of care.

Whether using the [Psychological and Neuropsychological Assessment Supplemental Form](#) (the standard form from Mass Collaborative), our Tufts Health RITogether [Prior Authorization Request for Psychological and Neuropsychological Testing Form](#), or another accepted form, please only check off codes from **either** the psychological testing column or the neuropsychological testing column.

We've updated our [Behavioral Health and Substance Use Disorder Payment Policy](#) to more clearly delineate this billing guidance.

For clinical criteria and prior authorization requirements, refer to our [Neuropsychological and Psychological Testing and Assessment Medical Necessity Guidelines \(MNG\)](#) and our [Psychological and Neuropsychological Testing and Assessment Tufts Health Plan One Care and Tufts Health Plan Medicare Preferred MNG](#), which you can find in the [Medical necessity guidelines](#) section of our provider website. ▲

Reminders on pain management and opioid antagonists

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

We want to offer the following reminders on pain management and opioid antagonists.

Pain management plans and alternative therapies

For individuals who are experiencing persistent pain, pain management plans can be vital in providing education on individualized treatment options, offering a structured approach to pain management, reducing reliance on opioids, and empowering patients to actively participate in their care. Pain management plans often include a variety of strategies beyond medication to address the underlying causes of pain and promote long-term pain control.

When developing a pain management plan with patients, keep in mind that Point32Health covers a broad range of non-medication, non-surgical, and non-opioid medication treatment options — such as acupuncture, behavioral therapy, physical therapy, and chiropractic medicine — for patients living with chronic pain.

Providers can check member eligibility and benefits through our secure [HPHConnect](#) and [Tufts Health Plan](#) provider portals. Members also have access to information about their benefits, including pain management services, through their member handbooks which are posted on our member websites or portals. In addition, our online [Chronic Pain](#) resource is available for Harvard Pilgrim Health Care Commercial members.

Coverage and billing of opioid antagonists

Given that opioid use can lead to misuse and addiction, it's important to note as well that Point32Health provides coverage of opioid antagonists (medications that block the effects of opioids), such as naloxone and naltrexone. Naloxone is used to reverse the effects of opioid overdose, while naltrexone is used longer term to prevent relapse in patients with alcohol use disorder and opioid use disorder.

For coverage details, please refer to the [applicable formulary](#) and any relevant [Pharmacy Medical Necessity Guidelines](#) or other policies.

Please ensure that you are billing with the appropriate codes, and keep in mind that in some cases, reimbursement may occur as part of a bundled rate (for example, when billing for naloxone with J0571-J0575 or J2310-J2311). In addition, providers should follow the claims and billing guidance outlined in the applicable [Provider Manual](#). ▲

Reminder: One Care training requirement

Tufts Health One Care (HMO D-SNP)

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

Our online resources make it easy for you to comply with training requirements. Simply visit the [Training section of our Point32Health website](#) and click on “Begin the training” under “One Care provider trainings”.

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

Track one's general training series features a variety of webinars designed to assist with the successful implementation of an integrated care program. In order to meet the track one requirement, providers need to complete the following recorded webinars:

- [The Basics of One Care](#)
- [Engaging One Care Enrollees in Assessments & Care Planning](#)
- [Americans with Disabilities Act \(ADA\) Compliance](#)
- [Principles of Cross-Cultural Competence](#)
- [Promoting Wellness for People with Disabilities](#)
- [Contemporary Models of Disability](#)
- [Caring for Individuals with Co-Occurring Mental Health & Substance Use Disorders in One Care](#)
- [Enhancing Care to Homeless Individuals Through One Care](#)

Although not required, track one also offers trainings that cover useful information and guidance on integrating virtual health care; navigating housing instability; addressing social isolation; and other topics that may be beneficial to providers serving One Care members.

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

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

Help us keep directory information up to date

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

Provider directories are an important resource for health care consumers, who utilize them to select providers, make appointments, and access care. In accordance with the No Surprises Act of 2021, providers 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 PCC@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. ▲

Rhode Island Medicaid enrollment/screening

Tufts Health RITogether

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

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

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

How to access the Medicaid enrollment/screening application:

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

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

Point32Health Medical Necessity Guideline updates

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

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

Updates to Medical Necessity Guidelines (MNG)			
MNG Title	Products affected	Eff. date	Summary
Colonoscopy	Harvard Pilgrim Commercial, Tufts Health Direct	10/1/2026	<p>New MNG.</p> <p>CPT codes 45385, 45380, and 45378 are considered medically necessary when submitted with an appropriate ICD-10 diagnosis code, and modifier 33 must be included on preventive colonoscopy claims.</p> <p>The MNG identifies which covered medical conditions are categorized as preventive, diagnostic, or therapeutic.</p> <p>Refer to this article for additional information.</p>
Removal of Benign Skin Lesions	Harvard Pilgrim Commercial	10/1/2026	<p>The following CPT codes for excision of benign skin lesions will be considered medically necessary only when submitted with certain ICD-10 diagnosis codes specified on the MNG:</p> <ul style="list-style-type: none"> • 11400 • 11401 • 11402 • 11404

Updates to Medical Necessity Guidelines (MNG)			
MNG Title	Products affected	Eff. date	Summary
			<ul style="list-style-type: none"> • 11406 • 11420 • 11421 • 11422 • 11423 • 11424 • 11426 • 11440 • 11441 • 11442 • 11443 • 11444 • 11446 <p>(Consistent with Maine regulations, a redlined version of the MNG is posted temporarily.)</p>
Carelon Guidelines	Harvard Pilgrim Commercial, Tufts Health Direct, Tufts Health RITogether, Tufts Health One Care	9/16/2026	<p>Carelon, the vendor who oversees our genetic and molecular diagnostic testing program, will incorporate criteria updates to the following guidelines:</p> <ul style="list-style-type: none"> • Prenatal Screening using Cell Free DNA • Carrier Screening in the Reproductive Setting • Genetic Testing for Inherited Conditions <p>Notably, the criteria for thrombophilia testing on Carelon’s Genetic Testing for Inherited Conditions Guidelines will be updated to no longer cover the test in patients with venous thromboembolism (VTE) contemplating pregnancy who have a first-degree relative with VTE and a confirmed hereditary thrombophilia.</p>
Home Health Care Services for Harvard Pilgrim Health Care Commercial (Maine only) Home Health Care Services for Harvard Pilgrim Health Care Commercial, Tufts Health Plan Commercial, and	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct	7/1/2026	<p>New MNG specific to home health care services for Harvard Pilgrim Commercial products in Maine.</p> <p>MNG for Harvard Pilgrim Commercial and Tufts Health Direct (MA, RI, and NH) subsequently updated to remove references to Maine.</p>

Updates to Medical Necessity Guidelines (MNG)			
MNG Title	Products affected	Eff. date	Summary
Tufts Health Direct (MA, RI, and NH)			
Inpatient Acute and Post-Acute Levels of Care (Medical/Surgical)	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health Together, Tufts Health RI Together, Tufts Health One Care	7/1/2026	MNG updated for additional clarity around utilization management requirements (notification required for acute inpatient admissions; prior authorization required for post-acute levels of care).
Early Intensive Behavioral Intervention (Tufts Health Together) Early Intensive Behavioral Intervention (Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct)	Tufts Health Together, Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct	7/1/2026	New MNG developed specific to Tufts Health Together, with criteria from MassHealth. Down Syndrome added as an applicable diagnosis. Subsequently, references to Tufts Health Together removed from existing MNG for Harvard Pilgrim Commercial, Tufts Health Plan Commercial, and Tufts Health Direct.
Reconstructive and Cosmetic Surgery	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health Together, Tufts Health RI Together, Tufts Health One Care	7/1/2026	Visit limit for laser treatment of hemangioma and port wine stain and other vascular lesions expanded to allow for six-to-eight visits. (Additional visits will require documentation of medical necessity.)
Noncovered Investigational Services	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health Together, Tufts Health RI Together	7/1/2026	MNG updated to remove the following prostate biopsy codes, which are now covered without prior authorization retroactively to Jan. 1, 2026: <ul style="list-style-type: none"> • 55708 • 55710 • 55711 • 55712 • 55713 • 55714 • 55715 Previously submitted claims will be automatically reprocessed as appropriate.

Updates to Medical Necessity Guidelines (MNG)			
MNG Title	Products affected	Eff. date	Summary
			CPT code 0247U will also be removed from the MNG and covered without prior authorization, effective July 1, 2026.
Transcranial Magnetic Stimulation (rTMS) Genetic and Molecular Diagnostic Testing Orthognathic Surgery for Severe Oral Maxillofacial Functional Disorders Temporomandibular Joint (TMJ) Disorder Treatment Hysterectomy, Certain Elective Outpatient Habilitative Services for Physical Therapy, Occupational Therapy, and Speech Therapy	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health Together, Tufts Health RITogether, Tufts Health One Care	7/1/2026	2026 InterQual criteria adopted for these MNGs.



Colonoscopy updates

Harvard Pilgrim Health Care Commercial | Tufts Health Direct

We're making some coding and benefit changes related to colonoscopies, effective for dates of service beginning Oct. 1, 2026 for our Harvard Pilgrim Health Care Commercial and Tufts Health Direct products.

As a result, we'll be updating the Patient Protection and Affordable Care Act (Federal Health Care Reform) policies in our [Harvard Pilgrim Commercial](#) and [Tufts Health Public Plans](#) Provider Manuals as of Oct. 1, and have also developed [Colonoscopy Medical Necessity Guidelines](#) (MNG).

The new MNG and updated PPACA policies will reflect a change to our preventive colonoscopy benefit: a large number of medical conditions which were previously considered preventive will be more appropriately categorized as diagnostic or therapeutic in alignment with industry standard guidance. (As a reminder, while members are exempt from cost-sharing responsibilities for preventive services rendered by an in-network provider in accordance with PPACA, cost-sharing is applied to services classified as diagnostic or therapeutic.)

CPT codes 45385, 45380, and 45378 are considered medically necessary when submitted with an appropriate ICD-10 code, and the MNG indicates which covered medical conditions are categorized as diagnostic, therapeutic, or preventive.

Additionally, when a preventive screening colonoscopy turns diagnostic/therapeutic in nature (e.g. biopsy, polypectomy) providers will be required to include a preventive diagnosis on the claim and include modifier 33 in the first modifier field. ▲

Point32Health medical drug program updates

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

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

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

Tufts Health Together utilizes MassHealth’s Unified Formulary for pharmacy medications and select medical benefit drugs; for drug coverage and criteria refer to the [MassHealth Drug List](#).

New prior authorization programs		
MNG/Drug(s)	Plan & additional information	Eff. date
Itvisma	Harvard Pilgrim Health Care Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health RITogether Prior authorization is now required for Itvisma (onasemnogene abeparvovec-brve) (HCPCS J3405), an adeno-associated virus vector-based gene therapy indicated for the treatment of spinal muscular atrophy.	7/1/2026

Updates to existing prior authorization programs		
MNG/Drug(s)	Plan & additional information	Eff. date
Respiratory Interleukins: Cinqair, Fasenra, Nucala	Harvard Pilgrim Health Care Commercial, Tufts Health Plan Commercial, Tufts Health Direct Changes include, but are not limited to, increased emphasis on chart-confirmed diagnosis and response to therapy, increased emphasis on disease severity, more explicit concurrent therapy requirements, clearer separation of failure of treatment alternatives vs requested use as add-on therapy, standardization of minimum treatment durations of non-biologic therapies, and standardization of duration of approval rules.	9/1/2026
Tezspire (tezepelumab-ekko)	Harvard Pilgrim Health Care Commercial, Tufts Health Plan Commercial, Tufts Health Direct Changes include, but are not limited to, increased emphasis on chart-confirmed diagnosis and response to therapy, increased emphasis on disease severity, more explicit concurrent therapy requirements, clearer separation of failure of treatment alternatives vs requested use as add-on therapy, and standardization of minimum treatment durations of non-biologic therapies.	9/1/2026
Xolair (omalizumab)	Harvard Pilgrim Health Care Commercial, Tufts Health Plan Commercial, Tufts Health Direct Changes include, but are not limited to, increased emphasis on chart-confirmed diagnosis and response to therapy, increased emphasis on disease	9/1/2026

Updates to existing prior authorization programs		
MNG/Drug(s)	Plan & additional information	Eff. date
	severity, more explicit concurrent therapy requirements, clearer separation of failure of treatment alternatives vs requested use as add-on therapy, standardization of minimum treatment durations of non-biologic therapies, and standardization of duration of duration of approval rules.	
Elevidys MassHealth Acute Hospital Carve-Out Drug List	Tufts Health Together Coverage expanded for Elevidys, with new criteria for coverage in patients over six years old.	7/1/2026
MassHealth Acute Hospital Carve-Out Drug List	Beqvez and Roctavian removed from guidelines, as these medications have been removed from the market.	7/1/2026



Pharmacy coverage changes

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

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

Drug status changes			
Drug	Plan	Eff. date	Policy & additional information
Dupixent (dupilumab)	Harvard Pilgrim Health Care Commercial, Tufts Health Plan Commercial, Tufts Health Direct	9/1/2026	Dupixent (dupilumab) Changes to non-dermatological indications include, but are not limited to, increased emphasis on chart-confirmed diagnosis and response to therapy, increased emphasis on disease severity, more explicit concurrent therapy requirements, clearer separation of failure of treatment alternatives vs requested use as add-on therapy, and standardization of minimum treatment durations of non-biologic therapies.
Fasenra (benralizumab)	Harvard Pilgrim Health Care Commercial, Tufts Health Plan Commercial, Tufts Health Direct	9/1/2026	Fasenra (benralizumab) Pen (autoinjector) Changes include, but are not limited to, increased emphasis on chart-confirmed diagnosis and response to therapy, increased emphasis on disease severity, more explicit concurrent therapy requirements, clearer separation of failure of treatment alternatives vs requested use as add-on therapy, and standardization of minimum treatment durations of non-biologic therapies.

Drug status changes			
Drug	Plan	Eff. date	Policy & additional information
Nucala (mepolizumab)	Harvard Pilgrim Health Care Commercial, Tufts Health Plan Commercial, Tufts Health Direct	9/1/2026	Nucala (mepolizumab) Pre-Filled Autoinjector and Syringe Changes include, but are not limited to, increased emphasis on chart-confirmed diagnosis and response to therapy, increased emphasis on disease severity, more explicit concurrent therapy requirements, clearer separation of failure of treatment alternatives vs requested use as add-on therapy, standardization of minimum treatment durations of non-biologic therapies, and standardization of duration of approval rules.
Tezspire (tezepelumab-ekko)	Harvard Pilgrim Health Care Commercial, Tufts Health Plan Commercial, Tufts Health Direct	9/1/2026	Tezspire (tezepelumab-ekko) Pre-Filled Pen Changes include, but are not limited to, increased emphasis on chart-confirmed diagnosis and response to therapy, increased emphasis on disease severity, more explicit concurrent therapy requirements, clearer separation of failure of treatment alternatives vs requested use as add-on therapy, and standardization of minimum treatment durations of non-biologic therapies.
Xolair (omalizumab)	Harvard Pilgrim Health Care Commercial, Tufts Health Plan Commercial, Tufts Health Direct	9/1/2026	Xolair (omalizumab) Pre-filled Syringe for Self-Administration Changes include, but are not limited to, increased emphasis on chart-confirmed diagnosis and response to therapy, increased emphasis on disease severity, more explicit concurrent therapy requirements, clearer separation of failure of treatment alternatives vs requested use as add-on therapy, standardization of minimum treatment durations of non-biologic therapies, and standardization of duration of approval rules.
Non-preferred Statin Medications: <ul style="list-style-type: none"> • Ezetimibe/simvastatin • Fluvastatin capsule • Fluvastatin ER tablet • Pitavastatin tablet • Zypitamag • FloLipid suspension • Ezallor sprinkle capsule 	Tufts Health RITogether	9/1/2026	Non-preferred statin medications will be moved to non-formulary. Coverage will be reviewed according to our Pharmacy Medical Necessity Guidelines for Pharmacy Products Without Specific Criteria. Generic atorvastatin tablet, lovastatin tablet, pravastatin tablet, rosuvastatin tablet, and simvastatin will continue to be covered without prior authorization.

Point32Health Payment Policy updates

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

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

Updates to Payment Policies			
Payment Policy Title	Products affected	Eff. date	Additional information
Behavioral Health and Substance Use Disorder Payment Policy	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	7/1/2026	<p>Policy updated for enhanced clarity on billing guidance. In cases when a provider can administer and interpret standardized tests that can be used in both psychological and neuropsychological evaluations, please choose only the code that represents the predominant service being provided. The psychological test evaluation codes (CPT codes 96130-96131) and neuropsychological test evaluation services (CPT codes 96132-96133) should not be billed together in the same episode of care.</p> <p>See this article for more information.</p>
Obstetrics/ Gynecology	Tufts Health RITogether	7/1/2026	<p>Policy updated to allow submission of the following HCPCS codes for doula services for Tufts Health RITogether:</p> <ul style="list-style-type: none"> • prenatal services (S9445 – 3 visits), • postnatal services (S9446 – 3 visits), • attendance at delivery (59510, 59400 – 1 visit) <p>Providers should bill using these codes with the appropriate modifiers (FP, TH, XU) to differentiate between prenatal, postnatal, and attendance at delivery, rather than billing only S9445 with these modifiers.</p>

Updates to Payment Policies			
Payment Policy Title	Products affected	Eff. date	Additional information
Dermatology	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	7/1/2026	Minor administrative updates for accuracy and clarity Updated billing guidelines for additional clarity on reporting procedures performed multiple times during the same session.
Early Intervention	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	7/1/2026	Minor administrative updates for accuracy and clarity
Emergency Department Services	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	7/1/2026	Minor administrative updates for accuracy and clarity
Telehealth/ Telemedicine	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	7/1/2026	Minor administrative updates for accuracy and clarity
Nutritional Counseling	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	7/1/2026	Minor administrative updates for accuracy and clarity



Laboratory Payment Policies: Sept. 1, 2026 updates

Harvard Pilgrim Health Care Commercial

As we've announced in previous issues of Insights and Updates for Providers, Point32Health operates a laboratory benefit management program for Harvard Pilgrim Health Care Commercial members. We utilize automated claims edits (post-service, pre-payment) to ensure consistency with the guidelines for laboratory services, tests, and procedures performed in office, hospital outpatient, and independent laboratory locations.

As part of this program, we maintain a number of evidence-based Payment Policies which are aligned with the latest scientific research to determine the appropriateness of lab testing.

Effective for dates of service beginning Sept. 1, 2026, in addition to certain updates to coverage criteria, we're implementing the following coding changes to the existing policies outlined below:

Policy	9/1/2026 coding change
Laboratory: Biomarker Testing for Autoimmune Rheumatic Disease	Adding CPT code 0522U.
Laboratory: Cardiovascular Disease Risk Assessment	Adding CPT code 83876; removing CPT codes 0052U, 0308U, 0309U, 0415U, 0541U.
Laboratory: Colorectal Cancer Screening	Adding CPT code 0522U.
Laboratory: Diagnostic Testing of Common Sexually Transmitted Infections	Removing CPT codes 86704, 86706, 87340, and G0499 from this policy, which can be found on the Laboratory: Hepatitis Testing policy. Removing CPT codes 0455U, 0463U from the policy. Adding CPT codes 87140, 87270, 87285, 87320, 87494, 87660, and 87810.
Laboratory: Pancreatic Enzyme Testing for Acute Pancreatitis	Adding CPT code 86141.

To review these updated policies (and any others) in further detail, refer to the [Payment Policies](#) section of our provider website.

In addition, consistent with Maine regulations, [redlined versions](#) of the above-referenced policies are posted temporarily.



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