Point32Health

Insights and Updates for Providers

August 2026

Changes to maternity care coding coming Jan. 1, 2027

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 may know, the Current Procedural Terminology (CPT) Editorial Panel, along with the American College of Obstetricians and Gynecologists and other governing bodies, has approved a significant restructuring of maternity care services codes for the CPT 2027 code set.

Effective Jan. 1, 2027, these industrywide changes to CPT coding will alter how maternity services are reported and billed to better reflect the increasingly complex reality of modern obstetric practice, recognizing that care is often provided by multiple clinicians in different health systems and practices throughout pregnancy.

Once implemented, we expect that these changes will apply consistently across all Point32Health products.

Fundamental change in maternity coding approach

Current maternity coding is based largely around bundled or “global" billing. This approach, which no longer reflects modern, team-based obstetric care delivery, is being replaced by a coding structure with a focus on reporting care more granularly at the service level.

Under the new CPT maternity coding framework:

- 17 existing CPT codes will be deleted
- 12 new CPT codes will be added
- 6 CPT codes will be revised

To better support evidence-based labor and postpartum care, and to facilitate improved transparency, data quality and measurement, maternity care will be organized into the following four defined phases, each with specific coding expectations: **antepartum, labor management, delivery,** and **postpartum**.

Point32Health’s initial focus on antepartum care

Point32Health is actively working toward implementation of the new maternity CPT coding structure. We will communicate to our provider network before any required changes are made to billing processes. Our priority is to ensure that our provider partners are informed, familiarized, and supported in advance of any new requirements or changes in experience.

As an initial step in our multi-phased implementation approach, we’re focusing first on billing for antepartum care. Antepartum care is now recommended as a tailored care approach that includes a patient-centered plan of care with a modified visit schedule that incorporates telehealth visits and is adjusted according to the medical and health related social needs of the patient, instead of the traditional thirteen antepartum visits.

For dates of service beginning Aug. 1, 2026, antepartum visits provided in 2026 should be reported using the CPT coding below, as applicable. The reporting is dependent on the number of visits in the calendar year.

- 59425 (4-6 visits)
- 59426 (7 or more visits)
- Evaluation and management (E/M) codes (fewer than 4 visits)

This coding guidance will change in 2027 as CPT codes 59425 and 59426 will be deleted and antepartum visits will be reported per encounter with the appropriate E/M procedure code that is based on the location of the patient. However, from now through the remainder of 2026, please adhere to the coding practice detailed above.

Future maternity coding updates

Additional communications will be shared as Point32Health's implementation planning continues, including operational details, billing guidance, and any updates to the Obstetrics/Gynecology Payment policy. ▲

MassHealth SENDPro encounter data requirements

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

As you're likely aware, MassHealth is implementing changes in early 2027 which will require managed care entities to submit encounter data through their Standardized Encounter Data Program (SENDPro), with more stringent enforcement of data quality standards.

In anticipation of these changes, we are reminding our provider partners to include key data elements when submitting claims to Point32Health to ensure accurate claim adjudication, encounter submission, and timely reimbursement.

MassHealth's Managed Care Entity Bulletin 133 outlines changes that will substantially impact encounter data validations and highlights priority areas that will create challenges if not implemented correctly — some of which are identified below.

- **Provider taxonomies:** Providers should include valid and up-to-date taxonomy codes on all medical encounter submissions (all claim types except pharmacy). Refer to the latest National Uniform Claim Committee's Health Care Provider Taxonomy Code Set for a list of valid taxonomies. Claims without appropriate taxonomy codes may be rejected. Include taxonomy codes for billing, attending, and rendering providers.
- **National Provider Identifiers (NPIs):** All claims must include a valid 10-digit NPI in the appropriate data element(s) for all provider types (e.g., billing, attending, referring, rendering and operating). Missing NPIs may result in claim rejection, except where atypical providers are not issued an NPI.
- **Hospital admission date and time:** Providers must include a valid admission hour and date on all applicable inpatient claims, with exceptions for certain bill types. Missing or invalid admission information may result in encounter validation failures.
- **Hospital discharge hour:** Include a valid discharge hour and date for all inpatient provider claims, with exceptions for certain bill types.
- **Primary diagnosis codes:** Use valid and active diagnosis codes appropriate for the date of service. Invalid or inactive primary diagnosis codes may be rejected.
- **Occurrence codes:** Use valid occurrence codes that accurately reflect the member's treatment and clinical history.
- **Revenue codes:** Submit only valid and reimbursable revenue codes. Verify revenue codes against current MassHealth guidance and fee schedules.
- **National Drug Codes (NDCs):** For physician-administered drugs, include a valid 11-digit NDC, appropriate unit of measure (F2, GE, ME, ML, or UN), and quantity greater than 0.0.

- **Standardized codes:** Providers must use standardized code sets (for procedure codes and modifiers, diagnosis codes, and any other standardized codes) and comply with all requirements for claims and encounter submissions.

You can find more information on encounter data submission requirements in MassHealth's various companion guides and related SENDPro communications. ▲

Duplicate billing logic update

Tufts Health One Care | Tufts Health Plan Senior Care Options | Tufts Health RITogether | Tufts Health Together | Tufts Medicare Preferred

In the interest of accurate claims processing, we're applying duplicate billing logic to claims/services submitted multiple times for the same date of service **beginning on Oct. 1, 2026.**

Providers should submit all services performed on the same date of service on a single claim. For procedures that are performed multiple times on the same date of service, **report the total number of units in the quantity field on a single claim line** rather than submitting multiple lines or separate claims for the same procedure code. Billing all applicable services on a single claim helps:

- Reduce avoidable duplicate billing denials
- Minimize rejections and processing delays
- Improve claims adjudication accuracy
- Ensure appropriate reimbursement for services rendered
- Support accurate encounter submissions

Services billed more than once for the same procedure code and date of service may be subject to reduction in payment, duplicate claim review, and potential denial. This includes duplicate services submitted on multiple claim lines within a single claim or across multiple claims.

If you disagree with the duplicate claim denial, please submit a **corrected claim** with any necessary updates or corrections to the original claim. Do not submit a new claim for the same procedure code and date of service, as it may be identified as a duplicate. ▲

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've 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.

The change, which we've outlined in previous issues of *Insights and Updates for Providers*, is currently in effect for most Point32Health products as of July 1, 2026, and **will take effect on Sept. 1, 2026 for Harvard Pilgrim Health Care Commercial.**

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. For Tufts Health Public Plans and Senior Products, such denials will be denoted using the code **UMD1254 (Supporting service denied due to no authorization)** along with **Claim Adjustment Reason Code (CARC) A1 (Claim/Service denied)** and **Remittance Advice Remark Code (RARC) N19 (Procedure code incidental to primary procedure).** An equivalent code for Commercial products is in development.

Exceptions for which this updated denial process will not apply include:

- Radiology (**professional component [modifier 26]**)
- **Anesthesia**
- **Ambulance**
- Pathology (**professional only**)
- Pre/post services outside date of service

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). ▲

Coverage of GLP-1s for Tufts Health RITogether members

Tufts Health RITogether

Effective Oct. 1, 2026, we will no longer cover glucagon-like peptide-1 medications (GLP-1s) when used for weight loss for Tufts Health RITogether members. Prior authorizations beyond Oct. 1 will be end-dated and the members will be notified of the change in coverage.

Look to future issues of *Insights and Updates for Providers* for more information, as we intend to share further details upon receipt of additional direction from the Rhode Island Executive Office of Health and Human Services. ▲

Reminder: US Family Health Plan transition

Tufts Health Plan Commercial

As we announced in last month's issue of *Insights and Updates for Providers*, 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 April 30, 2027*. Claims filed after April 30, 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.

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.

**Please note that the previously communicated March 31, 2027 date has been changed to April 30, 2027.*

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New collaboration offers virtual musculoskeletal care

Harvard Pilgrim Health Care Commercial

We're pleased to let providers know about a new virtual musculoskeletal (MSK) care program we're offering to eligible Harvard Pilgrim Health Care members (ages 18+) in collaboration with Hinge Health.

The app-based program is available to fully insured groups and members as of July 1, 2026, and self-insured accounts may opt in to these services (which are subject to change) beginning on Jan. 1, 2027. The program offers convenient, personalized virtual physical therapy and MSK support designed to help prevent injury, manage pain, improve mobility, and assist patients with rehabilitation before or after surgery.

The program is of no additional cost to members and features:

- 24/7 access to accommodate member schedules
- Technology-enabled guidance to support proper form
- Movement analysis to measure progress
- AI care assistance with connection to in-person care as needed
- Real-time feedback on exercises and adherence

To confirm their Hinge Health program eligibility, members can log in to their Harvard Pilgrim member account and check their digital health benefits or call the Member Services number on the back of their Harvard Pilgrim member ID card.

Members with chronic MSK-related needs will be informed of the program via email and directed to Hinge Health's dedicated web page for Harvard Pilgrim members at hinge.health/harvardpilgrim to learn more and enroll. We also encourage providers to visit this page to learn more about the program and how it may benefit your patients. ▲

Behavioral Health and substance use disorder tools and resources

Tufts Health RITogether

If you are a Tufts Health RITogether provider of behavioral health services, you can find everything you need to facilitate care for your patients on Point32Health's dedicated web pages. The following resources are designed to simplify your work with us, so that you can focus on the care and treatment of your patients:

- Behavioral Health homepage — Our Behavioral Health homepage is a hub for accessing a multitude of resources, including behavioral health-related newsletter articles, information on submitting claims, and links to our portals and electronic tools, policies and forms, clinical guidelines, and more.
- Tufts Health Public Plans Provider Manual — Refer to the Behavioral Health section for information on behavioral health programs including details on policies and procedures, provider responsibilities, patient care coordination, treatment and discharge planning, and Rhode Island-specific programs and services for members of all ages in need of varying levels of care.
- Performance Specifications — View the performance specifications that Point32Health maintains for a variety of behavioral health services.
- Our Policies, Manuals & forms page — Our Policies, Manuals & forms page provides access to Payment Policies, Medical Necessity Guidelines — including guidance on services that require prior authorization — pharmacy information, and more.
- HEDIS tip sheets — Refer to our HEDIS tip sheet page for an assortment of tip sheets related to behavioral health as well as medical services. The best practices highlighted on the tip sheets are intended to help you identify opportunities to improve patient care, implement best practices, and optimize HEDIS scores.

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Coordinating care for medical and behavioral health

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 recognizes that communication and collaboration among primary care physicians, behavioral health care providers, and other health care professionals are key to improving health outcomes, particularly for patients living with chronic physical and/or mental illness. With serious medical conditions and behavioral health disorders often entwined, patients rely on multiple health care providers working together to accurately diagnose issues and administer appropriate treatment.

The role of primary care providers is integral to a patient's whole-person care plan, from screening for behavioral health issues during annual visits, to coordinating care — as needed — with behavioral health specialists. At the same time, behavioral health care providers and prescribers can ensure that regular metabolic monitoring is conducted for patients in their care, especially those taking antipsychotic medications who are at greater risk for developing diabetes, high blood pressure, abnormal cholesterol and triglyceride levels, and obesity.

Coordinating care for a shared patient

Communication among medical and behavioral health care providers tending to a shared patient ensures that all relevant clinical information is available when developing a treatment plan. You can use our Coordination of Care Check List (or one of your own) to document, request, and share provider contacts and progress notes, along with patient diagnoses, medications, and other information vital to the treatment of primary care and behavioral health patients. To facilitate the exchange of information, you can request that patients complete a Harvard Pilgrim Health Care or Tufts Health Plan Authorization to Disclose Protected Health Information.

Resources for Harvard Pilgrim Health Care and Tufts Health Plan Commercial members

If you have patients who are Harvard Pilgrim Health Care or Tufts Health Plan Commercial plan members, they may be eligible for Behavioral Health Integration (BHI) services, which include specialized care management delivered by a dedicated team of health care professionals. Detailed information about BHI services is available through the Centers for Medicare and Medicaid Services MLN Booklet on Behavioral Health Integration Services and Frequently Asked Questions about Billing for Behavioral Health Integration Services.

Contact numbers for additional guidance

As partners in the delivery of health care to your patients, Point32Health appreciates the spirit of collaboration and its role in providing an exceptional health care experience. Whether you are a primary care physician, behavioral health care specialist, or community health practitioner, our Provider Service Centers are available to assist you.

- For questions related to your Tufts Health Plan patients, call the provider phone number associated with the member's plan.
- For inquiries on behalf of your Harvard Pilgrim Health Care members, call 800-708-4414.

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2026 Home Care Seasonal Flu Vaccine Fee Schedule

Harvard Pilgrim Health Care Commercial

Updates to Harvard Pilgrim's standard home care seasonal influenza vaccine fee schedule will take effect on Oct. 1, 2026. To request an updated fee schedule, please call the Provider Service Center at 800-708-4414. ▲

Reducing 30-day readmissions

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

Reducing hospital readmissions within 30 days is a considerable priority in health care, leading to increased patient satisfaction and improved outcomes.

To do this, it's essential to identify patients who may not understand their transition of care (TOC) instructions, including necessary follow-up care and changes to their medication regimens, and to provide targeted post-discharge TOC interventions.

Effective TOC interventions should prioritize timely follow-up and patient education.

Timely follow-up

Follow-up that is absent or delayed too far beyond the window immediately following a patient's transition out of the hospital can be a significant factor in the occurrence of 30-day readmissions. Some examples of timely follow-up that can help avoid these early readmissions include:

- Communication from the patient's primary care physician, such as reaching out to schedule a follow-up appointment
- Follow-up phone calls from any member of the patient's care team
- Home visits, when appropriate
- Medication reconciliation/review to ensure that the patient's medications are being used and monitored appropriately

Patient education

It's critical to make sure the patient has a solid understanding of their TOC plan so they can take the correct steps to avoid adverse events and readmissions. An integral component of TOC patient education is medication management; Point32Health strongly encourages providers to review these patients' medication lists with them to ensure that the lists are accurate and they have the correct prescriptions. ▲

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
Home Health Care Services for Tufts Health Together Home Health Care Services for Tufts Health RITogether and Tufts Health One Care	Tufts Health Together, Tufts Health RITogether, Tufts Health One Care	10/1/2026	New MNG specific to Home Health Care Services for Tufts Health Together with updated prior authorization requirements and criteria. Subsequent update to existing MNG for Tufts Health RITogether and Tufts Health One Care to remove references to Tufts Health Together, as there is now a separate MNG specific to that line of business. Refer to this article for more information.
Long Term Supports and Services (LTSS) for Tufts Health One Care	Tufts Health One Care	10/1/2026	Code T1019 will be added to the MNG and will require prior authorization.
Evolent Interventional Pain Management and Musculoskeletal Surgery Guidelines	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health Together, Tufts Health RITogether, Tufts Health One Care, tufts Medicare Preferred	8/1/2026	Annual review of Evolent's guidelines for Interventional Pain Management and Musculoskeletal Surgery. Notable updates include: • Added a cortisone injection within 3 months of surgery as a contraindication to hip arthroscopy • Added first time patellar dislocation as a covered indication for knee arthroscopy • Axial low back pain alone is contraindicated for multi-level lumbar spine surgery • New indication added for covered shoulder arthroscopy: bicep tendodesis for long head of biceps rupture

Updates to Medical Necessity Guidelines (MNG)			
MNG Title	Products affected	Eff. date	Summary
Reconstructive and Cosmetic Services	Harvard Pilgrim Commercial	8/1/2026	Criteria and coding updated for reconstructive breast surgery. CPT code 19325 will be covered for additional indications, as identified in the MNG.
Solid Organ Transplant	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health Together, Tufts Health RITogether, Tufts Health One Care	8/1/2026	Annual review of MNG. Criteria updated for liver transplant, small bowel transplants, and pancreas transplants consistent with guidelines from the United Network for Organ Sharing and other societies.
Long Term Supports and Services (LTSS) for Tufts Health One Care Tufts Health Plan Senior Care Options Prior Authorization, Notification, and No Prior Authorization MNG	Tufts Health One Care, Tufts Health Plan Senior Care Options	8/1/2026	Criteria added for personal care attendant meal preparation, which is covered without prior authorization for a maximum of 7 hours per week per MassHealth regulation 130 CMR 422.410(C)(3). Any time beyond 7 hours per week will require prior authorization and a demonstration of medical necessity. Criteria for this authorization has been added to the MNG.

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Home Health Care Services MNG updates

Tufts Health Direct | Tufts Health One Care | Tufts Health RITogether | Tufts Health Together

Point32Health is making updates to our Medical Necessity Guidelines pertaining to home health care services, which vary by product and state.

Effective Oct. 1, 2026, we've developed a new MNG specific to Tufts Health Together members. Subsequently, the current Home Health Care Services for Tufts Health Together, Tufts Health RITogether, and Tufts Health One Care MNG will be updated to apply to Tufts Health RITogether and Tufts Health One Care only and will be renamed accordingly.

The new Home Health Care Services for Tufts Health Together MNG will address prior authorization requirements for intermittent skilled nursing visits and medication assisted visits when services exceed 30 visits aggregate in a calendar year:

- When requesting medication assisted visits, provide rationale to support the member/caregiver's inability to administer medications independently.
- In addition, include the number of intermittent skilled nursing visits anticipated, supported by documentation of the member's medical history and complexity of care, history of re-hospitalizations, history of frequent medication changes, and need for extensive observation and assessment.

Prior authorization will no longer be required for HCPCS codes T1002 (RN Services, up to 15 minutes) and T1003 (LPN/LVN Services, up to 15 minutes). ▲

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.

Updates to existing prior authorization programs		
MNG/Drug(s)	Plan & additional information	Eff. date
Imaavy (nipocalimab)	Harvard Pilgrim Health Care Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health RITogether Added documentation of Myasthenia Gravis Foundation of America (MGFA) Clinical Classification Class II to IV generalized myasthenia gravis, Myasthenia Gravis-Activities of Daily Living (MG-ADL) total score of at least 6, and updated requirements to establish refractory disease of generalized myasthenia gravis.	10/1/2026
Medical Benefit Step Therapy	Harvard Pilgrim Health Care Commercial, Tufts Health Plan Commercial, Tufts Health Direct Added Vykoura to the MNG.	10/1/2026
Targeted Immunomodulators Skilled Administration	Tufts Health RITogether Starjemza (ustekinumab-hmny) added to the MNG and will be the preferred ustekinumab product. Coverage of Yesintek will require documentation of trial and failure with Starjemza, or clinical rationale for continuation of treatment with Yesintek.	10/1/2026
Adstiladrin	Harvard Pilgrim Commercial, Tufts Medicare Preferred Prior authorization for Adstiladrin (J9029) will managed through our arrangement with OncoHealth.	10/1/2026
Epioxa	Harvard Pilgrim Commercial Epioxa (J2789) is currently covered with prior authorization for the treatment of keratoconus, and the prior authorization criteria can be found in the Epioxa MNG. Effective for dates of service beginning Oct. 1, 2026, however, prior authorization will no longer be required. Epioxa will be covered without authorization only when a diagnosis of keratoconus is present.	10/1/2026

Updates to existing prior authorization programs		
MNG/Drug(s)	Plan & additional information	Eff. date
Vyjuvek (Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health RITogether) Vyjuvek (Tufts Health One Care, Tufts Medicare Preferred, Tufts Health Plan SCO)	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health RITogether, Tufts Health One Care, Tufts Health Medicare Preferred, Tufts Health Plan SCO MNG updated to remove age restriction. Vyjuvek (J3401) will now be covered for adult and pediatric members of all ages with a diagnosis of dystrophic epidermolysis bullosa when all criteria are met.	8/1/2026
Zolgensma	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health RITogether Criteria updated to specify that Zolgensma (J3399) will be covered only when documentation confirms that the member has not received a previous gene therapy for spinal muscular atrophy (including Zolgensma or Itvisma). With the approval of Itvisma, there are two spinal muscular atrophy gene therapies now, and as such, we need to address not having either/or before.	8/1/2026

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MassHealth updates to Unified Formulary

Tufts Health Together - MassHealth ACPPs

MassHealth recently announced updates to the MassHealth Unified Formulary, which will take effect on Oct. 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. ▲

Reminder: OTC drug exclusions and other formulary updates

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

As we announced in last month's issue, 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 (this list updated since the July communication)
- Over the counter drugs moving to excluded status
- Prescription drugs moving to excluded status ▲

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 and additional information
Yesintek (ustekinumab-kfce)	Tufts Health RITogether	10/1/2026	Targeted Immunomodulators Self-administration Yesintek will be removed from the policy and will be non-formulary. Starjemza (ustekinumab-hmny) will be the preferred ustekinumab biosimilar and will be added to the policy requiring prior authorization. Starting 10/1/26, for new starts or new members, coverage for Yesintek will be reviewed according to the Pharmacy Products Without Specific Criteria MNG and Starjemza will be reviewed according to the Targeted Immunomodulators Self-administration MNG

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Point32Health Payment Policy updates

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

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

Updates to Payment Policies			
Payment Policy Title	Products affected	Eff. date	Additional information
Observation Stay	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	8/1/2026	Minor administrative updates for accuracy and clarity

Updates to Payment Policies			
Payment Policy Title	Products affected	Eff. date	Additional information
Podiatry Professional	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	8/1/2026	Minor administrative updates for accuracy and clarity
Hospice	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	8/1/2026	Minor administrative updates for accuracy and clarity
Laboratory: Diagnosis of Vaginitis	Harvard Pilgrim Health Care Commercial	8/1/2026	Minor administrative updates for accuracy and clarity
Laboratory: Epithelial Cell Cytology in Breast Cancer Risk Assessment	Harvard Pilgrim Health Care Commercial	8/1/2026	Minor administrative updates for accuracy and clarity
Laboratory: Evaluation of Dry Eyes	Harvard Pilgrim Health Care Commercial	8/1/2026	Minor administrative updates for accuracy and clarity
Laboratory: Flow Cytometry	Harvard Pilgrim Health Care Commercial	8/1/2026	Minor administrative updates for accuracy and clarity
Laboratory: Folate Testing	Harvard Pilgrim Health Care Commercial	8/1/2026	Minor administrative updates for accuracy and clarity
Laboratory: *Helicobacter pylori* Testing	Harvard Pilgrim Health Care Commercial	8/1/2026	Minor administrative updates for accuracy and clarity
Laboratory: Hepatitis Testing	Harvard Pilgrim Health Care Commercial	8/1/2026	Minor administrative updates for accuracy and clarity
Laboratory: Human Immunodeficiency Virus (HIV)	Harvard Pilgrim Health Care Commercial	8/1/2026	Minor administrative updates for accuracy and clarity
Laboratory: Intracellular Micronutrient Analysis	Harvard Pilgrim Health Care Commercial	8/1/2026	Minor administrative updates for accuracy and clarity

Updates to Payment Policies			
Payment Policy Title	Products affected	Eff. date	Additional information
Laboratory: Onychomycosis Testing	Harvard Pilgrim Health Care Commercial	8/1/2026	Minor administrative updates for accuracy and clarity
Laboratory: Parathyroid Hormone, Phosphorus, Calcium, and Magnesium Testing	Harvard Pilgrim Health Care Commercial	8/1/2026	Minor administrative updates for accuracy and clarity
Laboratory: Pediatric Preventive Screening	Harvard Pilgrim Health Care Commercial	8/1/2026	Minor administrative updates for accuracy and clarity
Laboratory: Prostate Specific Antigen (PSA) Testing	Harvard Pilgrim Health Care Commercial	8/1/2026	Minor administrative updates for accuracy and clarity
Laboratory: Salivary Hormone Testing	Harvard Pilgrim Health Care Commercial	8/1/2026	Minor administrative updates for accuracy and clarity
Laboratory: Serum Tumor Markers for Malignancies	Harvard Pilgrim Health Care Commercial	8/1/2026	Minor administrative updates for accuracy and clarity
Laboratory: Thyroid Disease Testing	Harvard Pilgrim Health Care Commercial	8/1/2026	Minor administrative updates for accuracy and clarity
Laboratory: Urinary Tumor Markers for Bladder Cancer	Harvard Pilgrim Health Care Commercial	8/1/2026	Minor administrative updates for accuracy and clarity
Laboratory: Venous and Arterial Thrombosis Risk Testing	Harvard Pilgrim Health Care Commercial	8/1/2026	Minor administrative updates for accuracy and clarity

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