Harvard Pilgrim Health Care | TUFTS Health Plan

Point32Health companies

Payment Policy:
Maximum Units

Applies to:

Commercial Products

☒ Harvard Pilgrim Health Care Commercial products
☒ Tufts Health Plan Commercial products

Public Plans Products

☒ Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product)
☒ Tufts Health Together – MassHealth Accountable Care Partnership Plans
☒ Tufts Health RITogether – A Rhode Island Medicaid Plan
☒ Tufts Health One Care – A dual-eligible product

Senior Products

☒ Tufts Health Plan Senior Care Options (SCO) (a dual-eligible product)
☒ Tufts Medicare Preferred HMO/PPO (Medicare Advantage products)

Policy

Point32Health assigns a maximum number of units for CPT and HCPCS codes per member per day, per year, or per lifetime, when applicable. Frequency guidelines will be applied in accordance with industry standards, including but not limited to FDA-approved labeling, pharmaceutical compendia, evidence-based guidelines, CMS guidelines, and/or Medicaid guidelines. These frequency guidelines may be subject to change.

Prerequisites

Applicable Point32Health referral, notification, and authorization policies may apply. Refer to the appropriate sections within the Provider Manuals for more information.

General Benefit Information

Services are pursuant to the member's benefit plan documents and are subject to applicable member out-of-pocket cost (e.g., co-payment, coinsurance, deductible). Member eligibility and benefit specifics should be verified prior to initiating services.

Use of non-contracted labs may have the unintended consequence of subjecting the member to unnecessary services not ordered by the treating provider or other unreasonable financial exposure. In such circumstances, Point32Health may hold the ordering provider accountable for any inappropriate behavior on the part of the nonparticipating lab that has been selected.

Point32Health Reimburses

- Covered services up to and including the maximum number of units allowed for CPT or HCPCS codes
- Select CPT or HCPCS codes are assigned an annual maximum number of units. Refer to the applicable payment policy or benefit plan document for more information
- Select CPT or HCPCS codes are assigned a maximum number of units within a member's lifetime.
  - For example: CPT code 58150 (Total abdominal hysterectomy [corpus and cervix], with or without removal of tube(s), with or without removal of ovaries) has a lifetime maximum unit of one.

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- CMS unit values (MUE) for CPT or HCPCS codes will be utilized when available
- When an associated CMS MUE is not available, a maximum frequency per day (MFD) will be applied

Tufts Health Plan

- A maximum number of units will be applied per single date of service (DOS) for certain CPT/HCPCS codes billed
- A maximum number of units may be assigned to certain CPT/HCPCS codes that may be billed for a single DOS by the same provider or provider group.
  - For example: CPT code 25530 (Closed treatment of ulnar shaft fracture; without manipulation) has a daily maximum limitation of two units, as there are only two ulnar bones in the body. If more than two units are billed for a single DOS, the number will be reduced to two and additional units will be denied.

Note: Effective for DOS beginning May 1, 2026, Tufts Health Plan products will apply and adhere to CMS and/or Medicaid MUE unit limitations where applicable, in alignment with Harvard Pilgrim Health Care products.

Point32Health Does *Not* Reimburse

- Units billed beyond maximum units

Provider Billing Guidelines and Documentation

Providers are reimbursed according to the applicable contracted rates and fee schedules.

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- Additional reimbursement will not be made for those services that exceed the CMS MUE
- In instances where a provider correctly bills units that exceed the established MFD, the provider can submit an appeal with supporting medical documentation for individual consideration of reimbursement

Tufts Health Plan

- If there is a medically necessary reason to bill more than the maximum units allowed for the CPT or HCPCS code, the provider can submit an appeal with supporting medical documentation

Other Information

- For multiple dates of service, report a separate line for each DOS with the applicable CPT or HCPCS code and the number of units **OR** report a date span with the applicable CPT or HCPCS code and the number of units, when appropriate
- Providers should report the total number of units on one line per DOS
- MUE values do not supersede correct coding requirements. Providers must use complete and accurate coding, including the use of appropriate modifiers, to report services rendered.
- Codes without an assigned CMS or Medicaid MUE will have a custom unit limit established based on code descriptions and historical claim utilization.

Related Policies and Resources

Payment Policies

- General Coding and Claims Editing

Publication History

09/01/2026: Annual policy review; administrative edits
03/01/2026: Added MUE unit value information, effective for DOS beginning May 1, 2026 for Tufts Health Plan products; clarified existing MUE information
09/01/2025: Policy moved to new template, includes all lines of business

Background and Disclaimer Information

This policy applies to the products of Harvard Pilgrim Health Care and Tufts Health Plan and their affiliates, as identified in the check boxes on the first page for services performed by contracted providers.

Payment is based on member benefits and eligibility on the date of service, medical necessity review, where applicable, and the provider's network participation agreement with the Plan. As every claim is unique, this policy is neither a guarantee of payment, nor a final indication of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization, and utilization management requirements (when applicable),

adherence to Plan policies and procedures, and claims editing logic. An authorization is not a guarantee of payment.

Point32Health reserves the right to amend a payment policy at its discretion. CPT and HCPCS codes are updated as applicable; please adhere to the most recent CPT and HCPCS coding guidelines.

We reserve the right to conduct audits on any provider and/or facility to ensure accuracy and compliance with the guidelines stated in this payment policy. If such an audit determines that a provider/facility did not comply with this payment policy, Harvard Pilgrim Health Care and Tufts Health Plan will expect the provider/facility to refund all payments related to noncompliance.