Harvard Pilgrim Health Care | TUFTS Health Plan

Point32Health companies

Payment Policy:
Outpatient Facility

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 reimburses medically necessary outpatient services performed in contracted facilities or ambulatory surgical centers (ASC). Providers should refer to their contracts and applicable fee schedules for reimbursement information.

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

- Ambulatory surgical center services
- Outpatient services
- Surgical day care services (SDC)
- Treatment room services

Point32Health Does *Not* Reimburse

- Routine preadmission testing performed at an outpatient facility prior to an inpatient admission, when applicable. Refer to the Inpatient Hospital Admissions Payment Policy for more details.

Provider Billing Guidelines and Documentation

Providers are reimbursed according to the applicable contracted rates and fee schedules. Refer to your contract for specific information on reimbursement methodology.

Coding
Point32Health accepts the following revenue codes without a CPT or HCPCS code

Revenue Code	Description
0250-0259	Pharmacy
0270-0273, 0275-0279	M&S supplies and device
0370-0379	Anesthesia
0551-0552, 0559	Visits Skilled Nursing
0620-0622	Supplies
0710,0719	Recovery Room

Ambulatory Surgical Centers

- For CMS-1500 or electronic 837P billing only, modifier SG is required
  - Modifiers that affect reimbursement should be submitted in the primary modifier position with modifier SG in the secondary position
  - Modifier SG is not required for services submitted on a UB-04 or electronic 837I

Multiple Procedures and Bilateral Surgeries

- When applicable multiple procedures are performed at the same session, the procedure with the highest allowable rate will be reimbursed at 100% of the allowed rate. Subsequent reimbursable procedures will be paid at 50% of the allowable rate.
- Bilateral surgeries are reimbursed at 150% of the allowable rate

Off-Campus, Provider-Based Departments of a Hospital

Facilities paid through the Outpatient Prospective Payment System (OPPS) must apply one of the following modifiers to all HCPCS codes, as applicable:

- Modifier PO: Excepted Services provided at an off-campus, outpatient, provider-based department of a hospital
- Modifier PN: Non-excepted service provided at an off-campus, outpatient, provider-based department of a hospital

Harvard Pilgrim Health Care

Device-Dependent Codes
In cases where the device was provided at no charge to the facility, or the facility receives a credit from the manufacturer, bill value code FD with the device credit amount in the Value Amount field and one of the following condition codes:

- 49- Product replacement within product lifecycle
- 50- Product replacement for known recall of a product
- 53- Initial placement of a medical device provided as part of a clinical trial or free sample

Other Information

- Certain procedures require the use of an implantable device; report the CPT/HCPCS code for the device, where applicable, in addition to the surgical procedure code
- Facilities should report valid and appropriate CPT or HCPCS codes with all revenue codes (except as noted above), as specified in the Uniform Billing Editor (UBE)
- Procedures must be performed in the appropriate place of service

Related Policies and Resources

Payment Policies

- Drugs and Biologicals
- Emergency Department Services
- General Coding and Claims Editing
- Inpatient Hospital Admissions
- Laboratory and Pathology
- Modifiers
- Non-Covered Services
- Observation Stay
- Outpatient Rehabilitation
- Serious Reportable Events, Serious Reportable Adverse Events, and Provider Preventable Conditions

Publication History

11/01/2026:	Added billing guidelines for Off-Campus, Provider-Based Departments of a Hospital to reflect existing requirements
09/01/2026:	Annual policy review; administrative updates
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.