Harvard Pilgrim Health Care | TUFTS Health Plan

Point32Health companies

Payment Policy:
Skilled Nursing Facility (SNF)

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 inpatient skilled nursing facility (SNF) services provided by a contracted, licensed SNF in accordance with the member's benefits.

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 and subsequent payment are pursuant to the member's benefit plan document. Member eligibility and benefit specifics should be verified prior to initiating services by logging on to the secure Provider portal or by contacting Provider Services.

Eligibility Specifics for Medicaid products

- Tufts Health Plan SCO and Tufts Health One Care follow Medicare coverage guidelines for Medicare-covered benefits and Medicaid coverage guidelines for Medicaid-only covered benefits.
- Tufts Health RITogether follows Medicaid coverage guidelines for MCO disenrollment and payment policies for Rhody Health Partners and Medicaid Expansion members admitted for a SNF stay. Placement in a SNF for more than 30 consecutive days will result in disenrollment from Point32Health at the end of the month and enrollment in fee-for-service (FFS).

Point32Health Reimburses

Level of Care Criteria for Admission

Point32Health uses InterQual® Criteria to determine the appropriate levels of care (LOC) for SNF hospital services. The LOC is included in the authorization issued by the Point32Health Utilization Management (UM) clinician and that authorization is used to process the facility claim. Disagreements with the member's LOC should be discussed directly with the UM clinician.

Inpatient skilled nursing care services at a single all-inclusive (per diem) rate as determined by the contracted rate and when notified and authorized within appropriate time frames.

- The per diem rate is generally considered payment in full for all services provided to the member.
- Refer to "Services Not Included in the Per Diem Rate" for a list of services reimbursed separately from the per diem rate.

Information Related to Durable Medical Equipment (DME) and Medical Supplies

- Non-disposable/single-patient use DME provided as part of the member's SNF care and included in the per diem rate, should be sent home with the member upon discharge from the SNF. This includes, but is not limited to, bed pans, emesis basins, and splints.
- Non-disposable/multi-patient use DME provided as part of the individual member's SNF care that are owned or rented by the SNF should not be sent home with the member upon discharge. These items are included in the per diem rate, and include but are not limited to, walkers, canes, and wheelchairs.
- If DME is purchased from a contracted DME provider on behalf of the member, those items must be sent home with the patient upon discharge (e.g., customized orthotics, prosthetics, adaptive devices, bariatric equipment)
- SNF agrees to not delay obtaining authorization and ordering any custom-type device that is medically necessary to promote discharge and rehabilitation of the member. This type of DME must be authorized by Point32Health and ordered through a contracted DME provider.
- For questions about DME benefit eligibility, authorizations, contracted DME providers, or DME ordering, contact Provider Services.

Services Not Included in the Per Diem Rate

Harvard Pilgrim Health Care Commercial products

Prescription Pharmaceuticals
Select prescription pharmaceuticals may be reimbursed in addition to the per diem, in accordance with the terms outlined in the SNF agreement. Pharmaceuticals must be provided to members during an authorized inpatient skilled admission and must be itemized on the UB-04 claim with the pharmacy invoice attached.

Refer to the excluded pharmaceuticals list in the applicable Plan Provider Manual.

Aldesleukin	Emtricitabine	Imbruvica	Nuplazid	Temozolomide IV
Alpha 1 Proteinase Inhibitor	Enbrel	Immune globulin	Nyvepria	Tenofovir Alafenamide
Ambisome	Enfuvirtide	Imipenum	Odefsey	Tofacitinib
Amphotericin B Lipsome	Epoetic Alfa	Ingrezza	Oxacillin	Trametinib
Aranesp	Epogen	Interferon Beta 1A	Ozempic	Trulicity
Avibactam	Etanercept	Interferon Beta 1B	Pegfilgrastim	Udenyca
Avonex	Fidaxomicin	IVIG	Pimavanserin	Valbenazine
Avycaz	Filgrastim	Leukine	Primaxin IV	Veklury
Betaseron	Foscarnet Sodium IV	Linezolid oral	Procrit	Vfend oral
Ceftazidime	Foscavir IV	Mekinist	Prolastin C	Virazole
Cidofovir injection	Fulphila	Micafugin Sodium IV	Proleukin	Vistide
Cilastatin	Fuzeon	Mitomycin	Releuko	Vorinconazole oral
Ciprodex	Gamastan	Mitoxantrone	Remdesivir	Xeljanz
Ciprofloxacin	Gammagard	Mutamycin	Retacrit	Xifaxan
Ciproflozacin	Gammaked	Mycamine	Ribavirin	Zarzio
Darbepoetin Alfa	Gamunex-C	Nabi-HB	Rifaximin	Ziextenzo
Dexamethasome	Goserelin Acetate	Neulasta	Rilpivirne	Zoladex
Dificid	Granix	Neupogen injection	Sargramostim	Zyvox oral
Dulaglutide	Hyper Hep B	Nivestym	SCIG	
	Ibrutinib	Novantrone	Temodar IV	

Services Not Included in the Per Diem Rate

The following services are reimbursed separately from the per diem rate:

Outpatient therapy treatment:

- The SNF will be reimbursed the lower of the SNF's charge or the standard Point32Health outpatient fee schedule.
- Reimbursement for appropriately notified or authorized outpatient therapy treatment, as applicable, is per visit and is not dependent upon the length of time of the visit.
- Only one visit per type of authorized therapy treatment is reimbursable per day.
- SNF can be reimbursed for one visit each of PT, OT and ST services provided on the same day.
- All other outpatient services will be denied.

The following services are excluded from the SNF per diem rate and may be billed by and reimbursed separately to a contracted Point32Health provider.

- Emergency ambulance services
- Non-emergency ambulance services (when authorized)*
- Attending or consulting physician services
- Bone growth stimulators
- Custom compression stockings
- Customized motorized wheelchairs
- Customized orthotics, prosthetics and orthopedic devices made for individual use
- Diagnostic testing not performed onsite (e.g., CAT scan, MRI, radiation therapy)
- Dialysis (hemodialysis and peritoneal dialysis)
- Inexsufflator
- Nursing facility add-on payments, when applicable
- Psychiatric evaluations, psychotherapy, and psychopharmacology services
- Specialty beds, mattresses, and surfaces (e.g., air-fluidized mattress)
- Total parental nutrition (TPN)
- Ultra-violet lights

**Any non-emergency transportation not authorized or provided by a contracting provider will be the responsibility of the ordering facility.*

Vaccines are separately reimbursed as an inpatient benefit. Refer to the Medicare Vaccine Fee Schedule (Medicare Claims Processing Manual, Section 20.4)

Applying the Contracted Rate

The admission date determines all SNF reimbursement terms. When an admission bridges contracted effective dates, the contracted rate on the date of admission applies to the entire SNF stay. This applies to all negotiated rates.

Membership Eligibility

- When a SNF admission occurs prior to a member's effective date, Point32Health begins reimbursement from the time membership is effective, the member's PCP or designee begins to direct the member's care, and the SNF notifies Point32Health of the admission.
- If a member terminates membership while receiving inpatient services, reimbursement will be paid at the per diem rate up to and including the termination date.

Point32Health Does *Not* Reimburse

- Blood and blood products
- Custodial care, unless covered under the member's plan benefits (see below for denial documentation process)
- Personal services (e.g., telephones, televisions, guest trays, etc.)
- Private duty nursing care unless medically necessary and recommended by the PCP and authorized by Point32Health
- Services rendered after membership terminates, even if the member is an inpatient in the SNF on the date of membership termination
- Services unrelated to the member's diagnosis and/or treatment

Note: Exclusions to this reimbursement policy may be covered under another reimbursement policy (e.g., DME).

Provider Billing Guidelines and Documentation

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

Coding

Code	Description	Notes
0250	Pharmacy	Itemize pharmaceuticals that are excluded from the contracted rate; attach the associated pharmacy invoice to the claim
0190	Skilled evaluation (Level 1A)	The LOC billed must match the LOC and length of stay on the authorization
0191	Skilled nursing and/or skilled rehabilitation (Level 1/1B)	
0192	Subacute nursing and/or subacute rehabilitation (Level 2)	
0193	Subacute nursing and/or subacute rehabilitation - ventilation program (Level 3)	

Additional codes available for Tufts Health Plan SCO members only:		
0100	Institutional Long-Term Care (LTC)	Appropriate for members who require institutional LTC
0183	Therapeutic leave day for institutional long-term care member; non-medical leave of absence (NMLOA)	SNFs must notify the CM when an institutional LTC member begins MLOA /NMLOA
0185	Bedhold (for hospitalization); medical leave of absence (MLOA)	SNF will coordinate member's return to the facility with the CM and submit inpatient notification if member is readmitted at a skilled LOC
0194	Evaluation and stabilization, escalated services in lieu of hospitalization	Notify the CM when a change in condition is noted and evaluation and treatment of the condition can be provided at the SNF in lieu of hospitalization SNF will coordinate care with the CM and submit inpatient notification if member meets criteria for skilled LOC
0199 + H0045	Respite, not in the home	SNF will notify CM prior to admission and/or during any change in status CM will coordinate all respite admissions

Outpatient Therapy Services for Custodial Members

Skilled therapy services are covered for members of Commercial and Medicare products in custodial care. Physical (PT), occupational (OT), and speech therapy (ST) services may be billed by the facility only with the following procedure codes, as described in the provider agreement, and only when prior authorization has been given by Point32Health.

Code	Description
97161	Physical therapy evaluation, low complexity
97162	Physical therapy evaluation, moderate complexity
97163	Physical therapy evaluation, high complexity
97165	Occupational therapy evaluation, low complexity
97166	Occupational therapy evaluation, moderate complexity
97167	Occupational therapy evaluation, high complexity
92507	Speech therapy treatment
92521	Evaluation of speech fluency
92522	Evaluation of speech sound production
92523	Evaluation of speech sound production with evaluation of language comprehension and expression
92524	Behavioral and qualitative analysis of voice and resonance
92610	Evaluation of oral and pharyngeal swallowing function
G0151	Physical therapy treatment, 15 minutes
G0152	Occupational therapy treatment, 15 minutes

Other Information

- Bill inpatient SNF services as contractually defined.
  - Enter the number of days in Form Locator 46 of the paper UB-04 or segment SV2, data element SV205 with UN qualifier in SV204 of loop 2400 of the 837I.
- Bill all outpatient services with the appropriate revenue code and procedure code(s).
- Pharmaceuticals not included in per diem provided to a member during an authorized inpatient skilled admission must be itemized on the UB-04 claim with the pharmacy invoice attached.
- Any services excluded from the per diem should be billed to Point32Health directly by the contracting provider
- Submit the appropriate authorization/notification number for the admission on the claim
- **Same-day transfers:** include condition code 40 on the claim if the member is transferred to another facility before midnight on the same day as the initial admission (not applicable to Commercial products)
- Bill for the authorized LOC(s), starting on the day of admission and ending on the evening before the day of discharge.
  - **Tufts Health Plan SCO only:** SNFs may be compensated for the day of discharge if the member stays in the same facility for long-term care.

- Submit a valid HIPPS (Health Insurance Prospective Payment System) code on all SNF claims as applicable. Claims submitted without a valid HIPPS codes will deny.
  - **Note:** As HIPPS levels change at each review per MDS requirement at 5, 14, 30, 60 and 90 days, the facility must submit a new inpatient notification with each MDS review.
- The CM/UM clinician must have access to and knowledge of weekly meetings and family meetings, the opportunity to participate in care planning, review of cases with interdisciplinary team, and discharge planning goals, including collaboration on the need for home visits, and the opportunity to develop systems that identify and report changes of condition of subacute and custodial members within 24 hours, or by the following business day.
- Upon discharge, the provider must send a copy of the discharge summary to Point32Health and the member's PCP within seven days of discharge (or the member's post-discharge visit with the PCP, whichever is sooner).
- For Tufts Medicare Preferred members: the facility must deliver a valid Notice of Medicare Non-Coverage (NOMNC) form no later than 2 days prior to the last covered day, as required by CMS. All completed NOMNCs must be forwarded to Point32Health within 7 days of valid delivery.

Interim Billing

- Include only charges that have not been previously billed.
- Bill using the "from date" to the "through date."
- Bill subsequent interim bills from the date after the "through date" on the previous bill.

Custodial Care

Denial Documentation Process for Commercial members

- Claims for custodial care services will be denied as non-covered services, member liable. (**Note:** This does not apply to Tufts Health Plan SCO, Tufts Health One Care, or Tufts Health Together)
- Alternate payer letters can be provided. SNFs must contact Point32Health in advance for review of services.

Patient Paid Amount (PPA) for Tufts Health Plan SCO and Tufts Health One Care

The PPA is the portion of monthly income that a member in a nursing facility must contribute to the cost of care. When a Tufts Health Plan SCO or Tufts Health One Care member transitions to a SNF, the PPA is reduced from the monthly capitation payment. PPA, if applicable, should be reflected as a line item on the submitted claim and identified by value code **FC** (recurring monthly income) with corresponding amount in the following field. Use first Value Code field for PPA. Upon processing, the PPA will be deducted from the claim payment to the facility.

Required Documentation for Tufts Health Plan SCO, Tufts Health One Care

- SNFs must complete and submit required documentation as outlined in the SNF Documentation Submission Guide.
- SNFs must complete the Preadmission Screening and Resident Review (PASRR) process in accordance with MassHealth regulations. Point32Health may request copies of completed PASRR forms for members; if the SNF is unable to provide a completed form, payment may be retracted and/or denied until the PASRR process is completed.

Related Policies and Resources

Payment Policies

- Ambulance Transportation
- Dialysis
- Durable Medical Equipment (DME) and Medical Supplies
- Inpatient Hospital Admissions
- General Coding and Claims Editing
- Laboratory & Pathology
- Physical, Occupational, & Speech Therapy
- Unlisted Procedure Codes
- Vaccine and Immunizations

Clinical Policies

- Inpatient Acute Level of Care (Medical/Surgical)
- Medical Review Criteria Immune Globulin
- Outpatient Diagnostic Imaging

Publication History

11/01/2026: 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.