Harvard Pilgrim Health Care | TUFTS Health Plan

Point32Health companies

Payment Policy:

All-Inclusive Clinic Visit (HCPCS Code T1015)

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 MCO Plan and 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 Health Plan Senior Care Options (SCO) Medi (a Medicaid-only product)
☐ Tufts Medicare Preferred HMO/PPO (Medicare Advantage products)

The following payment policy applies to Tufts Health Plan contracting federally qualified health centers (FQHC) and community health center (CHCs) who render services for the products specified above.

Note: Audit and disclaimer information is located at the end of this document.

Policy

Tufts Health Plan covers medically necessary all-inclusive clinic visits in accordance with applicable regulations and in accordance with the member's benefit.

HCPCS code T1015 identifies an all-inclusive clinic visit, which includes the medical diagnosis and treatment services rendered at a FQHC or CHC. Only FQHCs and CHCs may submit claims with HCPCS code T1015.

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.

Referral/Authorization /Notification Requirements

Certain procedures, items and/or services may require referral and/or prior authorization. While you may not be the provider responsible for obtaining prior authorization, as a condition of payment you must confirm that prior authorization has been obtained. For more information, refer to the Referral, Prior Authorization and Notification Policy.

Tufts Health Plan does not require prior authorization or referrals for services associated with HCPCS code T1015.

Billing Instructions

Unless otherwise stated, Tufts Health Plan follows industry-standard coding guidelines. Refer to current industry standard coding guidelines for a complete list of ICD, CPT/HCPCS, revenue codes, modifiers, and their usage. Providers may only bill the procedure code(s) in accordance with the applicable financial exhibits of their provider agreements and applicable fee schedules.

Use of noncontracting 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, Tufts Health Plan may hold the ordering provider accountable for any inappropriate behavior on the part of the nonparticipating lab that has been selected.

Claims should be billed with T1015 along with the applicable CPT/HCPCS codes to identify the service provided. Tufts Health Plan reimburses for T1015 once per day, per member.

Providers must use the appropriate procedure codes with modifier 25 to bill for significant, separately identifiable evaluation and management services rendered by the provider on the day of the procedure. Providers may need to submit medical documentation with the claim. Refer to the Evaluation and Management Services Payment Policy for more information.

Tufts Health Plan SCO Medi members
Providers must use EVS to verify member eligibility on the date of service. If a member is not eligible for Medicare, providers must bill according to MCE Bulletin 84 to receive the Medicaid reimbursement rate for T1015.

OB/GYN Services
Tufts Health Together, Tufts Health Plan SCO, Tufts Health One Care

Effective for DOS beginning Nov. 1, 2025, all medical visits billed by a CNM or OB/GYN using T1015 must include the TH modifier.

Compensation/Reimbursement Information

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

Services that Tufts Health Plan may **not** routinely compensate for when reported in conjunction with HCPCS code T1015 include, but are not limited to:

- Dental services
- Family planning services
- Preventive medical exams
- Residency services
- School-based health center services
- Vaccine administration
- Well-child visits
- Wellness therapies (e.g., diabetes self-management therapy, medical-nutrition therapy, tobacco-cessation counseling)
- Women, Infants, and Children (WIC) services
- Other services not listed as payable in applicable state regulatory guidance

Services that Tufts Health Plan may routinely compensate for when reported in conjunction with HCPCS code T1015 include, but are not limited to:

- Behavioral health services
- Laboratory services
- Pharmacy services
- Vision services
- X-ray services

Related Policies and Resources

- MassHealth Community Health Center (CHC) Manual
- Evaluation and Management Services

Publication History

- March 2026: Added instructions for the use of the TH modifier for CNM and OBGYN services, effective for DOS beginning Nov. 1, 2025 for Tufts Health Together, Tufts Health Plan SCO, and Tufts Health One Care members
- May 2025: Annual policy review; administrative updates
- December 2024: Added Tufts Health Plan SCO Medi applicability; clarified billing instructions for SCO Medi members in accordance with MCE Bulletin 84
  May 2024: Annual policy review; added Tufts Health One Care as existing applicable product
- May 2023: Annual policy review; removed referral and prior authorization requirements for OON FQHCs per MassHealth MCE Bulletin 84
- September 2021: Template updates; added link to CHC Manual
- July 2020: Revised billing instructions boiler plate language

- January 2019: Reviewed by committee; added Tufts Health Direct applicability; removed Tufts Health Unify applicability; revised title, added CHC to definition, added general benefit information section, clarified billing instructions and added compensation/reimbursement information
- March 2018: Template updates

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.