

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 Medicare Preferred HMO/PPO (Medicare Advantage products)

The following payment policy applies to Tufts Health Plan contracting freestanding ambulatory surgical centers. For information on professional surgical services, refer to the Surgery Professional Payment Policy.

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

Policy

Tufts Health Plan covers medically necessary services including surgical day care (SDC) rendered in a freestanding ambulatory surgical center (ASC), in accordance with the member's benefits.

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/Prior 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 chapter of the applicable [Provider Manual](#).

Note: ASC facility claims will be denied if a referral to the specialist/surgeon has not been obtained.

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/HCPSCS, 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.

Submit claims with supporting documentation (e.g., invoices, operative notes) using industry-standard red paper claim forms. Claims requiring supporting documentation deny if submitted electronically.

- Submit modifier SG to apply appropriate cost sharing when billing for services on a professional claim form
 - **Note:** modifiers that impact fee schedule/allowable amounts should be submitted in the primary modifier position with modifier SG in the secondary position

Compensation/Reimbursement Information

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

If a member receives multiple levels of service within the same episode of care, compensation for the lower-intensity services will be bundled into the payment for the highest intensity services rendered:

1. Hospital inpatient services
2. Hospital surgical day care services
3. Hospital ambulatory/minor surgical services
4. Hospital observation bed services
5. Hospital emergency department (ED) services
6. Hospital urgent care clinic services
7. Hospital clinic services

Bilateral and Multiple Surgical Procedures

Tufts Health Plan applies multiple surgical procedures reduction when the same provider performs two or more surgical procedures, including procedures performed bilaterally and/or different procedures in multiple compartments in the same joint, on the same member within the same operative session. Refer to the General Coding and Claims Editing Payment Policy for additional information regarding multiple surgical procedures reduction.

New Technology Intraocular Lenses

Compensation for new technology intraocular lenses (NT-IOLs) is considered part of the surgical procedure. Refer to the Vision Services Payment Policies for more information.

Additional Resources

- General Coding and Claims Editing Payment Policy
- Non-covered/Non-reimbursable Services Payment Policy
- Outpatient Facility Payment Policy
- Unlisted and Not Otherwise Classified Codes Payment Policy

Document History

- February 2025: Added existing billing information for modifier SG
- January 2024: Template updates
- May 2022: Added existing hospital hierarchy compensation information
- May 2020: Reviewed by committee; added Senior Products and Tufts Health Public Plans content; removed information on member cost share and benefit specific information
- June 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.