Harvard Pilgrim Health Care | TUFTS Health Plan

Point32Health companies

Payment Policy:
Gastroenterology

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)

Policy

Tufts Health Plan covers medically necessary gastroenterology services, in accordance with the member's benefits. Anesthesia assistance for gastrointestinal endoscopic procedures may also be covered when medical necessity criteria is met, as outlined in the Anesthesia Assistance with Elective Gastrointestinal Endoscopic Procedures Medical Necessity Guidelines.

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.

Gastrointestinal procedures that are not considered preventive in nature may be subject to outpatient hospital or ambulatory surgical center cost-share amounts.

Note: There is no member responsibility for covered services for Tufts Health Plan SCO, Tufts Health Unify, Tufts Health Together or Tufts Health RITogether members.

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, Authorization and Notification Policy.

Commercial and Tufts Health Public Plans Products

Bariatric Surgery

Prior authorization is required for bariatric surgery and bariatric reoperation. Refer to the Bariatric Surgery and Bariatric Reoperation for Complications medical necessity guidelines. For a list of facilities approved to perform bariatric surgeries for Commercial members in Massachusetts and Rhode Island, refer to the Designated Provider Network for Bariatric Surgery List.

Endoscopies

Prior authorization is required for the following procedures:

- Video Capsule Endoscopy
- Upper GI Endoscopy: Certain Elective Procedures[1]

[1] Prior authorization is not required for members under the age of 18 on the date of service.

Tufts Medicare Preferred HMO and Tufts Health Plan SCO
A specialist referral is required for gastroenterology services.

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.

Colorectal Cancer Screenings[2]
Effective for fully insured Rhode Island Commercial plans, in addition to providing coverage for prostate and colorectal preventive screening examinations and lab tests for cancer without cost share, members will also be covered in full for a follow-up colonoscopy if the results of the initial medical test or procedure are abnormal.

Providers should append modifier 33 to the appropriate colonoscopy HCPCS/CPT procedure code to indicate the service is a follow-up to the initial preventive service.

Compensation/Reimbursement Information

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

All Products

Tufts Health Plan does not routinely compensate for the following:

- 82270, 82274 (fecal occult blood tests) more than once every 12 months for patients over the age of 50
- A sigmoidoscopy or barium enema more than once within 48 months
- A colonoscopy or a barium enema on individuals at high risk more than once within 23 months
- A diagnostic, nonhigh risk colonoscopy more than once within a 3-year period unless a colorectal cancer screening (sigmoidoscopy) has been billed in the previous 3 years
- Colorectal cancer screenings (stool-based DNA and fecal occult hemoglobin [e.g., KRAS, NDRG4 AND BMP3]) are limited to one visit within three years
- 45300, 45330, 45378, 46600 (endoscopic colorectal cancer screenings) for members less than 45 years of age on the date of service if the only diagnosis on the claim is screening for malignant neoplasm of colon.
- 45330 or 45378 (endoscopic colorectal cancer screening) for members less than 45 years of age on the date of service if the only diagnosis on the claim is constipation
- 81528 (oncology colorectal screening) for members less than 45 years of age on the date of service.
- 45381 (colonoscopy, flexible; with injection[s]) if billed with 45383-45385, 45388 or G6024 (colonoscopy)

Multiple Surgical Procedures
Tufts Health Plan compensates for multiple surgical procedure code(s) by paying the surgical procedure code(s) with the highest allowable compensation at 100 percent. Subsequent surgical procedure code(s) that are subject to reduction logic are compensated at 50 percent of the allowed amount.

Senior Products

Compensation for procedures subject to multiple endoscopy guidelines is based on a percentage methodology, whereby the endoscopy with the highest allowed amount is determined and secondary endoscopies are reduced by the percentage that is representative of the value of the base endoscopy.

Tufts Health Plan does not routinely compensate G0102-G0103 (prostate cancer screening tests) for members under 45 years of age on the date of service.

Tufts Health Public Plans

Tufts Health Plan does not routinely compensate 45378 (colonoscopy, flexible, proximal to splenic flexure; diagnostic) if billed more than once within one year.

[2] Per R.I.G.L § 27-18-58.

Additional Resources

- Noncovered Investigational Services List
- Anesthesia Services Professional Payment Policy
- Surgery Professional Payment Policy

Document History

- November 2023: Annual policy review; added compensation for multiple endoscopies to senior products
- November 2022: Annual policy review
- November 2021: Added colorectal cancer screening coverage information for RI Commercial members, effective for dates of service on or after January 1, 2022
- April 2021: Updated coverage limits for diagnostic, nonhigh risk colonoscopy
- September 2020: Policy reviewed by committee; added existing Tufts Health Public Plans gastroenterology content; clarified nonpreventive gastrointestinal procedures may be subject to member cost-share
- October 2019: Added existing edit for colonoscopy compensation
- August 2018: Added claim edits for prostate cancer screening tests, DNA-based colorectal cancer screening tests, and colonoscopy effective for dates of service on or after October 1, 2018.
- May 2018: Policy reviewed by committee; added link to Bilateral and Multiple Surgical Procedures Payment Policy
- January 2017: 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.