

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 providers and products.

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

Policy

Tufts Health Plan excludes coverage for services related to a noncovered service (except for complications related to noncovered pregnancy terminations), as described below.

Tufts Health Plan may cover medical and hospital services required to treat a condition or complication that arises because of a prior noncovered service, when all the following are met:

- The services are being provided after discharge from the level of care at which the noncovered service was provided (e.g., hospital inpatient to skilled nursing facility (SNF), surgical day care to home, doctor's office to home, etc.);
- The services being provided are not otherwise included in the global post-procedural period as defined by CPT guidelines;
- The services being provided are deemed medically necessary per Tufts Health Plan guidelines and policies.

In addition, services provided that address other diseases or injuries unrelated to the noncovered service, when identified as separate and distinct procedures or services as defined by CPT and coded with appropriate CPT modifiers will be considered on a case-by-case basis to determine the medical necessity of the service and its potential relationship to the noncovered service.

Non-Covered Services

Tufts Health Plan does not routinely cover the following:

- Facility charges and/or related services during the same hospitalization or treatment setting during which the non-covered service is provided. Related services include all follow-up care and the treatment of complications directly associated with the noncovered procedure/service.
- Services that are part of any noncovered surgical package and follow-up care for therapeutic surgical procedures, as defined by CPT including:
 - After the decision for surgery, one related evaluation and management encounter on the date immediately prior to or on the date of procedure (including history and physical)
 - Typical postoperative follow-up care, including dictating operative notes, talking with the family and other providers
 - Services included in the global post procedural period.

Non-Covered Investigational Services

Tufts Health Plan limits coverage to those devices, treatments, or procedures for which the safety and efficacy have been proven, and which are comparable or superior to conventional therapies. Any device, medical treatment, supply or procedure for

which safety and efficacy has not been established and proven is considered investigational (unproven) and is excluded from coverage. Refer to the Noncovered Investigational Services Medical Necessity Guidelines for more information.

Non-Reimbursable (NR) Procedure Codes

Some procedure codes are either compensated as part of a more comprehensive procedure or are deemed non-reimbursable by Tufts Health Plan. For a list of procedure codes considered by Tufts Health Plan as non-reimbursable, refer to the Non-Reimbursable Code Lists for [Physicians](#) or [Outpatient Hospitals](#).

Note: Tufts Health Plan members are not responsible for the payment for these services.

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.

Related Policies and Resources

Clinical Policies

- [Noncovered Investigational Services](#)

Additional Resources

- Current Procedural Terminology (CPT) American Medical Association: Chicago, IL
 - Centers for Medicare & Medicaid Services (CMS). Medicare Benefit Policy Manual, Chapter 1, Section 120: [Services Related to and Required as a Result of Services Which Are Not Covered Under Medicare](#)
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Publication History

- June 2022: Administrative and template updates
 - November 2020: Updated link to Noncovered Investigational Services MNG
 - June 2018: Template updates
 - November 2017: Policy reviewed for clarity
 - July 2014: Added links to the nonreimbursable lists, revised policy title to reflect nonreimbursable information, template updates
 - June 2013: Template conversion
 - April 2012: Template updates
 - March 2012: Updated CareLink disclaimer language
 - October 2011: Reviewed policy, template changes only
 - May 2010: Newly documented payment policy
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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.