

## Noncovered/Nonreimbursable Services Payment Policy

Applies to the following Tufts Health Plan products:

- Tufts Health Plan Commercial<sup>1</sup>
- Tufts Medicare Preferred HMO (a Medicare Advantage product)<sup>2</sup>
- Tufts Health Plan Senior Care Options (SCO) (a dual-eligible product)<sup>2</sup>

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The following payment policy applies to Tufts Health Plan contracting providers and products.

In addition to the specific information contained in this policy, providers must adhere to the information outlined in the [Professional Services and Facilities Payment Policy](#).

**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.

### **Noncovered 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 noncovered 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

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<sup>1</sup> Commercial products include HMO, POS, PPO, and CareLink<sup>SM</sup> when Tufts Health Plan is the primary administrator.

<sup>2</sup> Tufts Medicare Preferred and Tufts Health Plan SCO are collectively referred to in this payment policy as Senior Products.

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 List for Physicians](#) or [Non-reimbursable Code List for Outpatient Hospitals](#). These lists are updated quarterly.

**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 [Commercial Provider Services](#) or [Senior Products Provider Relations](#).

**Note:** There is no member responsibility for covered services for Tufts Health Plan SCO members.

### **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](#)

### **DOCUMENT HISTORY**

- 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

### **AUDIT AND DISCLAIMER INFORMATION**

Tufts Health Plan reserves the right to conduct audits on any provider and/or facility to ensure 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, Tufts Health Plan will expect the provider/facility to refund all payments related to noncompliance. For more information about Tufts Health Plan's [audit policies](#), refer to the Provider website.

This policy provides information on Tufts Health Plan claims adjudication processes. 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. Claims for services subject to authorization may be reviewed for accuracy and compliance with payment policies.

This policy applies to the Tufts Health Plan products, as identified in the checkboxes on the first page, and to CareLink<sup>SM</sup> for providers in Massachusetts and Rhode Island service areas. Providers in the New Hampshire service area are subject to Cigna's provider agreements with respect to CareLink members. This policy does not apply to the Private Health Care Systems (PHCS) network (also known as Multiplan). Tufts Health Plan reserves the right to amend a payment policy at its discretion.