

**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 table below has been created as a tool to help providers avoid Electronic Data Interchange (EDI) claim rejections. To prevent these from occurring, a list of common error messages that EDI submitters receive has been identified, along with tips on how to avoid them.

Rejection Reason	Tips
Invalid member ID/subscriber number	<p>Verify member ID number (including suffix) on member ID card</p> <p>Confirm the member ID number and suffix through electronic eligibility inquiry via:</p> <ul style="list-style-type: none"> <li>• Secure Provider website</li> <li>• NEHEN</li> <li>• NEHEN/Net</li> <li>• Change Healthcare™ or POS device</li> <li>• Interactive voice response (IVR) system</li> </ul>
<ul style="list-style-type: none"> <li>• Provider NPI not on file at payer</li> <li>• Payee NPI not on file at payer</li> <li>• Admit/referring provider NPI not on file at payer</li> </ul>	<ul style="list-style-type: none"> <li>• Confirm the NPI is registered by contacting Provider Services</li> <li>• Verify that the clearinghouse has informed Tufts Health Plan of the intent to submit electronically</li> </ul>
Incorrect member date of birth (DOB)	<ul style="list-style-type: none"> <li>• Confirm the DOB through electronic eligibility inquiry on the secure Provider website</li> <li>• Contact Provider Services</li> </ul>
Invalid primary procedure	Verify the procedure code is valid for the date of service
Payee ID # must not equal the provider ID #	<ul style="list-style-type: none"> <li>• Confirm the provider or clearinghouse is submitting the individual servicing provider ID number (not the group payee ID number) in the rendering provider field</li> <li>• Call EDI Operations at 617.972.9400, ext. 54042 with questions</li> </ul>
Patient loop not accepted	<ul style="list-style-type: none"> <li>• Tufts Health Plan does not accept the patient loop (members are uniquely identified with the member ID suffix)</li> <li>• Enter member information in the subscriber/insured loop for the member receiving medical care, regardless of whether the member is the primary or the dependent</li> <li>• Enter the information for the member receiving care in the subscriber/insured loop, including correct suffix, name and DOB, regardless of whether the member is the primary or the dependent</li> </ul>
Diagnosis codes	<ul style="list-style-type: none"> <li>• Be sure to submit ICD-9 or ICD-10 codes that are current and appropriate for the DOS.</li> </ul>

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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.