

Insights and Updates for Providers

August 2025

Elevidys moved to non-covered due to FDA concerns

Harvard Pilgrim Health Care Commercial | Tufts Health Direct | Tufts Health Plan Commercial | Tufts Health RITogether

In July, the U.S. Food and Drug Administration (FDA) announced safety concerns with the gene therapy Elevidys. In light of this, Point32Health will no longer offer coverage of Elevidys, effective for dates of service on or after July 22, 2025.

Previously, Point32Health covered Elevidys for the treatment of Duchenne muscular dystrophy for members of our Harvard Pilgrim Health Care Commercial, Tufts Health Plan Commercial, Tufts Health Direct and Tufts Health RITogether products. On July 22, we retired the Medical Drug Medical Necessity Guideline for Elevidys and halted coverage.

This coverage change comes on the heels of [an announcement from the FDA](#) that it placed Sarepta Therapeutics investigational gene therapy clinical trials on hold following three deaths resulting from acute liver failure in individuals treated with Elevidys or the same AAVrh74 serotype that is used in Elevidys. ▲

Telehealth flexibilities for Medicare members

Tufts Health One Care | Tufts Health Plan Senior Care Options | Tufts Medicare Preferred

We want to make you aware of some telehealth flexibilities that Tufts Health Plan is extending for Medicare members and offer guidance on telehealth billing for these members.

Telehealth billing guidance

When billing for telehealth services for Medicare members, please be aware that Tufts Health Plan will accept CPT telehealth codes 98000–98015 for dates of service through Dec. 31, 2025, although the Centers for Medicare and Medicaid Services (CMS) does not offer coverage of these codes.

However, for dates of service beginning Jan. 1, 2026, these codes will no longer be reimbursable for Tufts Medicare Preferred, Tufts Health One Care, and Tufts Health Senior Care Options members. For dates of service as of Jan. 1, 2026, please adhere to the following coding guidelines — and note that this is also the recommended approach for billing telehealth services prior to Jan. 1.

When submitting a professional claim for services provided via telehealth, providers should use the appropriate evaluation and management (E/M) code along with a place of service (POS) code and the appropriate modifier.

Bill using one of the following required POS codes:

- POS 02 — telehealth service provided in the patient's home
- POS 10 — telehealth service provided other than in patient's home

Required modifiers for Medicare members include: 93, 95, GT, GQ, FQ, FR, G0.

For modifier descriptions and complete details, refer to the [Telehealth/Telemedicine Payment Policy](#).

Supporting telehealth for our members

In addition, the extension that CMS put into place for COVID-related telehealth flexibilities is scheduled to end on Sept. 30, 2025. When this occurs, Medicare will no longer cover telehealth for all sites of service. Recognizing the convenience of telehealth for our Medicare members, we will continue to cover telehealth for a variety of services and all sites of service as a supplemental benefit for members of our Tufts Medicare Preferred, Tufts Health OneCare, and Tufts Health Senior Care Option products.

Effective Oct. 1, 2025, and carrying over into the 2026 benefit year, the following codes remain eligible for telehealth reimbursement:

Category	Allowable codes
Cardiac rehabilitation services	93797, 93798
Group sessions for mental health specialty services	97150, 97154, 97156, 97157, 97158, 96202, 96203
Individual sessions for mental health specialty services	90875, 0326T, 97129
Individual sessions for psychiatric services	96110, 96125, 96127, 96130, 96131, 96132, 96133, 96136, 96137, 96138, 96139, 96170, 96171, 97130, 97151, 97152, 97153, 97155
Intensive cardiac rehabilitation services	G0422, G0423
Kidney disease education services	90953, 90956, 90959, 90962
Other health care professionals	G0248, 97550, 97551, 97552, G0539, G0540, G0541, G0542, G0543, 98960, 98961, 98962, 0591T, 0592T, 0593T
Partial hospitalization program	G0410
Physical therapy and speech language pathology services	92507, 92508, 92521, 92522, 92523, 92524, 96105
Physician specialist services	77427, 94005, 94664, 95970, 95983, 95984
Pulmonary rehabilitation services	94625, 94626

Summary of changes

The following chart offers a summary of the changes noted in the sections above for telehealth for Medicare members by date of service.

Telehealth coding guidance		
Dates of service	Codes covered	Additional information
1/1/25 – 10/1/25	98000–98015 (new codes released in 2025)	While not covered by Medicare, Tufts Health Plan will cover for: Tufts Medicare Preferred, Tufts One Care and Tufts Senior Care Options
	E/M codes with telehealth POS codes	Covered by Medicare for all sites
10/1 (or end of Covid telehealth flexibilities) – 12/31/25	98000–98015 (new codes released in 2025)	While not covered by Medicare, Tufts Health Plan will cover for: Tufts Medicare Preferred, Tufts One Care and Tufts Senior Care Options
	E/M codes with telehealth POS codes	Medicare will not cover all sites of service. For Tufts Medicare Preferred, Tufts One Care and Tufts Senior Care Options, we will cover certain codes and all sites of service.

Telehealth coding guidance		
Dates of service	Codes covered	Additional information
1/1/26 and beyond	98000–98015 (new codes released in 2025)	Not covered by Medicare. No covered by Tufts Health Plan for: Tufts Medicare Preferred, Tufts One Care and Tufts Senior Care Options
	E/M codes with telehealth POS codes	Medicare will not cover all sites of service. For Tufts Medicare Preferred, Tufts One Care and Tufts Senior Care Options, we will cover certain codes and all sites of service.
In addition: <ul style="list-style-type: none"> CMS will pay for the new CPT code 98016, which describes short virtual check-ins, instead of HCPCS code G2012 (patient initiated). Per CMS, two-way, real-time, audio only communication technology is allowable if the provider is technically capable of using an audio-video telehealth system and the member is either unable or unwilling to use video. 		



Expansion of vendor program for spine and interventional pain management services

Tufts Medicare Preferred

Point32Health currently utilizes Evolent for utilization management for a variety of services and lines of business, and we are expanding this program (refer to the [Evolent page](#) in the [Vendor Programs section](#) of the provider website for details on existing utilization management vendor programs). For dates of service beginning Oct. 1, 2025, Evolent will be conducting utilization management for spine and interventional pain management services for Tufts Medicare Preferred members.

With this change, some spine and interventional services currently requiring prior authorization through Tufts Health Plan will be managed by Evolent, some prior authorization requirements will be removed, and some services will newly require prior authorization. Changes include those noted below.

For Members of Tufts Medicare Preferred	
Services currently requiring prior authorization (currently through Tufts Health Plan and will move to Evolent review)	Coding updates as of Oct. 1, 2025
Epidural Steroid Injections for Pain Management <ul style="list-style-type: none"> Cervical/ Thoracic Interlaminar Epidural Cervical/ Thoracic Transforaminal Epidural Lumbar/ Sacral Interlaminar Epidural Lumbar/ Sacral Transforaminal Epidural 	<ul style="list-style-type: none"> Newly requiring prior authorization: codes 62320 and 62322 Currently require prior authorization and will continue to, through Evolent: 62321, 62323, 64479, 64480, 64483, 64484
Cervical Fusion <ul style="list-style-type: none"> Cervical ACDF- Anterior Decompression with Fusion — Single Level and Multiple Level 	<ul style="list-style-type: none"> Removing prior authorization requirement from codes 22800, 22802, 22808, 22810, and 22812 Newly requiring prior authorization: add-on code +22614

For Members of Tufts Medicare Preferred	
Services currently requiring prior authorization (currently through Tufts Health Plan and will move to Evolent review)	Coding updates as of Oct. 1, 2025
<ul style="list-style-type: none"> Cervical Posterior Decompression with Fusion – Single Level and Multiple Level 	<ul style="list-style-type: none"> Currently require prior authorization and will continue to, through Evolent: 22548, 22551, 22552, 22554, 22590, 22595, 22600
Lumbar Fusion — Single Level and Multi-Level	<ul style="list-style-type: none"> Newly requiring prior authorization: add-on codes +22534, +22585, +22614, +22632, +22634, +63052, and +63053 Currently require prior authorization and will continue to, through Evolent: 22533, 22558, 22612, 22630, 22633
Interventional Pain Management services newly requiring prior authorization	Codes requiring prior authorization as of Oct. 1, 2025
Cervical/ Thoracic Facet Joint Block	64490, + 64491, +64492, 0213T, +0214T, +0215T
Cervical/ Thoracic Facet Joint Radiofrequency Neurolysis	64633, +64634
Lumbar/ Sacral Facet Joint Block	64493, +64494, +64495, 0216T, +0217T, +0218T
Lumbar/ Sacral Facet Joint Radiofrequency Neurolysis	64633, +64634
Spine procedures newly requiring prior authorization	Codes requiring prior authorization as of Oct. 1, 2025
Cervical Anterior Decompression without Fusion	63075, +63076
Cervical Artificial Disc Replacement – Single Level	22548, 22551, 22554
Cervical Artificial Disc Replacement – Two Levels	+22858, +0098T, +0095T
Cervical Posterior Decompression without Fusion	22595, +22614
Lumbar Decompression	63005, 63012, 63017, 63042, +63044, 63047, +63048, 63056, +63057
Lumbar Microdiscectomy	62380, 63030, +63035
Sacroiliac Joint Fusion	27279

Requesting authorization

For dates of service beginning Oct. 1, 2025, providers should request prior authorization for these services through Evolent in one of the following ways:

- **Online:** www.radmd.com
- **Fax:** 800-784-6864
- **Phone:** 866-642-9703

Current approved authorizations for these services (obtained directly through Tufts Health Plan) will continue to be valid and a new authorization isn't required in these instances.

While the ordering provider is responsible for obtaining prior authorization, rendering providers must confirm that authorization has been obtained and have the required authorization number before a service is performed. Status and transaction numbers can be accessed through Evolent's website at www.radmd.com. You can also verify authorizations through the [Tufts Health Plan secure portal](#).

For complete details refer to [Evolent's dedicated webpage](#) for clinical guidelines, coding information, and other resources. ▲

Upcoming coverage changes for diabetic testing supplies

Tufts Health One Care | Tufts Health Plan Senior Care Options | Tufts Medicare Preferred

Effective for dates of service beginning Jan. 1, 2026, Accu-Chek will become the preferred brand for blood glucose meters and test strips for members of Tufts Medicare Preferred, Tufts Health One Care, and Tufts Senior Care Options. LifeScan's One Touch test strips and meters will be moved to non-formulary status and will no longer be covered under the patient's benefit.

To help ensure a smooth transition, we encourage you to discuss this upcoming change with patients who currently use One Touch supplies.

We also recommend writing a new prescription for Accu-Chek products prior to the change going into effect at the start of the new year — as Accu-Chek products are available now for these members and Accu-Chek meters can be obtained at no cost.

For information on blood glucose meters and test strips for other products, such as Harvard Pilgrim Health Care Commercial, Tufts Health Direct, and Tufts Health Plan Commercial, refer to this article in the July newsletter. ▲

Updates to CBHI-FIT program Medical Necessity Guidelines

All products

In last month's newsletter, we shared that MassHealth's Children's Behavioral Health Initiative (CBHI) will introduce its new Family-based Intensive Treatment (FIT) program. Since then, the state updated the launch date to Oct. 1 and provided final direction on FIT notification and authorization requirements.

Effective for dates of service beginning Oct. 1, 2025:

- Notification will be required for the first seven days of service and must be submitted within three business days from the first date of service.
- Prior authorization must be obtained for coverage to continue beyond the first seven days of service.

We've updated Point32Health's Children's Behavioral Health Initiative Family-based Intensive Treatment (FIT) Medical Necessity Guidelines to reflect the state's requirements.

As a reminder, FIT will provide youth (under the age of 21) with serious emotional disturbance (SED) and their parents/caregivers with the treatment and support necessary to keep them at home safely and connect them with ongoing outpatient and/or community-based programs. You can learn more about FIT and other CBHI initiatives on the mass.gov website. ▲

Preventive screenings at-home for select members

All products

Point32Health is dedicated to ensuring the highest quality of care for our members, and in supporting them in receiving important preventive care that supports their health and wellbeing. We also know how difficult it can be to encourage some members to visit their doctor's office for screenings — that's why we're partnering with several

innovative health services organizations to conduct at-home screenings for select members, particularly those in our Medicaid and Medicare products.

Beginning in late July, we'll be offering at-home screenings for colorectal cancer, kidney disease/HbA1c, diabetic eye disease, and bone density to targeted members who are overdue for these important health assessments. We're offering these screening kits at no cost for the member.

These initiatives focus on:

- **Kidney/HbA1c screening** — We've engaged Quest Diagnostics, Inc. to provide collection kits to measure blood and urine levels. These tests are important for managing the ongoing care of patients with diabetes. Members receive everything they need to complete the collection at home and return the kit via the included postage-paid envelope.
- **Colorectal cancer screening** — We're working with Exact Sciences to mail Cologuard screening kits to members who are overdue for a colon cancer screening. The Cologuard test, which is non-invasive and doesn't require prep, looks for abnormal DNA and blood in the stool. After completing the test, the patient returns the sample to the lab using the enclosed prepaid shipping label, and test results are typically available in two weeks.
- **Diabetic retinal screening** — Retina Labs will be offering at-home preventive vision screening tests conducted by a professional technologist to help ensure that members with diabetes receive their annual eye exams.
- **Bone mineral density scan** — Retina Labs will also offer in-home ultrasound-based bone mineral density scans to indicate whether individuals are at risk of bone fracture in the future. This will be offered to women age 65 or older who have been identified by Point32Health as being at-risk for osteoporosis.





The results from at-home screenings will be shared with the member and mailed to their PCP. We'll be encouraging members to work with their PCP and other physicians on a treatment plan. ▲

New open access product offerings

Harvard Pilgrim Health Care Commercial




Beginning July 1, 2025, we're offering new product options for employees of the Massachusetts Strategic Health Group (MSHG): open access versions of the Harvard Pilgrim Health Care **Focus Network – MA** and **ChoiceNet HMO** plans.

Members who choose the new Focus Network – MA Open Access or ChoiceNet HMO Open Access plan are required to select a primary care provider. However, they will not need a referral in order to receive covered services from a participating specialist.

 Harvard Pilgrim Health Care A Harvard Pilgrim Health Care Company	 Massachusetts Open Access
ID# HP-00 Name:	Notice to Members <ul style="list-style-type: none">For Member Services, call: 888-333-HPHC (4742)In a medical emergency, go to the nearest emergency facility or call 911 or other local emergency numberIf hospitalized, notify your Primary Care Physician within 48 hoursCall your Primary Care Physician for all other care
T1 OV: \$20935, T2 OV: \$20935 T3 OV: \$20935, ER: \$100 No Referrals Required RXBIN: 610014 RXGRP: RXBMASH RX Customer Service: 1-800-334-8134	Notice to Providers <ul style="list-style-type: none">Out-of-area emergency services will be paid by the PlanIn MA, ME, NH, RI, VT: 800-708-4414 or www.harvardpilgrim.orgClaims: Payer ID: 04271 HPHC, PO Box 699183, Quincy, MA 02269-0183Other States: 800-493-5254 United Health Shared Services, Claims: Payer ID: 35026, PO Box 30783, Salt Lake City, UT 84130-0783 • https://uhss.ume.com
T2 Ded: \$250 T3 Ded: \$250 OOPM: \$2,500	Please refer to your evidence of coverage for a full description of your benefits. www.harvardpilgrim.org
	 Optima PPO Network

The Focus Network is a Massachusetts limited network plan aimed at helping employers manage premium costs while offering comprehensive coverage. The ChoiceNet HMO is a three-tier network plan in which Massachusetts and New Hampshire hospitals, and physician groups are tiered based on cost and quality measures, and members pay less for services rendered by providers in a lower tier. For more details on these and other Harvard Pilgrim plans, visit the [Harvard Pilgrim Product page](#) on the provider website.

You can recognize members of these new open access plans by their ID cards, which note that referrals are not required — as seen in the sample card images on the left. ▲

 Harvard Pilgrim Health Care A Harvard Pilgrim Health Care Company	 Massachusetts Open Access
ID# HP-00 Name:	Notice to Members <ul style="list-style-type: none">For Member Services, call: 888-333-HPHC (4742)In a medical emergency, go to the nearest emergency facility or call 911 or other local emergency numberIf hospitalized, notify your Primary Care Physician within 48 hoursCall your Primary Care Physician for all other care
OV: \$20960 ER: Ded then \$100 No Referrals Required RXBIN: 610014 RXGRP: RXBMASH RX Customer Service: 1-800-334-8134	Notice to Providers <ul style="list-style-type: none">Out-of-area emergency services will be paid by the PlanIn MA, ME, NH, RI, VT: 800-708-4414 or www.harvardpilgrim.orgClaims: Payer ID: 04271 HPHC, PO Box 699183, Quincy, MA 02269-0183Other States: 800-493-5254 United Health Shared Services, Claims: Payer ID: 35026, PO Box 30783, Salt Lake City, UT 84130-0783 • https://uhss.ume.com
Ded: \$2,000 OOPM: \$5,000	Please refer to your evidence of coverage for a full description of your benefits. www.harvardpilgrim.org
	 Optima PPO Network

Updates to Targeted Case Management Services' ICC Medical Necessity Guidelines

Tufts Health Together

If you are a provider of Targeted Case Management Intensive Care Coordination (ICC) services, please be aware that MassHealth recently delivered updated guidance on notification and authorization requirements for MassHealth members, including Tufts Health Together members.

Effective for dates of service beginning Oct. 1, 2025:

- Notification will be required for the first 45 days of service and must be submitted within three business days from the first date of service.
- Prior authorization must be obtained for coverage to continue beyond the first 45 days of service.

The Intensive Care Coordination (ICC) program facilitates care planning and coordination for MassHealth youth (under the age of 21) living with serious emotional disturbance (SED). Designed to foster a collaborative relationship among youth, their families/guardians, and the support systems who serve them, ICC works to ensure that educational, social, and medically necessary services are delivered in an ethnically, culturally, and linguistically relevant manner. To learn more about the program, refer to Point32Health's [Targeted Case Management Services: Intensive Care Coordination Performance Specifications](#). We'll revise our [Targeted Case Management Services: Intensive Care Coordination \(ICC\) Medical Necessity Guidelines](#) to reflect the state's updated guidance prior to the Oct. 1 effective date. ▲

2025 Home Care Seasonal Flu Vaccine Fee Schedule

Harvard Pilgrim Health Care Commercial

Updates to Harvard Pilgrim's standard home care seasonal influenza vaccine fee schedule will take effect on Oct. 1, 2025. To request an updated fee schedule, please call the Provider Service Center at 800-708-4414. ▲

Behavioral Health and substance use disorder tools and resources

Tufts Health RITogether

If you are a Tufts Health RITogether provider of behavioral health services, you can find everything you need to facilitate care for your patients on Point32Health's dedicated web pages. The following resources can help you in working with us and in supporting patients with behavioral health care:

- [Behavioral Health homepage](#) — Our dedicated Behavioral Health homepage is a hub for accessing a multitude of resources, including behavioral health-related newsletter articles, information on submitting claims, and links to our portals and electronic tools, policies and forms, clinical guidelines, and more.
- [Tufts Health Public Plans Provider Manual](#) — Refer to the [Behavioral Health section](#) for information on behavioral health programs including details on policies and procedures, provider responsibilities, patient care coordination, treatment and discharge planning, and Rhode Island-specific programs and services for members of all ages in need of varying levels of care.
- [Performance Specifications](#) — View the performance specifications that Point32Health maintains for a variety of behavioral health services.
- [Our Policies & Manuals page](#) — Our Policies and Manuals page provides access to Payment Policies, Medical Necessity Guidelines, pharmacy information, and more.

- [HEDIS tip sheets](#) — Refer to our HEDIS tip sheet page for a variety of tip sheets related to behavior health, as well as medical services. The best practices highlighted in the tip sheets are intended to help you identify opportunities to improve patient care, implement best practices and optimize HEDIS scores. ▲

Reminder: One Care training requirement

Tufts Health One Care

The Executive Office of Health and Human Services (EOHHS) and the Centers for Medicare & Medicaid Services (CMS) require providers and office staff to complete comprehensive training on the One Care (Medicare-Medicaid dual eligible) program.

Our online resources make it easy for you to comply with training requirements. Simply visit the [Training section of our Point32Health website](#) and click on “Begin the training” under the Tufts Health One Care provider trainings section.

The program has two tracks — [a general training series](#) developed by MassHealth via UMass Medical School, as well as a [plan-specific Tufts Health One Care training](#). Providers must complete both tracks to meet One Care requirements.

For track one, the following recorded webinars are required:

- The Basics of One Care
- Engaging One Care Enrollees in Assessments & Care Planning
- Americans with Disabilities Act (ADA) Compliance
- Principles of Cross-Cultural Competence
- Promoting Wellness for People with Disabilities
- Contemporary Models of Disability
- Identifying Potential Abuse and Neglect of One Care Members
- Caring for Individuals with Co-Occurring Mental Health & Substance Use Disorders in One Care

The track one general series features additional trainings including: integrating virtual health care; providing support for members as parents; navigating housing instability; addressing social isolation, and many more.

Once you’ve concluded both training tracks, be sure to [complete the attestation](#). Point32Health will record and submit your participation to EOHHS and CMS.

To learn more about the Tufts Health One Care program and working with us, refer to the [Tufts Health One Care](#) chapter and other relevant sections of the [Tufts Health Public Plans Provider Manual](#). ▲

New Point32Health Hospice Payment Policy

All products

As part of our continued effort to streamline policies and processes and offer you a simplified provider experience, we’ve developed an integrated Point32Health Hospice Payment Policy.

The previous legacy Harvard Pilgrim Health Care and Tufts Health Plan Hospice payment policies have been archived, and the information from those policies can now be found in the merged Point32Health policy.

For details, please refer to the new [Hospice Payment Policy](#), which is available within the [Payment Policies](#) section of our provider website. ▲

Coordinating care for medical and behavioral health

All products

Point32Health recognizes that communication and collaboration among primary care physicians, behavioral health care providers, and other health care professionals are key to improving health outcomes, particularly for patients living with chronic physical and/or mental illness. With serious medical conditions and behavioral health disorders often entwined, patients rely on multiple health care providers working together to accurately diagnose issues and administer appropriate treatment.

The role of primary care providers is integral to a patient's whole-person care plan, from screening for behavioral health issues during annual visits, to coordinating care — as needed — with behavioral health specialists. At the same time, behavioral health care providers and prescribers can ensure that regular metabolic monitoring is conducted for patients in their care, especially those taking antipsychotic medications who are at greater risk for developing diabetes, high blood pressure, abnormal cholesterol and triglyceride levels, and obesity.

Coordinating care for a shared patient

Communication among medical and behavioral health care providers tending to a shared patient ensures that all relevant clinical information is available when developing a treatment plan. You can use our [Coordination of Care Check List](#) (or one of your own) to document, request, and share provider contacts and progress notes, along with patient diagnoses, medications, and other information vital to the treatment of primary care and behavioral health patients. To facilitate the exchange of information, you can request that patients complete a [Harvard Pilgrim Health Care](#) or [Tufts Health Plan](#) Authorization to Disclose Protected Health Information.

Resources for Harvard Pilgrim Health Care and Tufts Health Plan Commercial members

If you have patients who are Harvard Pilgrim Health Care or Tufts Health Plan Commercial plan members, they may be eligible for Behavioral Health Integration (BHI) services, which include specialized care management delivered by a dedicated team of health care professionals. Detailed information about BHI services is available through the Centers for Medicare and Medicaid Services [MLN Booklet on Behavioral Health Integration Services](#) and [Frequently Asked Questions about Billing for Behavioral Health Integration Services](#).

Resources for Tufts Health Together members

For Tufts Health Together members (18+) with Serious Mental Illness (SMI), our Behavioral Health (BH) Community Partners Program offers enhanced care coordination services including transitions of care support, health and wellness coaching, community resource assistance, and more. You can refer a patient to the program by forwarding their name, date of birth, ID number or MassHealth ID number, along with a short summary of the patient's needs to CPPProgram@point32health.org.

Contact numbers for additional guidance

As partners in the delivery of health care to your patients, Point32Health appreciates the spirit of collaboration and its role in providing an exceptional health care experience. Whether you are a primary care physician, behavioral health care specialist, or community health practitioner, our Provider Service Centers are available to assist you.

- For questions related to your Tufts Health Plan patients, call the [provider phone number associated with the member's plan](#).
- For inquiries on behalf of your Harvard Pilgrim Health Care members, call 800-708-4414. ▲

Reducing 30-day readmissions

All products

Reducing hospital readmissions within 30 days is a considerable priority in health care, leading to increased patient satisfaction and improved outcomes.

To do this, it's essential to identify patients who may not understand their transition of care (TOC) instructions, including necessary follow-up care and changes to their medication regimens, and to provide targeted post-discharge TOC interventions.

Effective TOC interventions should prioritize timely follow-up and patient education.

Timely follow-up

Follow-up that is absent or delayed too far beyond the window immediately following a patient's transition out of the hospital can be a significant factor in the occurrence of 30-day readmissions. Some examples of timely follow-up that can help avoid these early readmissions include:

- Communication from the patient's primary care physician, such as reaching out to schedule a follow-up appointment
- Follow-up phone calls from any member of the patient's care team
- Home visits, when appropriate
- Medication reconciliation/review to ensure that the patient's medications are being used and monitored appropriately

Patient education

It's critical to make sure the patient has a solid understanding of their TOC plan so they can take the correct steps to avoid adverse events and readmissions. An integral component of TOC patient education is medication management; Point32Health strongly encourages providers to review these patients' medication lists with them to ensure that the lists are accurate and they have the correct prescriptions. ▲

Initiation and engagement of substance use disorder treatment

All products

Early identification and continued treatment for individuals diagnosed with a substance use disorder are crucial in preventing future drug-related illnesses, relapse, and overdose, thereby improving quality of life.

Recognizing the importance of this, the NCQA's HEDIS (Healthcare Effectiveness Data and Information Set) program includes a measure for Initiation and Engagement of Substance Use Disorder Treatment (IET). The IET HEDIS measure assesses the percentage of new substance use disorder (SUD) episodes that result in treatment initiation within 14 days (initiation rate) followed by treatment engagement within 34 days of initiation (engagement rate).

To improve patient outcomes, referring patients for treatment and providing support for follow up care is recommended. Follow up services include inpatient SUD admissions, outpatient visits in person or via telehealth, intensive outpatient encounters, partial hospitalizations, and medication management visits.

What else can you do to improve these measures for your patients?

- **Use** appropriate clinical documentation and correct coding.
- **Maintain** appointment availability for patients who have had recent hospital admissions.
- **Explain** the importance of follow-up to your patients as part of discharge planning.
- **Support** the coordination of assistance for members with competing social demands such as childcare, transportation, and housing that would otherwise prevent them from attending treatment appointments.
- **Reach out** to patients who do not keep initial appointments and reschedule them as soon as possible.
- **Remember** that telehealth visits with the appropriate diagnosis will meet the follow-up criteria.
- **Submit** accurate and timely claims and encounter data.

For complete information, refer to Point32Health's [IET HEDIS Tip Sheet](#). To explore a variety of additional HEDIS topics, please refer to the [HEDIS tip sheet page](#) on our provider website.

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA). ▲

Point32Health Medical Necessity Guideline updates

All products

The chart below identifies updates to our Medical Necessity Guidelines. For additional details, refer to the [Medical Necessity Guidelines page](#) on our Point32Health provider website, where you can find coverage and prior authorization criteria for our Harvard Pilgrim and Tufts Health Plan lines of business.

Updates to Medical Necessity Guidelines (MNG)			
MNG Title	Products affected	Eff. date	Summary
Spine and interventional pain management through vendor partner Evolent	Tufts Medicare Preferred	10/1/2025	Refer to article in this issue for details on changes in prior authorization requirements for spine and interventional pain management for the products noted. Updates reflected in the Prior Authorization, Notification, and No Prior Authorization Medical Necessity Guidelines for Tufts Health Senior Care Options and Tufts Medicare Preferred .
Spine and interventional pain management through vendor partner Evolent	Tufts Health Senior Care Options	10/1/2025	Removing prior authorization requirement from CPT codes 22800, 22802, 22808, 22810, and 22812.
Clinical Review of Dental Services in the Medical Benefit	Harvard Pilgrim Commercial	8/1/2025	Updated to clarify that anesthesia and associated facility charges may not be considered medically necessary if the primary procedure is not covered by the Plan.
Hospice and Palliative Care Services	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct	8/1/2025	Minor update to criteria for respite care. In addition, we've developed an integrated Point32Health Payment Policy for Hospice Care, which has replaced our previous legacy Harvard Pilgrim and Tufts Health Plan policies.
Magnetic resonance Guided Focused Ultrasound	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Together, Tufts Health RITogether, Tufts Health Direct	8/1/2025	Updates to the clinical guideline coverage criteria.
Non-covered Investigational Services (NCIS)	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Together, Tufts Health RITogether, Tufts Health Direct, Tufts Health One Care	8/1/2025	Addition of: <ul style="list-style-type: none"> • Polymerase Chain (PCR) Testing for Onychomycosis • Lenire Bi-Modal Neuromodulation

Updates to Medical Necessity Guidelines (MNG)			
MNG Title	Products affected	Eff. date	Summary
Non-emergency Medical Transportation (Ground/air)	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Together, Tufts Health RITogether, Tufts Health One Care, Tufts Health Direct	8/1/2025	Criteria updates. Including noting that for Tufts RITogether, non-emergent ambulance services provided to a member during an inpatient/outpatient admission are included as part of the facility reimbursement rate and should be billed to the facility.
Surgical Procedures for the Treatment of Obstructive Sleep Apnea	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Together, Tufts Health RITogether, Tufts Health Direct, Tufts Health One Care	8/1/2025	Minor criteria update.
Tonic Motor Activation for the Treatment of Restless Leg Syndrome	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Together, Tufts Health RITogether, Tufts Health Direct, Tufts Health One Care, Tufts Health Senior Care Options, Tufts Medicare Preferred	8/1/2025	New MNG. HCPCS codes E0743 (external lower extremity nerve stimulator) and A4544 (electrode for external lower extremity nerve stimulator for restless leg syndrome) now covered with prior authorization.



Point32Health medical drug program updates

All products

The chart below identifies updates to our medical benefit drug program. For additional details, refer to the Medical Necessity Guidelines associated with the medical drug in question, which you can find on our Point32Health (the parent company of Harvard Pilgrim Health Care and Tufts Health Plan) [Medical Benefit Drug Medical Necessity Guidelines page](#).

Alternatively, some medical drugs are managed through an arrangement with OncoHealth when utilized for oncology purposes for Harvard Pilgrim members. You can find information about this program on the [OncoHealth page](#) in the [Vendor Programs](#) section of Point32Health's provider website and you can access the prior authorization policies for these drugs directly on [OncoHealth's webpage for Harvard Pilgrim](#).

Tufts Health Together utilizes MassHealth's Unified Formulary for pharmacy medications and select medical benefit drugs; for drug coverage and criteria refer to the [MassHealth Drug List](#).

New prior authorization programs for OncoHealth drugs (for oncology purposes)		
MNG/Drug(s)	Plan & additional information	Eff. date
Emrelis (telisotuzumab vedotin-tllv)	Harvard Pilgrim Health Care Commercial Prior authorization is required for new-to-market intravenous drug Emrelis (HCPCS code J9999).	8/1/2025
Avtozma (tocilizumab-anoh)	Harvard Pilgrim Health Care Commercial Prior authorization is required for new-to-market intravenous drug Avtozma (HCPCS code J3590).	8/1/2025

New prior authorization programs		
Niktimvo (axatilimab-csfr)	<p>Tufts Health Together</p> <p>Prior authorization is now required for Niktimvo (HCPSC J9038), approved by the FDA in August 2024 for the treatment of chronic graft-versus-host disease (cGVHD) after failure of at least two prior lines of systemic therapy in adult and pediatric patients weighing at least 40 kg.</p> <p>Coverage criteria will be unified with MassHealth under the Unified Medical Policies Medical Benefit Drugs Necessity Guidelines.</p>	8/11/2025



MassHealth updates to Unified Formulary

Tufts Health Together

MassHealth recently announced updates to the MassHealth Unified Formulary, which will take effect on Oct. 1, 2025. Tufts Health Together-MassHealth MCO Plan and Accountable Care Partnership Plans (ACPPs) utilize MassHealth's Unified Formulary for pharmacy medications and select medical benefit drugs, and providers should be aware that updated coverage and criteria will be available on the [MassHealth Drug List](#) on or after the effective date. ▲

Pharmacy coverage changes

Harvard Pilgrim Health Care Commercial | Tufts Health Direct | Tufts Health Plan Commercial | Tufts Health RITogether | Tufts Health Together

The chart below identifies updates for Pharmacy Medical Necessity Guidelines. For additional details and to access the guidelines referenced below, please visit the [Pharmacy Medical Necessity Guidelines page](#) on our Point32Health provider website.

Updates to existing prior authorization programs			
Drug	Plan	Eff. date	Policy & additional information
Ibrance	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct	10/1/2025	Updated coverage criteria for Ibrance to require one of the following: contraindication, intolerance, or clinical inappropriateness of treatment with Kisqali and Verzenio OR continuation of prior Ibrance therapy. Refer to the Antineoplastics Pharmacy Medical Necessity Guideline for details.
Non-Formulary Exceptions	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct	10/1/2025	Clarified the initial non-formulary coverage criteria for Zepbound in moderate to severe obstructive sleep apnea in obesity to require submission of chart note or medical record with documentation that the member has not been able to tolerate CPAP despite reasonable attempts to adjust to the CPAP and mask.
Teriparatide Tymlos	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct	10/1/2025	Removed criterion for history of low-trauma osteoporotic fracture. Refer to the Parathyroid Hormones Pharmacy Medical Necessity Guideline for details.



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