

Insights and Updates for Providers

September 2025

Update on coverage of weight loss medication

Harvard Pilgrim Health Care Commercial | Tufts Health Direct

We want to make you aware of upcoming changes in coverage related to weight loss medications, as part of our efforts to provide access to the most appropriate health care options while managing rising pharmacy costs.

These updates include:

- Harvard Pilgrim Health Care Commercial products and Tufts Health Direct will **exclude coverage of weight loss medications, including GLP-1 drugs, to treat weight loss and alternative indications** — including cardiovascular conditions and other comorbidities.
 - Effective on Jan. 1, 2026, this policy will impact Tufts Health Direct and Harvard Pilgrim individual/small group/merged market products utilizing the Core MA, Core NH, Core ME, Core RI, and ConnectorCare formularies. Please keep in mind that for Core NH, Core ME, and Core RI formularies, weight loss drugs are currently excluded from coverage except for alternative indications, and in these cases, the primary change is that as of Jan. 1, 2026, those alternative indications will be excluded from coverage.
 - Starting Jan. 1, 2026 (and upon group anniversary date), this policy will impact Harvard Pilgrim large group products (MA, NH, ME, RI) that will be moved to a new Select formulary, which has been designed for cost containment and excludes all weight loss medication coverage.
 - This change does not affect GLP-1 medications prescribed for diabetes.
- Some Commercial large groups will be offered the **option to buy up to a Premium formulary to include drugs prescribed for weight loss coverage**, with Zepbound as the preferred weight loss GLP-1 medication. To receive coverage, members would need to meet the medical necessity criteria for weight loss medications.
- Beginning on Jan. 1, 2026, all fully insured Harvard Pilgrim Commercial plans with weight loss medication coverage will require members who are newly seeking coverage for a weight loss GLP-1 medication to **participate in a behavior modification program for 6 months**.
 - Upon completion, and if the member meets the medical criteria and continues to have weight loss coverage, they will then be eligible to receive coverage for Zepbound as the preferred weight loss GLP-1 medication.
 - This program will help members adopt and sustain healthy habits for long-term weight management and include access to weight loss coaching by registered dietitians.
 - **This requirement applies to members newly starting a weight-loss GLP-1 medication, not members currently on the prescription medication.**
- For certain products, such as self-insured accounts, the effective date will be upon the group anniversary date in 2026, and the behavior modification program will be offered as an option.

Determining coverage: formulary and prior authorization information

To determine whether your Harvard Pilgrim Commercial or Tufts Health Direct patient has weight loss drug coverage, please refer to their formulary. Members on the Core, Select, ConnectorCare, and Tufts Health Direct formularies will exclude weight loss medication coverage.

Members who were previously approved for a weight loss medication for weight management or an alternative indication will have their authorization terminated on **Jan. 1, 2026, or upon group anniversary**. There will be no grandfathering of prior authorizations.

If the member's product utilizes the Value or Premium formulary for 2026, weight loss medication coverage will remain available, with GLP-1 medications and Contrave subject to prior authorization.

Our utilization management team will provide information on whether the behavior modification program is necessary at the time that the prior authorization determination is made for members newly starting a weight loss GLP-1 medication.

Please note that 2026 formulary selection and coverage may be subject to change upon the group's anniversary.

Options for members seeking access to weight loss medications

Members who will be affected by this coverage change will be notified by letter at least 60 days prior to the change and encouraged to discuss options with their primary care physicians and other doctors.

Members may wish to explore prescription discount cards or manufacturer copay assistance programs. Additional information on resources and programs for nutrition and weight management is available on Harvard Pilgrim's member [wellness page](#). ▲

Update on medical record review programs

**Tufts Health Direct | Tufts Health One Care | Tufts Health Plan Senior Care Options |
Tufts Health RITogether | Tufts Health Together | Tufts Medicare Preferred**

As you know, health plans conduct medical record review programs to ensure accurate billing, coding, and documentation practices and compliance with requirements. Point32Health engages Optum to assist in medical record review as part of our claims auditing program for some lines of business and will begin to utilize Optum for the Tufts Health Plan products noted above, effective Nov. 1, 2025.

If your claims are selected as part of the medical record review process, you will receive a letter from Optum requesting medical records and billing documents related to specific claims. The purpose of the review is to verify the extent and nature of the services rendered for the patient's condition and that the claim is coded correctly and documented to support the services billed.

The medical record request letter offers guidance on what documentation is needed. Please keep in mind that a provider's order must be present in the medical record to support all charges, along with clinical documentation to support the diagnosis and services or supplies billed.

The request letter also provides detailed instructions on how to submit the requested documentation. Providers will have the option of submitting the necessary files by secure internet upload through the Optum portal, mail, or fax.

It's important to submit the requested information in the timeframe noted to avoid the claim being denied due to lack of response. If the medical record review determines that a coding and/or payment adjustment is applicable, the provider will receive the appropriate claim adjudication. Providers may dispute the result of reviews, and instructions on submitting an appeal are included in the determination letter from Optum.

If you receive a medical records review request and have questions, please reach out to the Optum contact listed on the letter. We appreciate your cooperation with this program. ▲

New laboratory Payment Policies

Harvard Pilgrim Health Care Commercial

As you know, medical costs have been rising sharply. One area of focus is laboratory services, which account for more than \$82 billion annually in the United States. Point32Health is committed to ensuring members have access to medically necessary laboratory services while implementing policies that support appropriate utilization and affordability of care.

As part of these efforts, we are implementing a new laboratory benefit management program for Harvard Pilgrim Health Care Commercial products, effective for dates of service beginning Nov. 1, 2025. *

As of this effective date, we will implement the following new Payment Policies and utilize automated claims edits (post-service, pre-payment) to ensure consistency with the guidelines for laboratory services, tests, and procedures performed in office, hospital outpatient, and independent laboratory locations. Laboratory services provided in emergency rooms, hospital observation, and hospital inpatient settings are excluded from this program.

New Payment Policies for Harvard Pilgrim Health Care Commercial*

- Cervical Cancer Screening
- Prostate Biopsies
- Diagnostic Testing of Iron Homeostasis & Metabolism
- Immunohistochemistry
- Biomarker Testing for Autoimmune Rheumatic Disease
- Hepatitis C
- Pediatric Preventative Screening
- Helicobacter Pylori Testing
- Biochemical Markers of Alzheimer's Disease and Dementia
- Bone Turnover Markers Testing
- Diagnosis of Vaginitis including Multi-target PCR Testing
- Fecal Analysis in the Diagnosis of Intestinal Dysbiosis and Fecal Microbiota Transplant Testing
- Therapeutic Drug Monitoring for 5-Fluorouracil
- Identification of Micro-organisms by Nucleic Probes
- Intracellular Micronutrient Analysis
- Immunopharmacologic Monitoring of Therapeutic Serum Antibodies
- Serum Marker Panels for Hepatic Fibrosis in the Evaluation and Monitoring of Chronic Liver Disease
- Oral Screening Lesion Identification Systems and Genetic Testing
- Plasma HIV 1 RNA Quantification for HIV-1 Infection
- Salivary Hormone Testing
- Biomarker Testing for Multiple Sclerosis and Related Neurologic Diseases
- Urinary Tumor Markers for Bladder Cancer
- Testing of Homocysteine Metabolism-Related Conditions
- Cardiac Biomarkers for Myocardial Infarction
- Pancreatic Enzyme Testing for Acute Pancreatitis
- General Inflammation Testing
- Diagnostic Testing of Most Common Sexually Transmitted Infections
- Hemolytic Streptococcus Testing
- Parathyroid Hormone, Phosphorus, Calcium, and Magnesium Testing
- Gamma-glutamyl Transferase
- Colorectal Cancer Screening
- Hemoglobin A1c Diabetes Mellitus Testing
- Prostate Specific Antigen (PSA) Testing

New Payment Policies for Harvard Pilgrim Health Care Commercial* (cont.)

- Testosterone Testing
- Flow Cytometry
- Prenatal Screening (Nongenetic)
- Venous and Arterial Thrombosis Risk Testing
- Celiac Disease
- Thyroid Disease Testing
- Cardiovascular Disease Risk Assessment
- Diagnosis and Management of Idiopathic Environmental Intolerance
- Epithelial Cell Cytology in Breast Cancer Risk Assessment
- Gamma Interferon Blood Test for Dx of Latent Tuberculosis
- Testing For Alpha-1 Antitrypsin Deficiency
- Immune Cell Function Assay
- Invitro Chemosistance and Chemosensitivities Assays
- Measurement of Thromboxane Metabolites for ASA Resistance
- Nerve Fiber Density Testing
- Pharmacogenomic and Metabolite Markers for Thiopurines
- Diagnostic Testing of Influenza in the Outpatient Setting
- Serum Antibodies for the Diagnosis of Inflammatory Bowel Disease
- Serum Tumor Markers for Malignancies
- Evaluation of Dry Eyes
- Pathogen Panel Testing
- Serum Testing for Evidence of Mild Traumatic Brain Injury
- Folate Testing
- Urine Culture Testing for Bacteria
- Mosquito- and Tick-Related Infections
- Avalon Laboratory Procedures Reimbursement Policy
- Onychomycosis Testing
- Coronavirus Testing in the Outpatient Setting

To access these policies and review details, visit the [Payment Policy section](#) of our Provider website. For ease of identification, all the policies listed above begin with “Laboratory” and the name shown on our Payment Policies page (for example, “Laboratory: Colorectal Cancer Screening” and “Laboratory: Hepatitis C). These evidence-based policies are aligned with the latest scientific research to determine the appropriateness of lab testing.

We encourage ordering providers and laboratories that utilize requisition forms and panels to review the new Payment Policies and adjust forms as needed to help avoid ordering and conducting tests that would not be covered.

** This effective date does not apply for Maine providers, as we will announce the program for Maine providers in the October issue of the provider newsletter, consistent with Maine legislative requirements.*



Reminder: Expansion of vendor program and training sessions

Tufts Medicare Preferred

As we announced in last month's issue of the provider newsletter, 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.

In addition, Evolent is offering training sessions for providers and office staff this month to learn more about this program and how to submit your authorization requests for these services. We encourage you and your office staff to sign up for one of the virtual sessions (see below for registration information).

Services requiring prior approval from Evolent

With this update, 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 for dates of service beginning Oct. 1, 2025
Epidural Steroid Injections for Pain Management <ul style="list-style-type: none">Cervical/ Thoracic Interlaminar EpiduralCervical/ Thoracic Transforaminal EpiduralLumbar/ Sacral Interlaminar EpiduralLumbar/ Sacral Transforaminal Epidural	<ul style="list-style-type: none">Newly requiring prior authorization: codes 62320 and 62322Currently 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 LevelCervical Posterior 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 22812Newly requiring prior authorization: add-on code +22614Currently 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 +63053Currently 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

Telephone: 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](#).

Training sessions available

Evolent will be hosting live, virtual training sessions on the spine and interventional pain management program beginning this month. [Visit this page](#) to view dates and register.

Additional information

Point32Health currently utilizes Evolent for utilization management for a variety of services and lines of business. Refer to the [Evolent page](#) in the [Vendor Programs section](#) of the provider website for an overview of our work with Evolent and visit [Evolent's dedicated webpage](#) for clinical guidelines, coding information, and other resources. ▲

Reminder for SNFs: Submit SC-1 forms to Tufts Health Plan and MassHealth

Tufts Health One Care | Tufts Health Plan Senior Care Options

As a reminder, skilled nursing facilities (SNFs) are required to submit a Status Change Form (SC-1) to MassHealth and Tufts Health Plan when a member of Tufts Health Plan Senior Care Options (SCO) or Tufts Health One Care is admitted for stays of two months or longer. Timely submission of this form helps ensure that claims process accurately.

The SC-1 form should be submitted to both the MassHealth Enrollment Center and Tufts Health Plan. This form is necessary upon admission for stays in which the member will be returning home as well as stays in which the SNF will be the member's residence. The form is not required, however, for stays shorter than two months. Please follow the submission instructions below.

Type of stay	When to submit	How to submit
		(Instructions below are for SC-1 form only. Refer to the Skilled Nursing Facility [SNF] Documentation Submission Guide for instructions on additional documentation.)
Skilled Care – fewer than 2 months	SC-1 form is not needed.	N/A
Custodial Care (short-term/non-skilled stay; member will be returning home)	Upon admission and discharge	<ul style="list-style-type: none">• MassHealth Enrollment Center AND• Tufts Health Plan as follows For SCO: Fax to SCO Clinical Department at 617-673-0781 For One Care: Fax to 617-673-0926, Attn: Membership Accounting Department
Long-term Stay (SNF will be member's residence)	Upon admission and when status changes (within 5 business days for status changes)	<ul style="list-style-type: none">• MassHealth Enrollment Center AND• Tufts Health Plan as follows For SCO: Fax: 617-673-0926, Attn Membership Accounting Dept. or email Membership_Accounting_SCO_Reconciliation@point32health.org For One Care: Fax: 617-673-0926, Attn Membership Accounting Dept. or email THP_One_Care_SC-1_Submission@point32health.org

Reminders on claims payment

Submitting the SC-1 form to Tufts Health Plan does not guarantee claims payment. Please keep in mind as well that MassHealth must first update the member's record in the Medicaid Management Information System (MMIS) before Tufts Health Plan can process the claims.

- If there are delays in claim payment, please check the [MMIS site](#) to confirm whether the Minimum Data Set (MDS) Level of Care (LOC) is on file.
- If the MDS LOC is not on file, please contact MassHealth directly to correct the issue.
- If the MDS LOC is on file and claims are still delayed, email Membership_Accounting_SCO_Reconciliation@point32health.org for further assistance.

For additional details please refer to the [Skilled Nursing Facility \(SNF\) Documentation Submission Guide](#), the [Skilled Nursing Facility Payment Policies](#), and these [MassHealth instructions](#). ▲

ChoiceNet: no tiering changes for 2026

Harvard Pilgrim Health Care Commercial

Each year, Point32Health assesses provider network tiers for Harvard Pilgrim's ChoiceNet HMO and PPO plans and notifies physician groups and hospitals whose tiers changed of their new tier assignments for these products.

For 2026, we will not be refreshing tier assignments for the ChoiceNet products; all provider tier classifications will remain consistent with classifications for the 2025 plan year.

ChoiceNet HMO and PPO are tiered network plans for which member cost sharing falls into one of three tiers, as determined by the provider's tier assignment. Point32Health determines network tier assignments based on quality and cost performance, as measured by health status adjusted total medical expenses and relative prices. To develop the quality score used to determine tier placement, Point32Health utilizes measures endorsed in the Standard Quality Measurement Set (SQMS), introduced by the Massachusetts Statewide Quality Advisory Committee to provide a standardized quality measurement system. If applicable quality measures are unavailable, tiers are based solely on health status adjusted total medical expenses or relative prices, or both.

Harvard Pilgrim's [Provider Directory](#) currently reflects 2025 tier assignments, and these will remain unchanged for 2026. For more information, please see the Tiered Network Plans section of the [Harvard Pilgrim products page](#) on our Point32Health provider website, as well as the [Fast Facts for Hospital Administrators and Professional Providers](#) available on the [Tiered network product resources page](#). ▲

Billing updates for mental health centers

Tufts Health One Care | Tufts Health Plan Senior Care Options | Tufts Health Together

In accordance with MassHealth requirements, effective for dates of service beginning Sept. 1, 2025, we will be reimbursing behavioral health urgent care (BHUC) centers for a core set of outpatient services using a bundled encounter rate per member per date of service. BHUC centers are mental health centers contracted with MassHealth to meet certain requirements.

As of the Sept. 1, 2025, effective date, BHUCs must bill for services noted below using HCPCS code H2013 (Psychiatric health facility service, per diem) and one of the following modifiers to indicate whether the service is provided for an adult or child/adolescent:

- **HB:** Adult services
- **HA:** Child/adolescent services

These should be billed in conjunction with at least one of the following service (zero-pay) codes to indicate the service(s) provided.

Service Code	Service description
90791	Psychiatric diagnostic evaluation
90791-HA	Psychiatric diagnostic evaluation performed with a CANS (Children and Adolescent Needs and Strengths)
90792	Psychiatric diagnostic evaluation with medical services
90832	Psychotherapy, 30 minutes with patient
+90833	Psychotherapy, 30 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure.)
90834	Psychotherapy, 45 minutes with patient
+90836	Psychotherapy, 45 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure.)
90837	Psychotherapy, 60 minutes with patient
90846	Family psychotherapy (without the patient present), 50 minutes

Service Code	Service description
90847	Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes
90849	Multiple-family group psychotherapy (per person per session not to exceed 10 clients)
90853	Group psychotherapy (other than of a multiple-family group) (per person per session not to exceed 12 clients)
90853-EP	Group psychotherapy (other than of a multiple-family group) (per person not to exceed 12 clients) (preventive behavioral health session)
90882	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions
90887	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient
S9480	Intensive outpatient psychiatric services, per diem
99202	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 15 minutes must be met or exceeded.
99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.
99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.
99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.
99211	Office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician or other qualified health care professional.
99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 10 minutes must be met or exceeded.
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.
99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.

Service Code	Service description
+99417	Prolonged outpatient evaluation and management service(s) time with or without direct patient contact beyond the required time of the primary service when the primary service level has been selected using total time, each 15 minutes of total time (List separately in addition to the code of the outpatient Evaluation and Management service.)
H0046 (excluding H0046-HE)	Mental health services, not otherwise specified (Collateral Contact)
H0032	Mental health service plan development by a nonphysician (Bridge consultation inpatient/outpatient)
H2020	Therapeutic behavioral services, per diem (Dialectical Behavior Therapy)
99402	Preventative Medicine Counseling, 30 minutes (Psychological Testing)
99404	Preventative Medicine Counseling, 60 minutes (Counseling and/or Risk Factor Reduction Intervention)

As of the Sept. 1, 2025, effective date, BHUCs should no longer utilize the GJ modifier for billing for the services noted above. In addition, mental health centers that are not designated at BHUCs will no longer be able to bill the GJ modifier to receive an enhanced rate for urgent care services.

The encounter bundle does not apply for the following services that can be provided by a BHUC:

- Psychological assessment
- Neurological assessment
- Comprehensive community support services
- Certified peer specialist services
- Peer recovery coach services
- Recovery support navigator services
- Structured outpatient addiction program (SOAP)
- Enhanced structured outpatient addiction program (E-SOAP)
- Intensive Outpatient Program (IOP)

For these services, continue to bill as you do today. However, please note that BHUCs cannot bill for SOAP, E-SOAP, and IOP services on the same date of service as an encounter bundle.

For more information, please refer to Point32Health's updated Outpatient Behavioral Health & Substance Use Disorder Payment Policies for [Tufts Health Public Plans](#) and [Senior Products](#). ▲

Change to HEDIS® specification for breast cancer screening

All products

When scheduling your patients for mammography, please note that the [latest guidance from the U.S. Preventative Services Task Force \(USPSTF\)](#) recommends screening every other year for all women starting at age 40 and continuing through age 74 to help detect breast cancer early and improve outcomes.

Prior to the 2024 update, the USPSTF had recommended that women in their 40s make an individual decision with their clinician on when they should start screening, taking their individual health history and preferences into account.

Consistent with the USPSTF's updated guidance, the Healthcare Effectiveness Data and Information Set (HEDIS) has updated their breast cancer screening measure, expanding the recommended age range for breast cancer screenings to 40-74.

To meet 2025 HEDIS measurement requirements, eligible patients must have completed a mammogram between Oct. 1, 2023, and Dec. 31, 2025. We recommend that providers identify and schedule patients accordingly to ensure compliance.

Point32Health offers HEDIS tip sheets on a variety of topics. For guidance and best practices on HEDIS performance measures, please refer to our general [HEDIS tip sheet page](#).

HEDIS® (Healthcare Effectiveness Data and Information Set) is a registered trademark of the National Committee for Quality Assurance (NCQA) ▲

Using ICD-10 Z codes to track social drivers of health

All products

Recognizing the influence of non-medical factors on overall health, it's important for providers to screen patients for social drivers of health (SDOH). Also referred to as social determinants of health, these environmental conditions — such as where people are born, live, learn, work, worship, and age — can create barriers to treatment and have a profound effect on health disparities and equity.

Given the impact of SDOH on a patient's vulnerability to illness, access to health care, and ability to adhere to medical treatment, it's crucial for care providers to identify and document SDOH as part of their daily practice — whether during patient registration, routine exams, or visits scheduled for a specific condition. As patients may not readily volunteer details about the social aspects of their lives, it's essential to develop a process to gather this data, which is vital for connecting patients to community resources and follow-up services.

To help Point32Health recognize members who are experiencing social problems or living with risk factors that could adversely affect their health, we encourage providers to include relevant ICD-10 Z codes when submitting claims for services. We've outlined many of the SDOH Z codes below. For a more comprehensive list of SDOH ICD-10 Z codes, please refer to our [Social Drivers of Health Quick Reference Guide](#).

The following Z codes are used to document SDOH data, such as housing, food insecurity, and lack of transportation:

- Z55 – Problems related to education and literacy
- Z56 – Problems related to employment and unemployment
- Z57 – Occupational exposure to risk factors
- Z59 – Problems related to housing and economic circumstances
 - 0 Homelessness unspecified
 - 1 Inadequate housing
 - 41 Food insecurity
 - 82 Transportation insecurity
 - 86 Financial insecurity
- Z60 – Problems related to social environment
- Z62 – Problems related to upbringing
- Z63 – Other problems related to primary support group, including family circumstances
- Z64 – Problems related to certain psychosocial circumstances
- Z65 – Problems related to other psychosocial circumstances
- Z75 – Problems related to medical facilities and other health care

By identifying and addressing social drivers of health and helping patients understand their impact, providers can empower patients to actively participate in their health care and take control of their well-being.

You can learn more about the importance of social drivers of health and health equity on the [World Health Organization](#) and [Centers for Disease Control](#) websites. ▲

Promoting the flu vaccine

All products

The flu season runs from October through April each year, and the Centers for Disease Control and Prevention (CDC) notes that September and October are good times for patients to vaccinate against the flu.

Providers play a vital role in informing patients about protecting themselves against the flu and making healthy decisions about scheduled vaccinations. You are trusted to address any misconceptions and engage patients in their health, including vaccination safety and efficacy.

The CDC continues to recommend that patients ages six months and older receive a flu vaccine every year, with rare exceptions. This recommendation includes pregnant patients; our [Prenatal Immunization Status \(PRS-E\) HEDIS tip sheet](#) offers useful insight into the PRS-E measure, which assesses the percentage of deliveries in which patients receive influenza and tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccinations. Flu vaccination provides important protection from influenza and its complications, with the [CDC reporting](#) that in the 2023-2024 flu season alone, the flu vaccine prevented an estimated 9.8 million illnesses, 4.8 million medical visits, 120,000 hospitalizations and 7,900 influenza-related deaths in the United States.

Harvard Pilgrim covers flu vaccines at retail pharmacies for a \$0 cost share for commercial members ages 3 years and older.

For most Tufts Health Plan products, flu shots are covered at no cost. If members pay out-of-pocket for their flu vaccine, they can submit for reimbursement from Tufts Health Plan. If members are unsure about their plan's benefit or where they can get a flu shot, please advise them to call Member Services at the number on their Tufts Health Plan member ID card.

The CDC has a robust [Influenza website](#) that provides valuable information about vaccination, infection control, prevention, treatment, and diagnosis of seasonal influenza — including [Information for Health Professionals](#) and [Influenza ACIP Vaccine Recommendations](#) pages. ▲

New 2025 model of care training available

Tufts Health Plan Senior Care Options

Calling all Tufts Health Plan Senior Care Options (SCO) PCPs and specialists! Be sure to complete the [new 2025 SCO Model of Care training](#) by Dec. 31, 2025. We recently posted the updated training and encourage you to complete it as soon as possible.

PCPs and specialists who participate in the Tufts Health Plan Senior Care Options (SCO) plans are required by the Centers for Medicare and Medicaid Services (CMS) to complete the SCO Model of Care training annually.

This training, which is available in the [Training Section of our Point32Health provider website](#), provides an overview of the plan and covers Tufts Health Plan SCO's Model of Care goals, team member responsibilities and PCP expectations, the individualized care plan (ICP) process, transition of care responsibilities, performance measures, and more.

At the conclusion of the presentation, you will be prompted to [complete an attestation](#) verifying completion of the training. ▲

Metabolic monitoring for patients on antipsychotic medications

All products

Patients taking antipsychotic medications live with an increased risk of developing health conditions including diabetes, high blood pressure, abnormal cholesterol and triglyceride levels, and obesity. Given these risks, yearly screening and ongoing metabolic monitoring are integral to the management of antipsychotics for children, adolescents, and adults.

Whether you're a primary care physician, behavioral health specialist, or prescriber, you can help ensure that patients taking antipsychotic medications are receiving annual screenings by ordering or conducting in-office point of care (POC) HbA1c or fasting glucose tests for diabetes, along with regular cholesterol monitoring. Discuss the importance of having annual blood glucose and cholesterol testing with patients and parents/guardians of patients under age 18 when they initially start on antipsychotic medications and at follow-up visits.

If you are prescribing an antipsychotic medication as part of an inpatient behavioral health hospitalization, remember to complete metabolic testing and document baseline blood glucose levels on the discharge plan. Also, remind the patient to bring the discharge paperwork to their follow-up appointment, and share discharge paperwork with the patient's primary care physician (PCP), prescriber, and any community support providers.

Please be sure to use the following approved CPT codes when billing for screenings:

Test	CPT Code
Glucose	80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951
HbA1c	83036, 83037
LDL-C	80061, 83700, 83701, 83704, 83721
Cholesterol tests other than LDL	82465, 83718, 84478, 83722

Additional recommendations for managing the care of patients taking antipsychotics are outlined on Point32Health's [Metabolic Monitoring for Children and Adolescents on Antipsychotics \(APM\)](#) and [Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are Using Antipsychotic Medications \(SSD\)](#) HEDIS Tip Sheets.

Coordinating care for a shared patient

Close collaboration among primary care providers, behavioral health specialists, and prescribers is crucial when treating patients who are taking antipsychotic medications. We encourage providers to use Point32Health's [Coordination of Care Check List](#) — or a checklist of your own — to document and share provider contacts and communicate patient diagnoses, treatments, and other information beneficial to the development of an integrated care plan. Encourage patients and parents/guardians of patients who are minors to review and update medication lists, as needed, with their PCP, and document instructions for metabolic testing on the medication list.

Care coordination resource for Tufts Health Together members

For Tufts Health Together members (18+) with Serious Mental Illness (SMI), keep in mind that 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.

At Point32Health, we appreciate your commitment to closing gaps in patient care and share your dedication to ensuring that members taking antipsychotic medications receive the continuum of care they need for improved overall health. ▲

The importance of culturally appropriate health care

All products

As you know, the ability of health care professionals to provide culturally appropriate care is essential to the overall health and well-being of our communities' diverse populations. Because beliefs and behaviors surrounding health are influenced by race, ethnicity, nationality, and language, it's vital for providers to thoughtfully consider these factors when developing care plans and treating patients.

Racial and ethnic minority groups often face health care challenges that others do not. Whether due to social stigma, geographic hurdles, or financial or language barriers, many individuals and families are unable to access much-needed medical and behavioral health care. At Point32Health, we're addressing these disparities and are

proud of our efforts to create and offer language services and provider networks that are mindful of cultural and linguistic needs.

Point32Health's [interpretation services](#) — for hundreds of languages — are available to assist providers with communication for non-English-speaking patients. The grid below offers insight into the most spoken languages across our service area.

	Massachusetts		Maine		New Hampshire		Rhode Island	
1.	Spanish	12.12%	French	3.04%	Spanish	4.12%	Spanish	16.78%
2.	Portuguese	4.14%	Spanish	1.31%	French	1.54%	Portuguese	3.27%
3.	Haitian	1.55%	German	0.58%	Portuguese	0.81%	Haitian	0.89%
4.	Chinese	1.35%	Arabic	0.45%	German	0.76%	Chinese	0.88%
5.	French	0.91%	Portuguese	0.31%	Arabic	0.48%	French	0.83%

Data from 2023 U.S. Census Bureau American Community Survey (ACS): percentages of surveyed households that speak each language

In addition to supporting patients' communication needs, health care professionals can practice culturally appropriate care by:

- Integrating traditional healers into patient care teams
- Incorporating culture-specific values into treatment planning
- Including family and community members in decision making
- Collaborating with local clinics that are easily accessible to specific populations
- Expanding practice hours to accommodate work schedules and geographic challenges
- Educating staff on the components and importance of culturally appropriate health care

Resources for providers

As your partner in helping patients access equitable, high-quality, and affordable health care, we've developed a resource hub where you and your staff can find [cultural competency training opportunities](#). We recognize that providing culturally appropriate medical and behavioral health care requires special consideration, but when we take the time to understand and meet the needs of patients with diverse backgrounds, we not only address health disparities, but help improve quality of care and overall health outcomes across our communities. ▲

New MassHealth resources for providers

Tufts Health Together

We're pleased to share some new resources from MassHealth for providers and members.

Pregnancy and Postpartum Care

MassHealth has published a [new perinatal providers website](#) for providers caring for pregnant and postpartum members, such as OB/GYNs, midwives, primary care providers, pediatricians, and others. You'll find information on the following topics:

- Eligibility and covered services
- Managed care information and supports
- MassHealth doula benefit
- Behavioral health
- Breast pumps and lactation support
- Family planning

- Prenatal screening/diagnosis and vaccines
- Social determinants of health (SDOH)
- Patient-facing materials

Along with this, MassHealth has published new patient flyers for pregnant members. Topics include pregnancy checklists, doula information, paid family medical leave for expectant parents, stillbirth prevention, and more. The flyers, which can be downloaded from the perinatal provider page, are available in a variety of languages.

We encourage providers to share these flyers with their expectant patients.

In particular, your expectant patients may find the pregnancy checklist, offered in the following languages, helpful:

- [English](#)
- [Brazilian Portuguese](#)
- [Haitian Creole](#)
- [Simplified Chinese](#)
- [Spanish](#)
- [Vietnamese](#)

MassHealth EPSDT

MassHealth has also launched a new [Early and Periodic Screening, Diagnostic and Treatment \(EPSDT\) web page](#). MassHealth's EPSDT benefit is critical to ensuring that children, teens, and young adults have access to the preventive, dental, behavioral health, and specialty services they need. The new site is designed to make it easier for members, families, and providers to understand what's covered and to access helpful resources and materials.

Topics include well-child checkups, behavioral health services, physical health services (such as pharmacy, laboratory, home health, etc.), transportation to appointments, and more. ▲

Coverage changes for Stelara and biosimilars

Tufts Health RITogether

We want to make you aware of some upcoming coverage changes related to Stelara (ustekinumab) and biosimilars. Effective Nov. 1, 2025, for Tufts Health RITogether members, Yesintek will be added to the formulary at a preferred status with prior authorization required, while Stelara and all other FDA-approved biosimilars will be designated as non-preferred, non-formulary.

Patients currently utilizing Stelara will not need a new prior authorization request for Yesintek. However, we strongly recommend that you write a new prescription for Yesintek to make the transition as seamless as possible.

We've notified affected members of these changes, as well. ▲

MassHealth updates to Unified Formulary

Tufts Health Together - MassHealth MCO Plan and ACPs

MassHealth recently announced updates to the MassHealth Unified Formulary, which will take effect on Nov. 17, 2025. Tufts Health Together-MassHealth MCO Plan and ACPs utilizes 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. ▲

Point32Health Payment Policy updates

All products

Please refer to the chart below for information on new and updated Payment Policies. For details, access the policies listed below by visiting the [Payment Policies section](#) of our Point32Health provider website.

Updates to Payment Policies			
Payment Policy Title	Products Affected	Eff. date	Additional information
Maximum Units	Harvard Pilgrim Health Care Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health Together, Tufts Health RITogether, Tufts Health One Care, Tufts Health Plan Senior Care Options (SCO), Tufts Medicare Preferred	9/1/2025	Integrated Point32Health Maximum Units Payment Policy replaces the Harvard Pilgrim Health Care Maximum Units Per Day Payment Policy and the Tufts Health Plan Maximum Units Payment Policy.
Outpatient Facility	Harvard Pilgrim Health Care Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health Together, Tufts Health RITogether, Tufts Health One Care, Tufts Health Plan Senior Care Options (SCO), Tufts Medicare Preferred	9/1/2025	Integrated Point32Health Outpatient Facility Payment Policy replaces Harvard Pilgrim Health Care's Outpatient Surgery Payment Policy; Outpatient Facility Fee Schedule Payment Policy; Billing Requirements for Outpatient Revenue Codes Payment Policy; Treatment Room Payment Policy, and the Tufts Health Plan Outpatient Facility Payment Policy and Ambulatory Surgical Center Payment Policy. Integrated policy includes addition of revenue code grid and clarification on use of SG modifier.
Surgery	Harvard Pilgrim Health Care Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health Together, Tufts Health RITogether, Tufts Health One Care, Tufts Health Plan Senior Care Options (SCO), Tufts Medicare Preferred	9/1/2025	Integrated Point32Health Surgery Payment Policy replaces the Harvard Pilgrim Health Care Surgery Payment Policy and the Tufts Health Plan Surgery Payment Policy.
Laboratory and Pathology	Harvard Pilgrim Health Care Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health Together, Tufts Health RITogether, Tufts Health One Care, Tufts Health Plan Senior Care Options (SCO), Tufts Medicare Preferred	9/1/2025	Integrated Point32Health Laboratory and Pathology Payment Policy replaces the Harvard Pilgrim Health Care Laboratory and Pathology Payment Policy and the Tufts Health Plan Laboratory and Pathology Payment Policy.

Updates to Payment Policies			
Payment Policy Title	Products Affected	Eff. date	Additional information
Dialysis	Harvard Pilgrim Health Care Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health Together, Tufts Health RITogether, Tufts Health One Care, Tufts Health Plan Senior Care Options (SCO), Tufts Medicare Preferred	9/1/2025	Integrated Point32Health Dialysis Payment Policy replaces the Harvard Pilgrim Health Care Dialysis Payment Policy and the Tufts Health Plan Dialysis Payment Policy.
Outpatient Behavioral Health & Substance Use Disorder	Tufts Health Together, Tufts Health One Care	9/1/2025	Refer to the Billing updates for mental health centers article in this issue for details on changes in billing instructions for behavioral health urgent care providers.
Outpatient Behavioral Health & Substance Use Disorder	Tufts Health Plan Senior Care Options (SCO)	9/1/2025	Refer to the Billing updates for mental health centers article in this issue for details on changes in billing instructions for behavioral health urgent care providers.
Limited Services	Harvard Pilgrim Health Care Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health Together, Tufts Health RITogether, Tufts Health One Care, Tufts Health Plan Senior Care Options (SCO), Tufts Medicare Preferred	9/1/2025	Minor updates to the Related Policies and Resources section.
Chiropractic	Harvard Pilgrim Health Care Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health Together, Tufts Health RITogether, Tufts Health One Care, Tufts Health Plan Senior Care Options (SCO), Tufts Medicare Preferred	9/1/2025	Minor updates to the Related Policies and Resources section.



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 for OncoHealth drugs (for oncology purposes) For Harvard Pilgrim Health Care Commercial members		
MNG/Drug(s)	Additional information	Eff. date
Actemra	Prior authorization will be required for Actemra (J3262).	11/1/2025
Tofidence (tocilizumab-bavi)	Prior authorization will be required for Tofidence (tocilizumab-bavi) (Q5133), a biosimilar of Actemra (tocilizumab).	11/1/2025
Tyenne (tocilizumab-aazg)	Prior authorization will be required for Tyenne (tocilizumab-aazg) (Q5135), a biosimilar of Actemra (tocilizumab).	11/1/2025
Dr. Reddy's bendamustine	Prior authorization is required for Dr. Reddy's bendamustine (J9999).	9/1/2025
Denosumab-BHNT, including: Denosumab Fresenius Bomyntra Conexence	Prior authorization is required for Bomyntra (denosumab-BHNT) (J3590), a biosimilar to Xgeva (denosumab).	9/1/2025
Lynozytic (linvoseltamab-gcpt)	Prior authorization is required for Lynozytic (linvoseltamab-gcpt) (J9999).	9/1/2025
Avgemsi (gemcitabine)	Prior authorization is required for Avgemsi (gemcitabine) (J9999).	9/1/2025
Penpulimab-kcqx	Prior authorization is required for penpulimab-kcqx (J9999), a programmed death ligand-1 blocking antibody used to treat adults with recurrent or metastatic non-keratinizing nasopharyngeal carcinoma (NPC).	8/1/2025
New prior authorization programs		
Drug/MNG	Plan & additional information	Eff. date
Onapgo (apomorphine)	Harvard Pilgrim Health Care Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health RITogether Prior authorization is now required for Onapgo (HCPSC J3490), approved by the FDA in February 2025 for the treatment of motor fluctuations in adults with advanced Parkinson's disease. Coverage criteria will be added to the Advanced Parkinson's Disease Medications Medical Necessity Guideline.	9/1/2025
Updates to existing prior authorization programs		
Drug/MNG	Plan & additional information	Eff. date
Abecma (idecabtagene vicleucel)	Harvard Pilgrim Health Care Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health RITogether, Tufts Health One Care, Tufts Medicare Preferred, Tufts Health Plan Senior Care Options Removal of language stating that Abecma is only available through a restricted Risk Evaluation and Mitigation Strategy (REMS) program. Clarification of limitation related to immunosuppressive therapy to note that this limitation applies if the therapy is likely to interfere with T cell function.	9/1/2025

Updates to existing prior authorization programs		
Drug/MNG	Plan & additional information	Eff. date
Aucatzyl (obecabtagene autoleucel)	Harvard Pilgrim Health Care Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health RITogether Clarification of limitation related to immunosuppressive therapy to note that this limitation applies if the therapy is likely to interfere with T cell function.	9/1/2025
Breyanzi (lisocabtagene maraleucel)	Harvard Pilgrim Health Care Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health RITogether, Tufts Health One Care, Tufts Medicare Preferred, Tufts Health Plan Senior Care Options Removal of language stating that Breyanzi is only available through a restricted Risk Evaluation and Mitigation Strategy (REMS) program. Clarification of limitation related to immunosuppressive therapy to note that this limitation applies if the therapy is likely to interfere with T cell function. Addition of new indication for pediatric aggressive mature B cell lymphomas for Commercial and Public Plans members.	9/1/2025
Carvykti (ciltacabtagene autoleucel)	Harvard Pilgrim Health Care Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health RITogether, Tufts Health One Care, Tufts Medicare Preferred, Tufts Health Plan Senior Care Options Removal of language stating that Carvykti is only available through a restricted Risk Evaluation and Mitigation Strategy (REMS) program. Clarification of limitation related to immunosuppressive therapy to note that this limitation applies if the therapy is likely to interfere with T cell function.	9/1/2025
Kymriah (tisagenlecleucel)	Harvard Pilgrim Health Care Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health RITogether, Tufts Health One Care, Tufts Medicare Preferred, Tufts Health Plan Senior Care Options Removal of language stating that Kymriah is only available through a restricted Risk Evaluation and Mitigation Strategy (REMS) program. Clarification of limitation related to immunosuppressive therapy to note that this limitation applies if the therapy is likely to interfere with T cell function.	9/1/2025
Tecartus (brexucabtagene autoleucel)	Harvard Pilgrim Health Care Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health RITogether, Tufts Health One Care, Tufts Medicare Preferred, Tufts Health Plan Senior Care Options Removal of language stating that Tecartus is only available through a restricted Risk Evaluation and Mitigation Strategy (REMS) program. Clarification of limitation related to immunosuppressive therapy to note that this limitation applies if the therapy is likely to interfere with T cell function.	9/1/2025

Updates to existing prior authorization programs		
Drug/MNG	Plan & additional information	Eff. date
Yescarta (axicabtagene ciloleucel)	<p>Harvard Pilgrim Health Care Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health RITogether, Tufts Health One Care, Tufts Medicare Preferred, Tufts Health Plan Senior Care Options</p> <p>Removal of language stating that Yescarta is only available through a restricted Risk Evaluation and Mitigation Strategy (REMS) program. Clarification of limitation related to immunosuppressive therapy to note that this limitation applies if the therapy is likely to interfere with T cell function. Addition of new indication for pediatric aggressive mature B cell lymphomas for Commercial and Public Plans members.</p>	9/1/2025



Pharmacy coverage changes

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

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	Additional information
Filspari (sparsentan)	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct, RITogether	11/1/2025	Updated coverage criteria to include proteinuria ≥ 1 g/day, 3-month trial of angiotensin converting enzyme inhibitor (ACEi), angiotensin receptor blocker (ARB), sodium-glucose cotransporter-2 inhibitor (SGLT2i), and supportive care. Additionally, Filspari not to be used in combination with ACEi, ARB, endothelin receptor antagonist, or aliksiren.
Tarpeyo (budesonide)	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct, RITogether	11/1/2025	Updated coverage criteria to include proteinuria ≥ 1 g/day and 3-month trial of ACEi, ARB, SGLT2i, and supportive care.



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