Harvard Pilgrim Health Care | TUFTS Health Plan

Point32Health companies

Payment Policy:

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Services

Applies to:

Commercial Products

☐ Harvard Pilgrim Health Care Commercial products
☐ Tufts Health Plan Commercial products

Public Plans Products

☐ Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product)
☒ Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans
☒ Tufts Health RITogether – A Rhode Island Medicaid Plan
☐ Tufts Health One Care – A dual-eligible product

Senior Products

☐ Tufts Health Plan Senior Care Options (SCO) (a dual-eligible product)
☐ Tufts Medicare Preferred HMO/PPO (Medicare Advantage products)

The following payment policy applies to Tufts Health Plan contracting providers who render services for Tufts Health Public Plans products.

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

Policy

Tufts Health Plan covers medically necessary Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services (including topical fluoride treatments), in accordance with the member's benefits and Massachusetts and/or Rhode Island EOHHS regulations.

EPSDT services are covered for members of MassHealth Family Assistance, CommonHealth, and Standard plans as part of Massachusetts' Children's Behavioral Health Initiative (CBHI).

General Benefit Information

Services and subsequent payment are pursuant to the member's benefit plan document. Member eligibility and benefit specifics should be verified prior to initiating services by logging on to the secure Provider portal or by contacting Provider Services.

In accordance with the EPSDT periodicity schedules for Massachusetts and Rhode Island, primary care providers (PCPs) must offer periodic and medically necessary EPSDT screenings and provide the needed assessment, diagnosis, and applicable treatment services for Tufts Health Together and Tufts Health RITogether members under the age of 21 in the following settings:

- Individual or group practice
- Outpatient department of an acute, chronic, or rehabilitation hospital
- Community health center (CHC)

Note: PCPs are not required to offer screenings when providing emergency or post-stabilization care.

Topical Fluoride Varnish

Fluoride varnish may be applied by pediatricians and other qualified health care professionals (including but not limited to physician assistants, nurse practitioners, registered nurses, and licensed practical nurses) to members under the age of 21 during a pediatric preventive care visit, in accordance with Appendix W of the MassHealth Provider Manuals and the RI Medicaid Pediatric Oral Health Schedule, as applicable.

Note: Tufts Health Plan does not cover dental care for children. Refer to the Rhode Island EOHHS RIte Smiles program and MassHealth's dental benefits for coverage information.

Referral/Prior Authorization/Notification Requirements

Referrals and prior authorizations are not required for EPSDT screening services.

Billing Instructions

Unless otherwise stated, Tufts Health Plan follows industry-standard coding guidelines. Refer to current industry-standard coding guidelines for a complete list of ICD, CPT/HCPCS, revenue codes, modifiers, and their usage. Providers may only bill the procedure code(s) in accordance with the applicable financial exhibits of their provider agreements and applicable fee schedules.

Submit topical fluoride treatment services on a CMS-1500 form using CPT code **99188** (application of topic fluoride treatment varnish).

Refer to the following state-specific resources for a complete list of EPSDT screening codes and modifier usage:

- **Tufts Health Together:** Appendix Z of the MassHealth Provider Manuals
- **Tufts Health RITogether:** Provider Manuals and Guidelines

Compensation/Reimbursement Information

Providers are compensated according to the applicable network contracted rates and applicable fee schedules. Tufts Health Plan compensates for the administration and scoring of EPSDT screenings in accordance with the medical and dental EPSDT periodicity schedules for Massachusetts and Rhode Island.

- Tufts Health Plan compensates a flat fee for the administration of one standardized BH screening tool per member, per day. This fee is compensated in addition to the rate for the EPSDT visit when rendered by a PCP, community health center, or outpatient hospital department.
- Providers are not compensated for both an office visit and fluoride treatment application if fluoride treatment is the sole purpose of the visit.

Additional Resources

- Bright Futures Recommendations for Preventive Pediatric Health Care
- MassHealth Community Health Center Manual
- EPSDT Information and Resources
- RI EOHHS Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program Services

Document History

- June 2026: Annual policy review; added MassHealth dental resource for children; clarified topical vanish coverage language and resource for RITogether members; administrative updates
- April 2025: Annual policy review; removed physician training requirements for fluoride varnish application in accordance with MassHealth Physician Bulletin 105; administrative updates
- November 2024: Added RI EOHHS periodicity schedule link for Rhode Island providers
- April 2024: Annual policy review; no changes
- March 2023: Annual policy review; condensed topical fluoride content into one section for clarity
- June 2022: Added topical fluoride content previously located in the archived Topical Fluoride Payment Policy
- March 2022: Annual review; no changes
- November 2020: Updated link for Bright Futures
- July 2020: Updated links for EPSDT resources
- October 2019: Clarified modifier language for the behavioral health screening tool
- March 2018: Template updates
- December 2017: Updated to include RITogether
- February 2017: Template updates

Background and Disclaimer Information

This policy applies to the products of Harvard Pilgrim Health Care and Tufts Health Plan and their affiliates, as identified in the

check boxes on the first page for services performed by contracted providers.

Payment is based on member benefits and eligibility on the date of service, medical necessity review, where applicable, and the provider's network participation agreement with the Plan. As every claim is unique, this policy is neither a guarantee of payment, nor a final indication of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization and utilization management requirements (when applicable), adherence to Plan policies and procedures, and claims editing logic. An authorization is not a guarantee of payment.

Point32Health reserves the right to amend a payment policy at its discretion. CPT and HCPCS codes are updated as applicable; please adhere to the most recent CPT and HCPCS coding guidelines.

We reserve the right to conduct audits on any provider and/or facility to ensure accuracy and compliance with the guidelines stated in this payment policy. If such an audit determines that a provider/facility did not comply with this payment policy, Harvard Pilgrim Health Care and Tufts Health Plan will expect the provider/facility to refund all payments related to noncompliance.