Harvard Pilgrim Health Care | TUFTS Health Plan

Point32Health companies

Payment Policy:
Gastroenterology

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 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)

Policy

Point32Health reimburses contracted providers for the provision of gastroenterological services, in accordance with the member's benefits.

Prerequisites

Applicable Point32Health referral, notification, and authorization policies may apply. Refer to the appropriate sections within the Provider Manuals for more information.

General Benefit Information

Services are pursuant to the member's benefit plan documents and are subject to applicable member out-of-pocket cost (e.g., copayment, coinsurance, deductible). Member eligibility and benefit specifics should be verified prior to initiating services.

Use of non-contracted labs may have the unintended consequence of subjecting the member to unnecessary services not ordered by the treating provider or other unreasonable financial exposure. In such circumstances, Point32Health may hold the ordering provider accountable for any inappropriate behavior on the part of the nonparticipating lab that has been selected.

Colorectal Cancer Screenings

For fully insured Rhode Island Commercial plans, in addition to providing coverage for prostate and colorectal preventive screening examinations and lab tests for cancer without cost share, members will also be covered in full for a follow-up colonoscopy if the results of the initial medical test or procedure are abnormal, in accordance with R.I.G.L § 27-18-58.

Providers should append modifier 33 to the appropriate colonoscopy HCPCS/CPT procedure code to indicate the service is a follow-up to the initial preventive service.

Harvard Pilgrim Health Care and Tufts Health Direct
Effective for DOS on or after October 1, 2026, when a preventive screening colonoscopy turns diagnostic/therapeutic procedure (e.g. biopsy, polypectomy) providers will be required to include a preventive diagnosis on the claim and include modifier 33 in the first modifier field.

Point32Health Reimburses

Gastric Surgery

- Surgical laparoscopy and endoscopy, which includes a diagnostic laparoscopy or endoscopy

Endoscopy

- Capsular endoscopy
- Diagnostic virtual colonoscopy
- Screening virtual colonoscopy services
- Wireless capsule endoscopy when billed with an approved diagnosis

Multiple Endoscopy Procedures

Harvard Pilgrim Health Care
Harvard Pilgrim Health Care reimburses the endoscopy code with the higher allowable when multiple endoscopy procedures are performed using the same or multiple techniques, at the same or different sites, in the same anatomical area (for example: when the removal of colon lesions by ablation and snare technique are performed at the same session, only the removal of colon lesions by ablation will be reimbursed).

Tufts Health Plan Commercial Products and Public Plans
Tufts Health Plan reimburses multiple procedure codes by paying the surgical code with the highest allowable compensation at 100 percent. Subsequent surgical procedure codes that are subject to reduction are compensated at 50 percent of the allowed amount.

Senior Products
Procedures subject to multiple endoscopy guidelines are reimbursed based on a percentage methodology, whereby the endoscopy with the highest allowed amount is determined and secondary endoscopies are reduced by the percentage that is representative of the value of the base endoscopy.

Point32Health Does *Not* Reimburse

- Anesthesia provided by the surgeon or gastroenterologist
- Esophageal endoscopy dilation when billed with upper GI endoscopy
- Gastric electrical stimulation when billed with a non-covered diagnosis
- Hospital-mandated physician on-call services
- Insertion of an intravenous catheter for intravenous fluids when submitted with GI endoscopy procedures
- Laparoscopic band injections/fills billed with an E&M service
- Placement of a gastrostomy tube when performed with any major abdominal procedure, including the repair of an esophagus and fistula
- Postoperative laparoscopic band injections/fills within the surgical global period
- PMMA (polymethylmethacrylate) microbead injections
- Restorative obesity surgery endoluminal (ROSE) procedure

Provider Billing Guidelines and Documentation

Providers are reimbursed according to the applicable contracted rates and fee schedules.

- Bill assistant surgeon services with modifier AS, 80, 81 or 82 in the first modifier field.
- Bill an unlisted CPT code for services that do not have a specific CPT code describing the service; attach operative notes. When submitting supporting documentation, underline the portion of the report that identifies the test or procedure associated with the unlisted procedure code. Required information must be legible and clearly marked.

Related Policies and Resources

Payment Policies

- Anesthesia
- General Coding and Claims Editing
- Non-covered Services
- Outpatient Facility
- Surgery
- Unlisted and Unspecified Procedure Codes

Clinical Policies

- Bariatric Surgery
- Colonoscopy

- Monitored Anesthesia Care for Gastrointestinal Endoscopic Procedures
- Noncovered Investigational Services
- Outpatient Diagnostic Imaging/Advanced Imaging
- Upper Gastrointestinal Endoscopy (Esophagogastroduodenoscopy, EGD)
- Video Capsule Endoscopy

Publication History

11/01/2026:	Annual review; added Endoscopy to multiple procedure heading for clarification; updated Related Policies and Resources; administrative updates
10/01/2026:	Updated Colorectal Cancer Screenings section to include benefit and billing guidelines for Harvard Pilgrim Health Care Commercial and Tufts Health Direct, eff 10/1/26; updated Related Policies and Resources
11/01/2025:	Policy moved to new template; includes all lines of business

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.