Harvard Pilgrim Health Care | TUFTS Health Plan

Point32Health companies

Payment Policy:
Hospice

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 hospice providers for medically necessary hospice care services for members who are diagnosed with being terminally ill. These services are provided in accordance with the member's benefits, CMS, MassHealth, and or Rhode Island (RI) EOHHS guidelines, as applicable.

Tufts Medicare Preferred, Tufts Health Plan SCO, and Tufts Health One Care

Upon hospice election, Medicare becomes the primary payer and pays the hospice agency directly for hospice services, as well as any Medicare-covered services related to the terminal illness. Tufts Health Plan becomes the secondary payer and will reimburse services unrelated to the terminal illness if the services are not covered by Medicare but are covered Tufts supplemental 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.

Point32Health Reimburses

- Covered services unrelated to the terminal illnessRefer to the Hospice agreement for covered services and coding requirements
- When applicable, refer to CMS, MassHealth, and/or RI EOHHS regulations for a list of codes covered under the member's hospice benefits (see Additional Resources)

Point32Health Does *Not* Reimburse

- Services related to the terminal illness when Medicare is the primary payer

Provider Billing Guidelines and Documentation

Providers are reimbursed according to the applicable contracted rates and fee schedules. This list is not all inclusive and may differ by lines of business.

Code	Description
G0337	Hospice evaluation and counseling services, preelection
0651	Hospice Service- Routine Home Care, Per Diem; use for billing fewer than 8 hours of care; bill in conjunction with revenue code 0658 when appropriate
0652	Hospice Service- Continuous Home Care, Per Diem
0655	Hospice Service- Inpatient Respite Care, Per Diem
0656	Hospice Service- Inpatient General Care (non-respite), Per Diem
0657	Hospice- Physician Services, Per Diem; detailed coding is required
0658	Hospice Service- Room & Board, Per Diem; Bill in conjunction with revenue code 0651 when appropriate

Commercial Products

- Harvard Pilgrim Health Care and Tufts Health Plan remain the primary payer upon hospice election, unless Medicare is currently the primary payer
  - Any services related or unrelated to the terminal illness that are not covered under Medicare but are covered under the secondary Commercial product benefits should be submitted to the applicable Commercial Product along with the explanation of benefits (EOB)
- Only the hospice agency will be reimbursed for the provision of hospice care
  - The contracted hospice agency is responsible for reimbursing the inpatient facility for the provision of general inpatient hospice care
  - Point32Health will reimburse the inpatient facility for an appropriately notified inpatient admission when it is unrelated to the terminal illness

Tufts Health Together and RITogether

- Tufts Health Plan remains the primary payer upon hospice election and will compensate hospice services in accordance with applicable MassHealth and/or RI EOHHS requirements
- Append modifier TN on claims for hospice services if the hospice facility is located outside the member's county

Tufts Medicare Preferred, Tufts Health Plan SCO, and Tufts Health One Care

- Claims for services related to the terminal illness should be submitted directly to the hospice agency
- Any services unrelated to the terminal illness that are not covered by Medicare but are covered by Tufts Health supplemental benefits, as well as any applicable cost sharing, should be submitted to Tufts Health Plan
- When Tufts Health Plan is the secondary payer, submit the EOB from the primary payer with the appropriate modifier and condition code for consideration of payment
  - GV modifier- Attending provider (MD, DO, or NP) not employed or paid under arrangement by the member's hospice provider
  - GW modifier- Service not related to the hospice member's terminal condition
  - 07 condition code- Service unrelated to the treatment of the member's terminal illness
- If a member revokes their hospice election, Medicare-covered services should continue to be submitted to Medicare until the last day of the month in which hospice was revoked

Tufts Health Plan SCO

- Tufts Health Plan remains the primary payer upon hospice election and will compensate hospice services in accordance with MassHealth requirements
- Claims for services **related** to the terminal illness should be sent to the hospice agency, and the hospice agency should submit hospice claims to Tufts Health Plan
  - When routine or continuous hospice services are provided in a long-term care setting, Tufts Health Plan will compensate the hospice agency directly
- Claims for services **unrelated** to the terminal illness should be sent to Tufts Health Plan
- Append modifier TN on claims for hospice services if the hospice facility is located outside the member's county

- Append modifier UD when billing for members on and after 61 days of hospice care

Other Information

- Claims submitted for services during hospice election must be submitted separately from claims submitted when the member is not on hospice
- Date ranging is only allowed when a one-line claim is submitted, and the count submitted matches the number of days in the date range **OR**
- Submit individual dates on each line of service
- Submit ICD-CM code Z51.5 (encounter for palliative care) when billing palliative care services, where applicable

Related Policies and Resources

Payment Policies

- Ambulance and Transportation Services
- Durable Medical Equipment (DME)
- Home Health Care
- Home Infusion Therapy
- Inpatient Hospital Admissions
- Interim Billing
- Skilled Nursing Facility

Clinical Policies

- Extended Home Care Services for Tufts Health Together
- Home Health Care Services
- Hospice Services
- Hospice and Palliative Care Services

Additional Resources

- Medicare Benefit Policy Manual Chapter 9
- MassHealth Regulation 130 CMR 437.000: Hospice Services
- RI EOHHS Hospice Manual

Publication History

08/01/2026: Annual policy review; administrative updates
08/01/2025: 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.