Harvard Pilgrim Health Care | TUFTS Health Plan

Point32Health companies

Payment Policy:
Individual Consideration 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 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 individual consideration services, in accordance with the member's benefits. Tufts Health Plan establishes compensation amounts for services based on the standards and criteria outlined in the Billing and Compensation Information section of this policy.

Definition

Certain services in the MassHealth Physician Manual are denoted as individual consideration (IC) for payment where MassHealth does not have an established compensation rate, as well as services which may not have a rate for any other reason.

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.

Referral/Authorization/Notification Requirements

Certain procedures, items and/or services may require referral and/or prior authorization. While you may not be the provider responsible for obtaining prior authorization, as a condition of payment you must confirm that prior authorization has been obtained. For more information, refer to the Referral, Prior Authorization, and Notification Policy.

Billing and Compensation Information

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.

In the absence of MassHealth published pricing guidance, or where MassHealth designates codes as IC for pricing, Tufts Health Plan will use best efforts to determine the compensation amount and update all appropriate Tufts Health Plan base fee schedules. Compensation amounts will be determined by using various factors, including, but not limited to, availability of industry standard benchmark pricing, likening to a similar service, appeals from providers and/or invoice documentation received for consideration.

Tufts Health Together and Tufts Health Direct (when reimbursement is based on MassHealth reimbursement methodology):

Tufts Health Plan compensates services at one of the following rates:

- The compensation rates defined by the Tufts Health Plan provider contract or Tufts Health Plan applicable fee schedules.
- The published compensation rate in the corresponding MassHealth regulation.
- 35 percent of billed charges when neither Tufts Health Plan contracts and/or applicable fee schedules nor MassHealth regulation establish a specific compensation rate for a service.

Tufts Health Direct (when reimbursement is based on Medicare or Tufts Health Plan reimbursement methodology):

Services that are paid according to Medicare or Tufts Health Plan fee schedules will be reimbursed at 35% of billed charges in the absence of defined fees from Medicare or applicable Tufts Health Plan fee schedules.

Note: Tufts Health Plan reserves the right to request invoices on IC-designated services where needed to support pricing. Claims with invoices must be submitted as paper claims and cannot be accepted electronically. Handling, copying, mailing, and/or delivery charges of necessary invoices are not separately compensated.

Document History

- June 2026: Annual policy review; administrative updates
- January 2026: Clarified Tufts Health Direct reimbursement based on Medicare or Tufts Health Plan reimbursement methodology
- May 2025: Annual policy review; administrative updates
- June 2024: Annual policy review; no changes
- April 2024: clarified existing policy to include Tufts Health Direct claims paid based on MassHealth reimbursement methodology; added applicability for Tufts Health Direct claims paid based on Medicare reimbursement methodology or Tufts Health Plan fee schedules, effective for DOS on or after June 1, 2024
- August 2023: Annual policy review; no changes
- October 2022: Added billing requirements and compensation criteria for IC services, effective for dates of service on or after December 1, 2022; clarified definition for IC services
- April 2022: Annual policy review; no changes
- July 2018: Process clarified for claims submitted with supporting documentation
- March 2018: Template updates
- 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.