Harvard Pilgrim Health Care | TUFTS Health Plan

Point32Health companies

Payment Policy:

Inpatient Rehabilitation and Long-Term Acute Care (LTAC) Facility

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)

Policy

Tufts Health Plan covers medically necessary inpatient rehabilitation and LTAC services, in accordance with the member's benefit.

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/Prior 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 chapters of the applicable Provider Manuals.

As a condition of payment, Tufts Health Plan requires inpatient notification for any member who is being admitted or transferred to an inpatient rehabilitation and LTAC facility, regardless of whether Tufts Health Plan is the primary or secondary insurer.

Inpatient notification must be obtained via electronic submission on the secure Provider portal or by faxing a completed Inpatient Notification Form as applicable, along with supporting clinical documentation, to the Precertification Operations Department.

Note: No other forms will be accepted. Incomplete forms will be returned to the submitting provider for completion and resubmission. Processing the request will be delayed until all required information is returned to Tufts Health Plan.

The facility must notify Tufts Health Plan prior to an elective admission to obtain an inpatient notification number, following the submission processes and timelines outlined in the applicable Provider Manuals.

Note: Obtaining an inpatient notification number is a condition of payment but does not guarantee authorization or coverage.

Tufts Health Plan determines the appropriateness for admission and the level of care (LOC) with the facility based on the clinical information presented at the time of admission and appropriate criteria. Tufts Health Plan performs ongoing review of the member's clinical information in order to determine the member's continued status and LOC. LOC changes are directed and coordinated by Tufts Health Plan for admissions.

Any disagreements with respect to a member's authorized LOC should be discussed directly with Tufts Health Plan:

- Tufts Medicare Preferred HMO/PPO: refer to the Tufts Medicare Preferred HMO Care Management List to determine the Care Manager (CM) assigned to the specific medical group
- Tufts Health Plan SCO: contact Senior Products Provider Relations
- Tufts Health Public plans: follow procedures outlined in the Tufts Health Public Plans Provider Manual

Services Excluded from the Per Diem

Services excluded from the per diem must be authorized as medically necessary by Tufts Health Plan and be obtained from a contracting provider. Any nonemergency service that is not authorized or provided by a Tufts Health Plan contracting provider will be the responsibility of the ordering facility.

Note: Providers should contact Tufts Health Plan if the member's inpatient stay is anticipated to exceed the authorized length of stay.

Commercial and Senior Products

A new inpatient notification number will be assigned each time there is a change in the member's LOC. Tufts Health Plan will coordinate all inpatient skilled needs of the member in conjunction with the PCP to authorize any additional services that may be required.

Tufts Health Public Plans

The inpatient notification number will remain the same throughout the member's admission, regardless of any LOC changes.

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.

- Any services excluded from the per diem should be billed to Tufts Health Plan directly by the contracting provider
- Submit a separate claim for each inpatient notification number or distinct LOC

Levels of Care

The following levels of care (LOC) must be billed with the corresponding revenue code(s). The LOC billed must match the LOC and length of stay that was authorized.

Commercial and Senior Products

Level of Care	Service Description	Revenue Code
Level R1	Rehabilitation	0128
Level R2	Acute complex rehabilitation	0129
Level C1	Long-term acute care	0120

Note: Refer to the Inpatient Rehabilitation and LTAC Level of Care Guidelines for specific services included in each level of care listed above.

Tufts Health Public Plans

Service Description	Revenue Code
Rehabilitation	0128, 0138, 0148, 0158
Acute rehabilitation	0128, 0138, 0148, 0158
Long-term acute care, medical complex & vent management and weaning	0120

Note: Providers should refer to their contracts for specific services that are included or excluded in each level of care.

Compensation/Reimbursement Information

Providers are compensated according to the applicable network contracted rates and applicable fee schedules. The inpatient compensation rate is inclusive of all services supplied by the facility.

Related Policies and Resources

- Inpatient Hospital Admissions Payment Policy

- Physical, Occupational, and Speech Therapy Payment Policy
- Ambulance and Transportation Services Payment Policy
- Dialysis Payment Policy
- Durable Medical Equipment and Medical Supplies Payment Policy
- General Coding and Claims Editing Payment Policy
- Laboratory and Pathology Payment Policy
- Unlisted/Unspecified Procedure Codes Payment Policy

Document History

- July 2025: Annual policy review; added Related Polices and Resources; administrative edits
- July 2024: Annual policy review; administrative edits
- September 2023: Annual policy review; administrative updates
- July 2022: Annual policy review; administrative updates
- July 2020: Policy reviewed by committee; combined existing Commercial and Senior Products content to form enterprise-wide policy; added Tufts Health Public Plans content
- July 2018: Policy reviewed by committee; clarified inpatient notification process and billing instructions
- June 2018: Template updates
- January 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.