Point32Health

Insights and Updates for Providers

September 2026

Change in denial process for lack of prior authorization

Harvard Pilgrim Health Care Commercial | Tufts Health Plan Commercial | Tufts Health Direct | Tufts Health One Care | Tufts Health Plan Senior Care Options | Tufts Health RITogether | Tufts Health Together | Tufts Medicare Preferred

In previous issues of *Insights and Updates for Providers*, we've announced a change pertaining to claim adjudication for ancillary and supporting services when they are billed in connection with services that require prior authorization and that authorization is not obtained.

That change took effect for most Point32Health products on July 1, 2026, and **is now also in effect for Harvard Pilgrim Health Care Commercial as of Sept. 1, 2026.**

If a claim is denied due to lack of prior authorization, untimely authorization, or failure to meet medical necessity criteria, any related ancillary or supporting services or procedures associated with the denied service, whether billed on the same claim or on separate claims, will also be denied. This includes medications used to support the procedure requiring prior authorization. For Tufts Health Public Plans and Senior Products, such denials will be denoted using the code **UMD124: Supporting service denied due to no authorization,** along with **Claim Adjustment Reason Code (CARC) A1 (Claim/Service denied)** and **Remittance Advice Remark Code (RARC) N19 (Procedure code incidental to primary procedure)**. We are exploring the feasibility of developing an equivalent denial code for Commercial products.

Exceptions for which this updated denial process **will not apply** include:

- Radiology **(professional component [modifier 26])**
- **Anesthesia (00100–01999)**
- **Ambulance (A0021–A0999)**
- Pathology **(professional only)**
- Pre/post services outside date of service

This updated claims adjudication process also does not apply to claims submitted by Maine-contracted providers for services requiring prior authorization for fully insured members with plans issued in Maine. These claims will continue to be processed following a medical necessity review in accordance with Maine insurance statute (24-A MRS §4304). ▲

ABA accreditation requirements and deadlines

Harvard Pilgrim Health Care Commercial | Tufts Health Plan Commercial | Tufts Health Direct | Tufts Health One Care | Tufts Health Plan Senior Care Options | Tufts Health RITogether | Tufts Health Together | Tufts Medicare Preferred

As we've noted previously, Point32Health is implementing a new requirement that all contracted applied behavioral analysis (ABA) providers must obtain accreditation from a nationally recognized accrediting body specializing in ABA. While the requirement supports a MassHealth initiative aimed at strengthening program integrity and

improving access to services, Point32Health expanded the scope to include **all Harvard Pilgrim and Tufts Health Plan products across every state in our service area.**

Accrediting bodies accepted by Point32Health include:

- Autism commission on Quality
- Jade Health (formerly BHCOE)
- Global Autism Project Accreditation

The accreditation requirements and deadlines are as follows:

- Center-based ABA providers in Massachusetts and Rhode Island must be accredited by Jan. 1, 2027.
- All other providers, including center-based ABA providers in New Hampshire, Maine, and Vermont, must be accredited by Jan. 1, 2028.
- After Jan. 1, 2028, all ABA providers (including new providers) must be accredited.

As a reminder, these accreditation requirements do not impact the way in which providers are expected to bill or request authorization for ABA therapy services.

***Editor's note, Nov. 6, 2026*: At the time of publication, we announced a Jan. 1, 2027 deadline for center-based ABA providers in Rhode Island. However, that deadline has been extended to Jan. 1, 2028, now aligning with New Hampshire, Maine, and Vermont. The Jan. 1, 2027 deadline still applies for center-based ABA providers in Massachusetts who participate in both Tufts Health Public Plans and Harvard Pilgrim Health Care; Massachusetts providers who do not participate in Tufts Health Public Plans have an July 1, 2027 deadline. Refer here for more.**

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OTC drug exclusion reminder and SGLT2 inhibitor update

Harvard Pilgrim Health Care Commercial | Tufts Health Plan Commercial | Tufts Health Direct

We're offering a reminder of some Pharmacy drug status and formulary updates for Oct. 1, 2026 for Commercial plans and Tufts Health Direct, as well as an additional update regarding a formulary status change for sodium-glucose cotransporter 2 (SGLT2) inhibitor drugs which will take effect Nov. 15, 2026 for Commercial large group members on the Premium, Value, and Select formularies.

Over-the-counter (OTC) drug exclusion reminder

As we announced previously, effective for dates of service beginning Oct. 1, 2026, Point32Health is making substantial drug status and formulary updates, which will impact Harvard Pilgrim Health Care Commercial, Tufts Health Plan Commercial, and Tufts Health Direct members.

Most notably, we will no longer provide coverage for drug products that are explicitly over-the-counter or are prescriptions that have OTC equivalents, such as:

- 2nd generation antihistamines
- H2 blockers
- Nasal steroids
- Prescription fluoride
- Proton pump inhibitors

In instances where the drug product is a pediatric formulation, has no OTC equivalent, and/or is needed for benchmarking/mandated by the Affordable Care Act, the product will remain on the relevant formularies.

Please refer to this document to review the drug status and formulary changes in detail. Changes include:

- Over the counter drugs moving to excluded status, as outlined above
- Drugs moving to non-formulary status
- Prescription drugs moving to excluded status

Brand name SGLT2 inhibitor drugs moving to non-formulary status

Additionally, effective for fill dates on or after Nov. 15, 2026 for Commercial large group plans, we're implementing a generic-first SGLT2 inhibitor strategy and transitioning members from higher-cost brand name drugs to equivalent lower-cost generics or generic alternatives.

All brand name SGLT2 inhibitors — widely used across diabetes, heart failure, and chronic kidney disease populations — will move to non-formulary status on our Premium, Value, and Select formularies. Generic dapagliflozin, or combination dapagliflozin/metformin ER, will be preferred.

Brand name SGLT2 drugs moving to non-formulary include:

- Farxiga
- Jardiance
- Glyxambi
- Synjardy
- Synjardy XR
- Trijardy XR
- Xigduo XR

Members who are currently on Farxiga or Xigduo XR will be transitioned to generic equivalents automatically at the pharmacy and no action is needed. For members who are on any of the other brand drugs moving to non-formulary status, a new prescription for a preferred product will need to be written. For a member to continue using one of these non-formulary medications, the prescribing provider must request coverage as an exception through the medical review process subject to the Medical Necessity Guidelines for Non-Formulary Exceptions and Empagliflozin Containing Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors. ▲

MassHealth managed care enrollment update

Tufts Health Together

As a reminder, Point32Health was recently informed by MassHealth of some changes to managed care enrollment rules, as part of MassHealth regulations 130 CMR 508.002. These changes mean that some MassHealth members will now have their care covered under the MassHealth fee-for-service program instead of a health plan. This does not impact the member's MassHealth eligibility.

Please see the All-Provider Bulletin (APB) 417 for more information. Notices were mailed to impacted members in July outlining the change, which is effective beginning Aug. 1, 2026 for some members and Dec. 1, 2026 for others.

MassHealth members impacted by these changes may continue to see their providers if they are in the MassHealth fee-for-service network. As always, use the MassHealth's Eligibility Verification System to check a member's eligibility.

If you want to enroll as a MassHealth fully participating provider and therefore be able to provide services to MassHealth fee-for-service members, visit www.mass.gov/service-details/masshealth-provider-regulations to review information on MassHealth program participatory regulations and visit the MassHealth Provider Self-Service site to request an application. ▲

Enhanced portal functionality offers increased efficiency

Harvard Pilgrim Health Care Commercial | Tufts Health Plan Commercial | Tufts Health Direct | Tufts Health One Care | Tufts Health Plan Senior Care Options | Tufts Health RITogether | Tufts Health Together | Tufts Medicare Preferred

As a reminder, Point32Health encourages our provider partners to utilize the electronic self-service options available to them via our secure provider portals for ease of use and quick turnaround times.

HPHConnect, Harvard Pilgrim's provider portal, as well as MHK, the medical management tool accessed from within the Tufts Health Plan provider portal, enable you to perform a number of daily transactions in one convenient place. These include submitting referrals and authorizations; finding the status of a claim; providing inpatient notification; confirming member benefits and eligibility prior to initiating care or referring them for a service; and more.

Coming soon!

Option to submit authorization and notification requests via MHK for Tufts Health Plan Senior Care Options (SCO) members

We're pleased to share that beginning Oct. 2, 2026, providers will be able to submit behavioral health and medical prior authorization requests and inpatient notifications via MHK for Tufts Health Plan SCO members.

This option, which is existing for all our other Tufts Health Plan products, is the most direct way to submit requests and provides real-time determinations and the ability to attach clinical documentation.

Prior to submitting requests, providers should check the applicable prior authorization and notification requirements and be sure to carefully review any follow-up requests for more information, including instructions to facilitate the timely submission of all necessary clinical documentation.

Please be aware that at this time, procedures, services, and items requiring notification to a Tufts Health Plan SCO care manager cannot be submitted through the portal. For assistance with identifying the appropriate care manager for notification, our Provider Services team can be reached at 800-279-9022.

We've updated our Tufts Health Plan Secure Provider Portal User Guide, MHK Portal User Guide, and Behavioral Health and Substance Use Disorder Portal User Guide to reflect the new authorization and notification request capability for Tufts Health Plan Senior Care Options. We hope this enhancement proves helpful in providing you with an increasingly streamlined experience when working with us! ▲

New 2026 model of care training available

Tufts Health Plan Senior Care Options

Calling all Tufts Health Plan Senior Care Options (SCO) PCPs and specialists! Be sure to complete the new 2026 SCO Model of Care training by Dec. 31, 2026. We recently posted the updated training and encourage you to complete it as soon as possible.

PCPs and specialists who participate in the SCO plan are required by the Centers for Medicare and Medicaid Services to complete the SCO Model of Care training annually.

This training, which is available in the Training Section of our Point32Health provider website, provides an overview of the plan and covers Tufts Health Plan SCO's Model of Care goals, team member responsibilities and PCP expectations, the care plan process, transition of care responsibilities, performance measures, and more.

At the conclusion of the presentation, you will be prompted to complete an attestation verifying completion of the training. ▲

Promoting the flu vaccine

Harvard Pilgrim Health Care Commercial | Tufts Health Plan Commercial | Tufts Health Direct | Tufts Health One Care | Tufts Health Plan Senior Care Options | Tufts Health RITogether | Tufts Health Together | Tufts Medicare Preferred

The flu season runs from October through April each year, and the Centers for Disease Control and Prevention (CDC) notes that September and October are good times for patients to vaccinate against the flu.

Providers play a vital role in informing patients about protecting themselves against the flu and making healthy decisions about scheduled vaccinations. You are trusted to address any misconceptions and engage patients in their health, including vaccination safety and efficacy.

The CDC continues to recommend that patients ages six months and older receive a flu vaccine every year, with rare exceptions. This recommendation includes pregnant patients; our Prenatal Immunization Status (PRS-E) HEDIS tip sheet offers useful insight into the PRS-E measure, which assesses the percentage of deliveries in which patients receive influenza and tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccinations. Flu vaccination provides important protection from influenza and its complications, with the CDC reporting that in the 2024-2025 flu season alone, the flu vaccine prevented an estimated 10 million illnesses, 5 million medical visits, 180,000 hospitalizations and 12,000 influenza-related deaths in the United States.

Harvard Pilgrim covers the flu vaccine for a $0 copay for members. (For members under age 3, the flu vaccine must be administered by their in-network PCP, pediatrician, or doctor's office.)

For most Tufts Health Plan products, flu shots are covered at $0 cost share. If members pay out-of-pocket for their flu vaccine, they can submit for reimbursement from Tufts Health Plan.

If members are unsure about their plan's benefit or where they can get a flu shot, please advise them to call Member Services at the number on their member ID card.

The CDC has a robust Influenza website that provides valuable information about vaccination, infection control, prevention, treatment, and diagnosis of seasonal influenza — including Information for Health Professionals and Influenza ACIP Vaccine Recommendations pages. ▲

instED in-home care offers ED visit alternative

Tufts Health Plan Senior Care Options| Tufts Medicare Preferred

If your patient is a Tufts Health Plan Senior Care Options or Tufts Medicare Preferred member in Massachusetts in need of non-emergent clinical triage, we'd like to remind you that our mobile integrated health vendor partner, instED, can help. Designed to treat medical problems that might otherwise result in an inappropriate emergency department visit (e.g., flu, dehydration, and minor injuries), instED delivers high-quality medical care to patients in the comfort of their homes.

When an office appointment isn't available to address an acute issue that doesn't warrant an emergency visit, the instED team can provide advanced clinical triage, ensuring that your patients are directed to the most appropriate care option. Please keep in mind that instED is not appropriate for acute symptoms that require 911 response or instances when your patient can be seen in your practice promptly.

As a reminder, you can contact instED on behalf of your eligible patients. To request an in-home visit, patients or their providers can log in to instED NOW and create an account or call their Clinical Resource Center at 833-946-7833. If you request a visit for your patient, instED will work closely with you to coordinate patient care and ensure that members of your care team can access visit notes and real-time updates in the instED NOW system.

We're pleased to collaborate with instED to offer this same-day triage resource, which is available from 8 a.m. until 10 p.m. every day of the year. By bringing on-demand medical care directly to the homes of patients, we're improving access to care for those who struggle, easing the burden on overwhelmed emergency departments, and delivering better patient outcomes.

To learn more about instED and how their team can benefit your practice, visit www.insted.us. ▲

Metabolic monitoring for patients on antipsychotic medications

Harvard Pilgrim Health Care Commercial | Tufts Health Plan Commercial | Tufts Health Direct | Tufts Health One Care | Tufts Health Plan Senior Care Options | Tufts Health RITogether | Tufts Health Together | Tufts Medicare Preferred

Patients taking antipsychotic medications live with an increased risk of developing health conditions including diabetes, high blood pressure, abnormal cholesterol and triglyceride levels, and obesity. Given these risks,

yearly screening and ongoing metabolic monitoring are integral to the management of antipsychotics for children, adolescents, and adults.

Whether you're a primary care physician, behavioral health specialist, or prescriber, you can help ensure that patients taking antipsychotic medications are receiving annual screenings by ordering or conducting in-office point of care (POC) HbA1c or fasting glucose tests for diabetes, along with regular cholesterol monitoring. Discuss the importance of having annual blood glucose and cholesterol testing with patients and parents/guardians of patients under age 18 when they initially start on antipsychotic medications and at follow-up visits.

If you are prescribing an antipsychotic medication as part of an inpatient behavioral health hospitalization, remember to complete metabolic testing and document baseline blood glucose levels on the discharge plan. Also, remind the patient to bring the discharge paperwork to their follow-up appointment, and share discharge paperwork with the patient's primary care physician (PCP), prescriber, and any community support providers.

Please be sure to use the following approved CPT codes when billing for screenings:

Test	CPT Code
Glucose	80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951
HbA1c	83036, 83037
LDL-C	80061, 83700, 83701, 83704, 83721
Cholesterol tests other than LDL	82465, 83718, 84478, 83722

Additional recommendations for managing the care of patients taking antipsychotics are outlined on Point32Health's Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM) and Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are Using Antipsychotic Medications (SSD) HEDIS Tip Sheets.

Coordinating care for a shared patient

Close collaboration among primary care providers, behavioral health specialists, and prescribers is crucial when treating patients who are taking antipsychotic medications. We encourage providers to use Point32Health's Coordination of Care Check List — or a checklist of your own — to document and share provider contacts and communicate patient diagnoses, treatments, and other information beneficial to the development of an integrated care plan. Encourage patients and parents/guardians of patients who are minors to review and update medication lists, as needed, with their PCP, and document instructions for metabolic testing on the medication list.

At Point32Health, we appreciate your commitment to closing gaps in patient care and share your dedication to ensuring that members taking antipsychotic medications receive the continuum of care they need for improved overall health. ▲

The importance of culturally appropriate health care

Harvard Pilgrim Health Care Commercial | Tufts Health Plan Commercial | Tufts Health Direct | Tufts Health One Care | Tufts Health Plan Senior Care Options | Tufts Health RITogether | Tufts Health Together | Tufts Medicare Preferred

As you know, the ability of health care professionals to provide culturally appropriate care is essential to the overall health and well-being of our communities' diverse populations. Because beliefs and behaviors surrounding health are influenced by race, ethnicity, nationality, and language, it's vital for providers to thoughtfully consider these factors when developing care plans and treating patients.

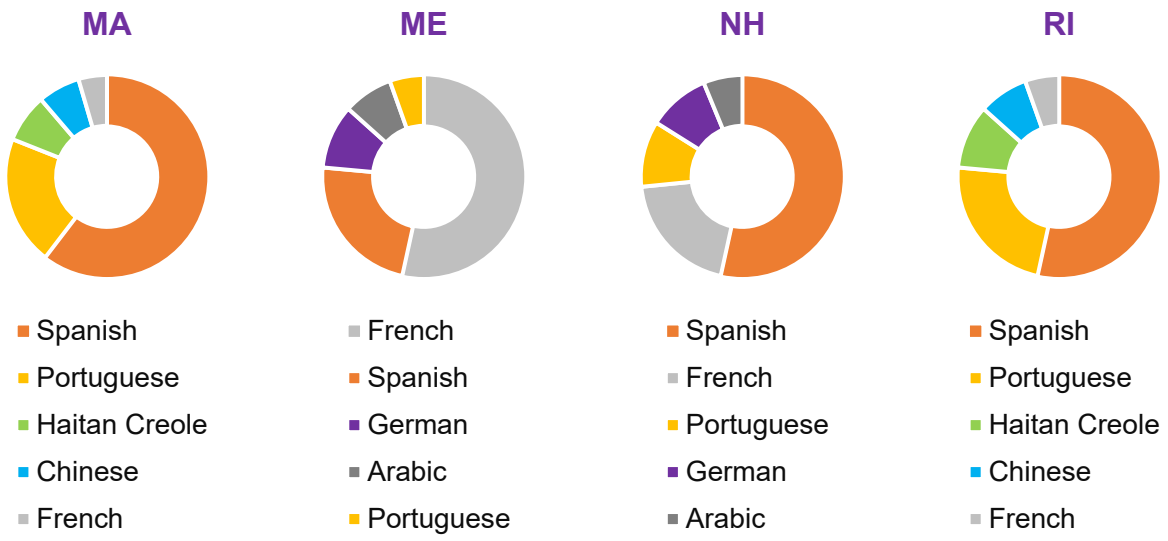
Racial and ethnic minority groups often face health care challenges that others do not. Whether due to social stigma, geographic hurdles, or financial or language barriers, many individuals and families are unable to access much-needed medical and behavioral health care. At Point32Health, we're addressing these disparities and are

proud of our efforts to create and offer language services and provider networks that are mindful of cultural and linguistic needs.

Point32Health's interpretation services — for hundreds of languages — are available to assist providers with communication for non-English-speaking patients. The grid below offers insight into the most spoken languages across our service area.

	Massachusetts		Maine		New Hampshire		Rhode Island	
1.	Spanish	12.12%	French	3.04%	Spanish	4.12%	Spanish	16.78%
2.	Portuguese	4.14%	Spanish	1.31%	French	1.54%	Portuguese	3.27%
3.	Haitian Creole	1.55%	German	0.58%	Portuguese	0.81%	Haitian Creole	0.89%
4.	Chinese	1.35%	Arabic	0.45%	German	0.76%	Chinese	0.88%
5.	French	0.91%	Portuguese	0.31%	Arabic	0.48%	French	0.83%

Data from *2023 U.S. Census Bureau American Community Survey* (ACS): percentages of surveyed households that speak each language



In addition to supporting patients' communication needs, health care professionals can practice culturally appropriate care by:

- Integrating traditional healers into patient care teams
- Incorporating culture-specific values into treatment planning
- Including family and community members in decision making
- Collaborating with local clinics that are easily accessible to specific populations
- Expanding practice hours to accommodate work schedules and geographic challenges
- Educating staff on the components and importance of culturally appropriate health care

Resources for providers

As your partner in helping patients access equitable, high-quality, and affordable health care, we've developed a resource hub where you and your staff can find cultural competency training opportunities. We recognize that providing culturally appropriate medical and behavioral health care requires special consideration, but when we

take the time to understand and meet the needs of patients with diverse backgrounds, we not only address health disparities, but help improve quality of care and overall health outcomes across our communities. ▲

Reminder: US Family Health Plan transition

Tufts Health Plan Commercial

As we announced in last month's issue of *Insights and Updates for Providers*, Point2Health and Tufts Health Plan will transition administrative operations of the US Family Health Plan (USFHP) to BrightonOne (formerly Brighton Marine) and its subcontractors, **effective for dates of service beginning Jan. 1, 2027.**

Claims for dates of service prior to Jan. 1, 2027 will be accepted and processed as usual through April 30, 2027. Claims filed after April 30, 2027, or for dates of service on or after Jan. 1, 2027, will be processed by BrightonOne's claims processing subcontractor, Signature Performance.

As part of USFHP at BrightonOne's transition to direct provider contracting, BrightonOne is actively engaging practices, medical groups, and health systems regarding participation in the USFHP network. Providers who have not contracted directly with BrightonOne will need to do so prior to the new plan year in order to remain in-network for USFHP. If your organization has not yet been contacted by Brighton One/USFHP regarding a direct participation agreement, please contact Brighton One/USFHP at ProviderTeam@brighton-marine.org to check your contract status or to begin the direct contracting process and help ensure continuity of participation.

Providers currently credentialed by Tufts Health Plan Commercial will be accepted as credentialed by BrightonOne through the current scheduled recredentialing date. If you or any individual providers in your practice are not currently credentialed through Tufts Health Plan as part of the USFHP plan offering, BrightonOne will require time to process a credentialing application before adding your practice to the network panel for 2027. Please contact BrightonOne directly for any questions around credentialing for 2027 onward.

BrightonOne will publish further operational updates for USFHP network providers on USFamilyHealth.org/for-providers/ as the transition progresses, including a new Provider Manual, instructions to apply for new credentialing, or ways to update provider demographic data.

As we've noted previously, nearly all Tufts Health Plan Commercial members have already transitioned to Harvard Pilgrim Health Care Commercial plans. USFHP was the exception; with the transition of USFHP to BrightonOne, Point32Health's Tufts Health Plan Commercial line of business will be sunsetted. We will continue to proudly offer our Harvard Pilgrim Health Care Commercial products, Tufts Health Plan Senior Products, and Tufts Health Public Plans. ▲

Billing updates effective Nov. 1, 2026

Tufts Health Direct

Effective for dates of service on or after Nov. 1, 2026 for Tufts Health Direct members, we're updating our reimbursement practices for pelvic exams and 3D rendering with interpretation and reporting and will no longer reimburse the CPT codes identified below.

- **Pelvic exams:**
  Because clinical staff time and supplies associated with a pelvic exam are included in reimbursement for the primary office visit code, CPT code 99459 — an add-on code for pelvic exam practice expenses performed during an evaluation and management (E/M) or preventive visit — will be denied when billed.
- **Imaging procedures:**
  Considered integral to the primary imaging procedure, CPT codes 76376 and 76377 — which include 3D rendering with interpretation and reporting — will be denied when billed, regardless of modifier usage.

These updates align with the current reimbursement practice for Harvard Pilgrim Health Care Commercial members and are reflected in our Obstetrics/Gynecology and Imaging Services Payment Policies. We encourage you to review the updated policies in the Payment Policies section of our provider website. ▲

Point32Health Payment Policy updates

Harvard Pilgrim Health Care Commercial | Tufts Health Plan Commercial | Tufts Health Direct | Tufts Health One Care | Tufts Health Plan Senior Care Options | Tufts Health RITogether | Tufts Health Together | Tufts Medicare Preferred

Please refer to the chart below for information on new and updated Payment Policies. For details, access the policies listed below by visiting the Payment Policies section of our Point32Health provider website.

Updates to Payment Policies			
Payment Policy Title	Products affected	Eff. date	Additional information
Maximum Units	Harvard Pilgrim Health Care Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health Together, Tufts Health RITogether, Tufts Health One Care, Tufts Health Plan Senior Care Options, Tufts Medicare Preferred	9/1/2026	Minor administrative updates for accuracy and clarity
Interim Billing	Harvard Pilgrim Health Care Commercial	9/1/2026	Policy archived. Refer to the Inpatient Hospital Admissions Payment Policy for information on interim billing.
Surgery	Harvard Pilgrim Health Care Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health Together, Tufts Health RITogether, Tufts Health One Care, Tufts Health Plan Senior Care Options, Tufts Medicare Preferred	9/1/2026	Minor administrative updates for accuracy and clarity
Limited Services Clinics	Harvard Pilgrim Health Care Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health Together, Tufts Health RITogether, Tufts Health One Care, Tufts Health Plan Senior Care Options, Tufts Medicare Preferred	9/1/2026	Minor administrative updates for accuracy and clarity
Outpatient Facility	Harvard Pilgrim Health Care Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health Together, Tufts Health RITogether, Tufts Health One Care, Tufts Health Plan Senior Care Options, Tufts Medicare Preferred	9/1/2026	Minor administrative updates for accuracy and clarity
Laboratory and Pathology	Harvard Pilgrim Health Care Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health Together, Tufts Health RITogether, Tufts Health One Care, Tufts Health Plan Senior Care Options, Tufts Medicare Preferred	9/1/2026	Minor administrative updates for accuracy and clarity, including definition of once-yearly reimbursement as reimbursement every 365 days.

Updates to Payment Policies			
Payment Policy Title	Products affected	Eff. date	Additional information
Chiropractic Services	Harvard Pilgrim Health Care Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health Together, Tufts Health RITogether, Tufts Health One Care, Tufts Health Plan Senior Care Options, Tufts Medicare Preferred	9/1/2026	Minor administrative updates for accuracy and clarity
Dialysis	Harvard Pilgrim Health Care Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health Together, Tufts Health RITogether, Tufts Health One Care, Tufts Health Plan Senior Care Options, Tufts Medicare Preferred	9/1/2026	Minor administrative updates for accuracy and clarity
Obstetrics/Gynecology	Tufts Health Direct	11/1/2026	Policy will be updated to include information on denial of CPT code 99459 when billed for services provided to Tufts Health Direct members. Refer to this article for detailed explanation.
Imaging	Tufts Health Direct	11/1/2026	Policy will be updated to include information on denial of CPT codes 76376 and 76377 when billed for services provided to Tufts Health Direct members. Refer to this article for detailed explanation.
Laboratory: Biomarker Testing for Autoimmune Rheumatic Disease	Harvard Pilgrim Health Care Commercial	9/1/2026	Minor administrative updates for accuracy and clarity
Laboratory: Cardiovascular Disease Risk Assessment	Harvard Pilgrim Health Care Commercial	9/1/2026	Minor administrative updates for accuracy and clarity
Laboratory: Colorectal Cancer Screening	Harvard Pilgrim Health Care Commercial	9/1/2026	Minor administrative updates for accuracy and clarity
Laboratory: Diagnostic Testing of Common Sexually Transmitted Infections	Harvard Pilgrim Health Care Commercial	9/1/2026	Minor administrative updates for accuracy and clarity

Updates to Payment Policies			
Payment Policy Title	Products affected	Eff. date	Additional information
Laboratory: Pancreatic Enzyme Testing for Acute Pancreatitis	Harvard Pilgrim Health Care Commercial	9/1/2026	Minor administrative updates for accuracy and clarity

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Coverage of GLP-1s for Tufts Health RITogether members

Tufts Health Together

As we shared in last month's issue of *Insights and Updates for Providers*, effective Oct. 1, 2026, we will no longer cover glucagon-like peptide-1 medications (GLP-1s) when used for weight loss for Tufts Health RITogether members. Prior authorizations beyond Oct. 1 will be end-dated and the members will be notified of the change in coverage.

Pursuant to the Rhode Island State Fiscal Year 2027 Enacted Budget, Rhode Island Medicaid will no longer cover certain GLP-1 receptor agonists when they are prescribed solely for weight loss, including Foundayo (orforglipron), Saxenda (liraglutide), Wegovy (semaglutide), and Zepbound (tirzepatide).

Wegovy and Zepbound will continue to be covered for other Food and Drug Administration (FDA)-approved indications for respective agents:

- To reduce the risk of major adverse cardiovascular events in adults with established cardiovascular disease and either obesity or overweight for Wegovy injection or tablet
- To treat noncirrhotic metabolic dysfunction-associated steatohepatitis (MASH) with moderate to advanced liver fibrosis (consistent with stages F2 to F3 fibrosis) in adults for Wegovy injection
- To treat moderate to severe obstructive sleep apnea in adults with obesity for Zepbound injection

Members who are not using the above listed medications for these indications will have authorizations end-dated to Sept. 30, 2026 and will receive notification of this change.

GLP-1 receptor agonists that are FDA-approved for treatment of type 2 diabetes mellitus — such as Exenatide, Mounjaro (tirzepatide), Ozempic (semaglutide), Rybelsus (semaglutide), liraglutide (generic Victoza), and Trulicity (dulaglutide) — will continue to be covered with prior authorization. Please note that members who already have authorization for these drugs will not be impacted. Any members with type 2 diabetes mellitus who need to switch to one of these agents will need to submit a new prior authorization request and meet the criteria requirements prespecified on our Pharmacy Medical Necessity Guideline (MNG) titled Glucagon-Like Peptide-1 (GLP-1) Receptor Agonists.

For members younger than 21 years of age, prior authorization requests will be reviewed for medical necessity in accordance with Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) requirements.

For requests submitted beginning Oct. 1, 2026, members will need to meet our criteria requirements per our Pharmacy MNG titled Pharmacy Products Without Specific Criteria Pharmacy MNG, which will be posted on Oct. 1.

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Pharmacy coverage changes

Harvard Pilgrim Health Care Commercial | Tufts Health Plan Commercial | Tufts Health Direct | Tufts Health RITogether | Tufts Health Together

The chart below identifies updates for Pharmacy Medical Necessity Guidelines. For additional details and to access the guidelines referenced below, please visit the Pharmacy Medical Necessity Guidelines page on our Point32Health provider website.

Drug status changes			
Drug	Plan	Eff. date	Policy and additional information
Empagliflozin Containing Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors	Harvard Pilgrim Commercial, Tufts Health Plan Commercial	11/15/2026	New non-formulary prior authorization policy. For further details, please refer to this article.

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MassHealth Updates to Unified Formulary

Tufts Health Together - MassHealth ACPPs

MassHealth recently announced updates to the MassHealth Unified Formulary, which will take effect on Nov. 16, 2026. MassHealth Tufts Health Together-MassHealth ACPPs utilizes MassHealth's Unified Formulary for pharmacy medications and select medical benefit drugs, and providers should be aware that updated coverage and criteria will be available on the MassHealth Drug List on or after the effective date.

For the list of medical benefit drugs that are unified with MassHealth Unified Formulary, please refer to our Medical Benefit Drug Medical Necessity Guideline (MNG) titled Unified Medical Policies available on our Point32Health Provider website. ▲

Point32Health Medical Necessity Guideline updates

Harvard Pilgrim Health Care Commercial | Tufts Health Plan Commercial | Tufts Health Direct | Tufts Health One Care | Tufts Health Plan Senior Care Options | Tufts Health RITogether | Tufts Health Together | Tufts Medicare Preferred

The chart below identifies updates to our Medical Necessity Guidelines. For additional details, refer to the Medical Necessity Guidelines page on our Point32Health provider website, where you can find coverage and prior authorization criteria for our Harvard Pilgrim and Tufts Health Plan lines of business.

Updates to Medical Necessity Guidelines (MNG)			
MNG Title	Products affected	Eff. date	Summary
Percutaneous Tibial Nerve Stimulation	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health Together, Tufts Health RITogether	10/1/2026	CPT code 64566 will no longer require prior authorization, and will continue to be covered for non-neurogenic urinary dysfunction including overactive bladder symptoms. Refer to the MNG for diagnosis codes considered medically necessary.

Updates to Medical Necessity Guidelines (MNG)			
MNG Title	Products affected	Eff. date	Summary
Behavioral Health Inpatient and 24 Hour Level of Care Determinations Behavioral Health Level of Care for Non-24 Hour/ Intermediate/Diversionary Services	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health Together, Tufts Health RITogether, Tufts Health One Care, Tufts Medicare Preferred, Tufts Health Plan Senior Care Options	10/1/2026	• Administrative criteria updates to improve reviewer workflow and ease of use. • Added new American Society of Addiction Medicine (ASAM) 4th Edition adolescent and transition-aged youth levels of care across the continuum, including outpatient, intensive outpatient, medically focused outpatient, residential, and inpatient treatment settings. • Updated Adult Level 2.7 Medically Managed Intensive Outpatient Treatment.
Noncovered Investigational Services	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health Together, Tufts Health RITogether, Tufts Health One Care	9/1/2026	Radiation oncology CPT codes 77437, 77438, and 77439 have been removed from the Noncovered Investigational Services list and are now covered without prior authorization.
Evolent prior authorization program	Harvard Pilgrim Commercial	9/1/2026	Prior authorization is now required for CPT code 93356 (Myocardial strain imaging using speckle tracking-derived assessment of myocardial mechanics [List separately in addition to codes for echocardiography imaging]) through our vendor program with Evolent. 93356 is an add-on code and may be covered only when submitted on the same claim as CPT code 93307 or 93452 as the primary code approved by Evolent.