Harvard Pilgrim Health Care | TUFTS Health Plan

Point32Health companies

Payment Policy:
Skilled Nursing Facility (SNF)

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)

The following payment policy applies to Tufts Health Plan contracting skilled nursing facilities (SNFs).

Note: Audit and disclaimer information is located at the end of this document.

Policy

Tufts Health Plan covers medically necessary SNF services, in accordance with the member's benefits.

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 chapter of the Senior Products Provider Manual.

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

Inpatient notification must be obtained by faxing a completed Inpatient Notification Form, along with the 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 outlined in the Senior Products Provider Manual. Urgent/emergency admissions must be reported within 2 business days following admission.

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 to determine the member's continued status and LOC. Any disagreements with the member's LOC should be discussed directly with the Tufts Health Plan utilization management clinician (UMC)To identify the member's UMC, contact Provider Services.

Note: Facilities that, in good faith, admit members who meet skilled criteria on a weekend or holiday will be able to obtain authorization following admission if they contact the UMC on the next business day following admission.

Each time there is a change in the member's LOC, a new inpatient notification number will be assigned as if it were a new admission. Therefore, each LOC will have a distinct inpatient notification number. Refer to the SNF Level of Care Guidelines for clarification and descriptions of each LOC.

Note: A referral is not required for members for behavioral health services rendered in place of service 31 (SNF inpatient) or 32 (SNF outpatient). This applies to both skilled and custodial admissions.

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 provider will be the responsibility of the ordering facility. Coverage requests for services that are not approved are subject to the organization determination process described at 42 CFR 422.566 et seq.

Custodial Care and Long-Term Care
Notification is required for custodial and long-term care admissions. Refer to the MassHealth Documentation Submission section below for more information on documentation requirements and submission channels.

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.

- Submit claims for per diem skilled services with bill type 21X and a revenue code only
- Submit claims for Medicare Part B services with bill type 22X, a revenue code and a HCPCS code.
- **Same-day transfers:** include condition code 40 on the claim if the member is transferred to another facility before midnight on the same day as the initial admission, in accordance with CMS requirements.
- Any services excluded from the per diem should be billed to Tufts Health Plan directly by the contracting provider
- Submit separate claims for each inpatient notification number and distinct LOC
- Submit a valid HIPPS (Health Insurance Prospective Payment System) code on all SNF claims. Claims submitted without a valid HIPPS RUG code will deny.
- **Note:** As HIPPS levels change at each review per MDS requirement at 5, 14, 30, 60 and 90 days, the facility must submit a new inpatient notification with each RUG/MDS review.

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

Level of Care	Service Description	Revenue/HCPCS Code
Level 1A	Skilled evaluation	0190
Level 1/1B	Skilled nursing and/or skilled rehabilitation	0191
Level 2	Subacute nursing and/or subacute rehabilitation	0192
Level 3	Subacute nursing and/or subacute rehabilitation-ventilation program	0193
	Bedhold (for hospitalization)	0185
	Therapeutic leave day	0183
	Evaluation and stabilization, escalated services in lieu of hospitalization	0194
	Medicaid institutionalized members	0100
	Respite, not in the home	0199 + H0045

Outpatient Therapy Services
Skilled therapy services will be covered for Tufts Health Plan SCO members meeting the institutional level of care. Physical (PT), occupational (OT), and/or speech therapy (ST) services can be billed by the facility only with the following procedure codes, as described in the provider agreement, and only when prior authorization has been given by Tufts Health Plan.

Code	Description
92507	ST treatment
92521	Evaluation of speech fluency

Code	Description
92522	Evaluation of speech sound production
92523	Evaluation of speech sound production with evaluation of language comprehension and expression
92524	Behavioral and qualitative analysis of voice and resonance
92610	Evaluation of oral and pharyngeal swallowing
97161	Physical therapy evaluation: low complexity
97162	Physical therapy evaluation: moderate complexity
97163	Physical therapy evaluation: high complexity
97165	Occupational therapy evaluation, low complexity
97166	Occupational therapy evaluation, moderate complexity
97167	Occupational therapy evaluation, high complexity
G0151	PT treatment, 15 minutes
G0152	OT treatment, 15 minutes

MassHealth Documentation Submission

Upon admission/discharge and during status change events, SNFs must complete and submit required documentation to MassHealth and/or Tufts Health Plan, as requested and as often as required by MassHealth's schedule. Documentation requirements and submission channels are outlined in the SNF Documentation Submission Guide.

For custodial care stays:

- The SNF will be notified if a member has been admitted for 90 days or more and the Status Change (SC-1) has not been received by MassHealth. The SNF must submit the SC-1 to MassHealth and submit a copy to Tufts Health Plan.
- If the SC-1 is not received within 120 days of admission, claims adjudication will be pended until the form is submitted. The SNF must submit the SC-1 to MassHealth and submit a copy to Tufts Health Plan. Claims will be released for adjudication once the completed form is received by Tufts Health Plan.
- Failure to submit the SC-1 within 150 days of the admission date may result in claim denials.

Compensation/Reimbursement Information

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

The SNF will be compensated the contracted per diem rate, starting on the day of admission and ending on the evening before the day of discharge. The SNF will only be compensated for the day of discharge if the member stays in the same facility for long term care.

Preadmission Screening and Resident Review (PASRR)

In accordance with federal regulation and the Massachusetts Executive Office of Health and Human Services (EOHHS), Tufts Health Plan does not compensate SNF services provided to Tufts Health Plan SCO members unless the SNF has completed the PASRR process. Skilled nursing facilities must follow the Preadmission Screening and Resident Review (PASRR) process to help ensure that individuals are not inappropriately placed in nursing homes for long term care.

Tufts Health Plan may request copies of completed PASRR forms for members; if the SNF is unable to provide a completed form, Tufts Health Plan may retract and/or deny future payment until the PASRR process is completed.

Patient Paid Amount (PPA)

The PPA is the portion of monthly income that a member in a SNF must contribute to the cost of care. When a SCO member transitions to a SNF, the PPA is deducted from the monthly capitation payment.

PPA, if applicable, should be reflected in fields 39-41 (Value Codes) on the UB-04. Acceptable value codes to report the PPA are 23, 24, 31, or FC. Upon processing, the PPA will be deducted from the claim payment to the facility. The absence of a PPA, when applicable, will result in a reduced payment to reflect the state-reported PPA.

SNF Add-on Payments

Tufts Health Plan SCO

Providers are reimbursed for SNF add-on payments in accordance with 101 CMR 206.00. Refer to the Nursing Facility Rate Add-ons Billing Guidance for additional information.

Vaccines

Vaccines are separately reimbursed as an inpatient benefit. Refer to the Medicare Vaccine Fee Schedule (Medicare Claims

Processing Manual, Section 20.4)

Related Policies and Resources

Payment Policies

- Ambulance and Transportation Services
- Dialysis Payment Policy
- Durable Medical Equipment and Medical Supplies
- General Coding and Claims Editing
- Inpatient Hospital Admissions
- Inpatient Rehabilitation and Long-Term Acute Care (LTAC) Facility
- Laboratory and Pathology
- Physical, Occupational, and Speech Therapy
- Unlisted/Unspecified Procedure Codes
- Vaccines and Immunizations

Document History

- November 2025: Clarified respite billing instructions
- July 2025; Annual policy review; updated Related Policies and Resources; administrative edit
- April 2025: Added SNF add-on payment information for Tufts Health Plan SCO members; updated
- July 2024: Annual policy review; added Inpatient Facility, Inpatient Rehabilitation and Long-Term Acute Care Facility, and Physical, Occupational, and Speech Therapy Payment Policies to Related Policies and Resources; administrative edits
- March 2024: Added existing MassHealth documentation submission requirements
- September 2023: Annual policy review; no changes
- July 2022: Annual policy review; template updates
- November 2020: Added condition code 40 billing requirement for members being transferred to another facility, in accordance with CMS requirements
- September 2020: Adjusted effective date of required MMQ form submission to dates of service on or after November 1, 2020
- February 2020: Added content that Tufts Health Plan will no longer reimburse long-term care skilled nursing facilities without a completed MMQ, effective for dates of services on or after May 1, 2020; updated policy and billing sections; clarified PPA
- November 2019: Added PASRR process requirements for compensation of SNF services, effective for dates of service on or after January 1, 2020
- March 2019: Policy reviewed by committee; clarified authorization time frames for admissions
- June 2018: Template updates
- May 2018: Updated Tufts Health Plan SCO inpatient notification fax number effective for dates of submission on or after May 1, 2018
- September 2017: Policy reviewed by committee; removed NOMNC content; added applicability of out-of-network providers when authorized
- June 2017: Process clarified for DME supplies ordered by SNFs
- May 2017: Removed 97001-97004, added 97161-97168
- January 2017: Template updates
- July 2016: Updated inpatient notification process effective July 1, 2016

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.