Harvard Pilgrim Health Care | TUFTS Health Plan

Point32Health companies

Payment Policy:
Surgery

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 providers for the provision of surgical services, in both inpatient and outpatient settings.

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., co-payment, 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

Global Surgical Services

Global surgery includes all necessary services normally furnished by the surgeon or other qualified health care professionals before, during and after a surgical procedure. This includes pre-operative and same day evaluation and management (E&M) visits after the decision is made to operate, as well as all post-operative E&M visits related to the primary procedure. Point32Health follows the global period indicator as designated by CMS of 0, 10, 30, 90 or YYYY for each CPT code.

Note: The 30-day postoperative period applies to RITogether claims only, in accordance with RI EOHHS.

Multiple Procedures and Bilateral Surgeries

- When applicable multiple procedures are performed at the same session, the procedure with the highest allowable rate will be reimbursed at 100% of the allowable rate. Subsequent reimbursable procedures will be paid at 50% of the allowable rate
- Bilateral surgeries are reimbursed at 150% of the allowable rate

Second Opinions

Point32Health will reimburse a second opinion when requested by a member and/or their PCP/attending provider on a clinical

decision related to a covered service such as diagnosis, treatment, consultation and/or surgery.

Assistant Surgeon Services

Point32Health reimburses assistant surgeon services when the assistant surgeon is a physician, physician assistant, clinical nurse specialist, or a nurse practitioner.

- The appropriate modifier must be appended
- Assistant surgeon services are subject to multiple procedure reductions and bilateral adjustments

Point32Health follows the Centers for Medicare and Medicaid Services (CMS) National Physician Fee Schedule's payment indicators for reimbursement of surgical assistant claims.

Assistant Surgeon Services (in Maine only)

Registered nurse/first assistants and physicians assistants are reimbursed as assistant surgeons at a rate equal to 85% of the assistant surgeon 14% allowable rate.

Point32Health Does *Not* Reimburse

- Additional medical or surgical services rendered by the surgeon within the global period due to complications that do not require a return to the operating room
- Anesthesia- Regional or general anesthesia services rendered by the surgeon
- Assistant surgical services rendered by residents or fellows
- Handling or conveyance charges
- Hospital-mandated on-call services
- Insertion of pain catheters pumps by surgeon during surgery
- Laparoscopic band injections/fills billed with an E&M service or within the surgical global period
- More than one Assistant Surgeon per covered surgical service
- Physician standby services
- Routine venipuncture/collection of blood when billed with blood or related laboratory services or with E&M services
- Separately for the use of robotic surgical systems and/or associated supplies
- Surgical CPT codes and procedures classified as investigational
- Surgical trays

Provider Billing Guidelines and Documentation

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

Split Surgical Services

It is assumed that the same provider will perform the pre-, intra- and post-operative services. If a provider is rendering a portion of the surgical service, the portion of services rendered should be indicated by appending the appropriate modifier.

Other information

- Bill an unlisted CPT code for services that do not have a specific CPT code describing the surgery
- Bill the same procedure performed multiple time at the same session on one line with a count

Related Policies and Resources

Payment Policies

- Advanced Practice Provider (APP)
- Anesthesia
- Emergency Department Services
- Evaluation and Management
- General Coding and Claims Editing
- Inpatient Hospital Admissions
- Modifiers
- Serious Reportable Events, Serious Reportable Adverse Events and Provider Preventable Conditions
- Unlisted Procedure Codes

Clinical Policies

- Bariatric Surgery

- Mohs Micrographic
- Noncovered Investigational Services
- Reconstructive and Cosmetic Surgery

Publication History

09/01/2026: Annual review; updated Related Policies and Resources; administrative edit
09/01/2025: 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.