Harvard Pilgrim Health Care | TUFTS Health Plan

Point32Health companies

Payment Policy:
Urgent Care

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

Point32Health reimburses services provided by uniquely contracted urgent care providers that meet participation criteria. An urgent care center is a medical practice or facility that is open to the general public and offers walk in medical care without an appointment.

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., copayment, 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

- Urgent Care services to treat an acute or chronic illness or injury that is immediate in nature and requires professional attention but is not life threatening

Point32Health Does *Not* Reimburse

- Handling fees, routine blood draws, or special reports
- High end radiology services
- Preventive or routine services

Provider Billing Guidelines and Documentation

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

- Submit services on a CMS-1500 claim form or electronic 837P
- Place of service code 20 (Urgent Care) is required
- Submit an organizational NPI or your lowest level subpart NPI assigned to the urgent care provider entity
- Populate Box 31 (Signature of physician or supplier including degrees or credential) with the name of the urgent care facility as contracted (not the name of a specific practitioner)

Other Information

- Covered services that are not provided by and are not billed directly by the contracted urgent care provider entity must be referred to a contracted provider in the member's network (i.e., DME not dispensed by the urgent care entity must be coordinated through a contracted network provider)
- Members should be directed to a primary care clinician for routine services and preventive care
- Urgent care services are reimbursed at a bundled rate that is inclusive of both facility and professional services

Related Policies and Resources

Payment Policies

- Evaluation and Management
- Non-Covered Services
- Telehealth/Telemedicine

Additional Resources

- Network Operations & Care Delivery Management (Urgent Care and Walk in Providers)
- Billing & Reimbursement (Completing a Paper CMS-1500 Form)
- Resource Center (Provider Manuals)

Publication History

05/01/2026: Annual policy review; updated related policies
02/28/2025: Annual policy review; administrative edits
04/01/2024: Annual policy review; administrative edits
11/01/2023: 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.