

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 home infusion therapy services, in accordance with the member's benefits. Home infusion therapy services include, but are not limited to, certain intravenous drugs/biologicals, intrathecal and epidural infusions, total parenteral nutrition (TPN), and the necessary supplies, equipment, and skilled nursing visits to administer these services and/or provide training to members and caregivers, as applicable.

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 Policy](#).

The member's PCP (or provider, if the member's benefit plan does not require a PCP) must prescribe home infusion services.

Certain home infusion drugs may require prior authorization through Tufts Health Plan's Precertification Operations or Pharmacy departments, depending on whether the drugs are covered under the member's medical or pharmacy benefit. Refer to the [Pharmacy](#) section of the public Provider website for additional information.

Prior authorization should be obtained prior to the first day of service or on the next business day, if the member's infusion services are arranged after normal working hours, on a weekend, or on an emergency basis.

New-to-Market Drugs

Providers who prescribe new-to-market drugs must submit a request for coverage of medical drugs to the Precertification Operations Department in accordance with Tufts Health Plan's medical review process. Requests for coverage of pharmacy drugs must be submitted to the Pharmacy Utilization Management department. Refer to the [New-to-Market Drug Evaluation Process](#) or the [Provider Manuals](#) for more information.

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 home infusion and specialty pharmacy claims to Tufts Health Plan
- Itemize each DOS, procedure code, and dosage of medication when more than one date of service is submitted on the claim, if applicable
- Submit each drug/product using standard CPT/HCPCS code, National Drug Code (NDC) number of the covered medication, description of product, dosage, and units administered
- Effective for dates of service on or after Feb. 1, 2025, Tufts Health Plan will require the following modifiers when billing for multiple home infusion therapies
 - SH identifies the second concurrently administered infusion therapy.
 - SJ identifies the third or more concurrently administered infusion therapy.

Compensation/Reimbursement Information

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

Drugs and biologicals fee schedules are updated periodically based on Average Sale Price (ASP), Average Wholesale Price (AWP), Tufts Health Plan Specialty Pharmacy program, Medicare and/or Medicaid rates, as applicable. Reimbursement for both listed and unlisted drugs will not exceed Tufts Health Plan's drug fee schedule allowable amounts.

Commercial and Senior Products: Some home infusion drugs may be subject to a maximum number of units per day, in accordance with the Maximum Units Policy.

Additional Resources

- [Maximum Units Policy](#)
- [Drugs and Biologicals Payment Policy](#)

Document History

- November 2024: Annual policy review; administrative updates; added content for modifiers SH and SJ, effective for DOS on or after Feb. 1, 2025
- December 2023: Annual policy review; administrative updates
- May 2023: Clarified reimbursement methodology sources for home infusion therapy drugs and biologicals
- February 2023: Updated specialty pharmacy claims submission information effective for DOS on or after April 1, 2023
- December 2022: Annual policy review; administrative updates only
- July 2021: Policy reviewed by committee; administrative updates only
- May 2020: Policy reviewed by committee; removed procedure codes for home infusion services; clarified authorization and billing instructions; added applicable Tufts Health Public Plans content

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.