

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 sleep studies, sleep therapy and resupplies, in accordance with the member's benefits. Services rendered in any place other than a monitored facility setting or a home setting whereby data is recorded remotely are not covered.

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](#).

Custom Fabricated Oral Appliances (CFOAs)

CFOAs may be obtained by durable medical equipment (DME) providers within the member's network. For more information, refer to the [Custom Fabricated Oral Appliances for Obstructive Sleep Apnea \(OSA\)](#) Medical Necessity Guidelines.

Note: CFOAs are reviewed by the Precertification Operations Department for Tufts Medicare Preferred HMO. The Care Management Department reviews CFOAs for Tufts Health Plan SCO.

Sleep Therapy – Positive Airway Pressure (PAP) Therapy

Commercial, Tufts Medicare Preferred HMO, Tufts Health Direct and Tufts Health Together

All members receiving PAP therapy equipment will be enrolled in the eviCore healthcare PAP Compliance Program. Refer to the [Sleep Studies and PAP Therapy Prior Authorization Program](#) page for additional information.

Referral, Prior Authorization, and 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](#).

Commercial, Tufts Health Direct and Tufts Health Together

Individual prior authorizations are required for facility and home-based sleep studies, sleep therapy and resupplies for members aged 18 years and older on the date of service (DOS). Providers may submit and verify notifications (as well as documentation of medical necessity) via [eviCore healthcare](#).

For a list of procedures, services and items that require prior authorization, refer to:

- Tufts Health Plan's [Sleep Management Program: Prior Authorization/Notification Code List](#)
- Tufts Health Plan's [Sleep Studies and PAP Therapy Prior Authorization Program](#)
- [eviCore healthcare](#)

Note: For CareLink members, refer to the [CareLinkSM Prior Authorization List](#).

Tufts Medicare Preferred HMO and PPO

Notification is required for facility- and home-based sleep studies, sleep therapy and resupplies through eviCore healthcare. Providers may submit and verify notifications via [eviCore healthcare](#).

For a list of procedures, services and items that require notification, refer to:

- Tufts Health Plan's [Sleep Management Program: Prior Authorization/Notification Code List](#)
- Tufts Health Plan's [Sleep Studies and PAP Therapy Prior Authorization Program](#)
- The [eviCore healthcare](#) website

Tufts Health Plan SCO

Sleep studies for Tufts Health Plan SCO members require notification through Tufts Health Plan. Refer to the [Tufts Health Plan SCO Notification List](#) for more information.

Tufts Health RITogether

Sleep studies and PAP machines require prior authorization through Tufts Health Plan. Refer to the following medical necessity guidelines for clinical criteria:

- [Sleep Studies](#)
- [PAP Devices](#)

Tufts Health One Care

Sleep studies do not require prior authorization or notification. Prior authorization is required for PAP machines. Refer to the [PAP Devices](#) Medical Necessity Guidelines for clinical criteria.

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.

Compensation/Reimbursement Information

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

Related Policies and Resources

Payment Policies

- [Durable Medical Equipment](#)
- [Inpatient Facility](#)
- [Maximum Units](#)

Clinical Policies

- [Positive Airway Pressure \(PAP\) Devices \(Tufts Health Public Plans\)](#)
- [Sleep Studies \(Tufts Health RITogether\)](#)
- [Surgical Procedures for the Treatment Obstructive Sleep Apnea](#)

Publication History

- December 2023: Administrative edits, added additional resources
- December 2022: Updated CFOA information for Commercial members, effective for DOS on or after January 1, 2023
- November 2022: Annual policy review; administrative updates
- February 2021: Added sleep therapies to document title

- September 2020: Reviewed by committee; added Tufts Health Medicare Preferred HMO and Tufts Health Plan SCO content to combine document and added Tufts Health Public Plans content
- June 2018: Template updates

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.