

Reminder: Stride Medicare Advantage to be discontinued

Harvard Pilgrim Health Care Stride (HMO)/(HMO-POS) Medicare Advantage

As we noted in [October's newsletter](#), Point32Health will no longer offer its Harvard Pilgrim StrideSM (HMO/HMO-POS) Medicare Advantage plan as of Jan. 1, 2025.

We are continuously examining our business to ensure that we offer our members affordable, high-quality health plans in the market. As a result of a comprehensive review of the New Hampshire Medicare Advantage market, we made the decision to discontinue our StrideSM (HMO/HMO-POS) Medicare Advantage plan in New Hampshire. As of Jan. 1, 2025, the product will no longer be available.

Please continue to provide services to StrideSM (HMO/HMO-POS) Medicare Advantage members through year-end and submit claims as you do today. We will process claims through the timely submission time frame for Stride, which is 365 days from the date of service.

We will continue to offer our other New Hampshire products, including our Harvard Pilgrim Commercial plans and our individual Medicare Supplement plan.

We have sent letters to the approximately 10,000 affected members informing them of this change and providing them with information on how to search for an alternative plan during the Annual Enrollment Period. ▲

Observation Stay Payment Policy and process change

Harvard Pilgrim Health Care Commercial | Tufts Health Direct | Tufts Health Plan Commercial

Please be aware that effective for dates of service beginning Jan. 1, 2025, Point32Health is making a change to our review process for short inpatient stays and observation services, which is documented in our updated Observation Stay Payment Policy and applies for our Harvard Pilgrim Health Care and Tufts Health Plan Commercial plans and Tufts Health Direct.

Under the updated policy, we will evaluate any request for a short inpatient stay of up to 48 hours to determine if it is more appropriate to categorize the encounter as an observation stay, rather than at an inpatient level of care. Any inpatient notification determined to be consistent with an observation stay as a result of our administrative review will be denied. If a claim is submitted for observation stay, regardless of how it was identified on the initial notification, it will be reimbursed appropriately in accordance with the member's benefit and the provider's contract terms.

An observation stay is an alternative to an inpatient admission and allows the facility reasonable and necessary time to evaluate, stabilize, and treat a member whose diagnosis and treatment is not expected to exceed 24 hours, but may extend up to 48 hours before a decision can be made to discharge or admit to inpatient.

The policy is intended to provide greater clarity around what constitutes an observation stay, and it outlines conditions/encounters for which an observation stay designation is and is not considered appropriate — as well as physician and hospital notification and documentation responsibilities, billing guidelines, and more.

Exceptions for which the aforementioned short inpatient stay/observation review will not apply include the following scenarios, which Point32Health would classify as inpatient short stays:

- Admission to a behavioral health facility, including for acute psychiatric or substance use disorder treatment
- Obstetrical admission resulting in delivery

- Admission where the patient was discharged against medical advice or died during hospitalization
- Neonatal admission
- Admission requiring intensive critical care services (such as intubation and mechanical ventilation)
- Patient is transferred to a higher level of care before 48 hours of inpatient admission at the initial facility

Additional exceptions may be evaluated through the provider dispute process. For more information, please refer to the updated [Point32Health Observation Stay Payment Policy](#), as well as our [Inpatient Acute and Post-Acute Level of Care \(Medical/Surgical\) Medical Necessity Guidelines](#) (formerly Inpatient Acute Level of Care [Medical/Surgical]), which we've updated to include information regarding post-acute observation stays. ▲

Updates regarding Tufts Health Public Plans claim appeals

Tufts Health Public Plans

Point32Health is updating our rules and requirements associated with appeals submission and timely filing limits for Tufts Health Public Plans claims, consistent with MassHealth guidelines, effective for dates of service beginning Jan. 1, 2025.

Maximum limit on appeals

In alignment with the current policy for our Harvard Pilgrim Health Care and Tufts Health Plan Commercial plans, as of Jan. 1, Tufts Health Public Plans will enforce a maximum limit of two levels of appeals. Additional appeals will be denied.

Appeals and timely filing denials

Additionally, as you may know, for Tufts Health Public Plans, claims for professional or outpatient services must be received within 90 days of the date of service, or within 90 days of the date of hospital discharge for inpatient or institutional services. Any claims received after this window are denied for timely filing. As of Jan. 1, 2025, Tufts Health Public Plans will not review or consider appeals submitted for claims denied for exceeding the timely filing limit — unless they meet one of the exception criteria outlined by MassHealth. The [Claim Requirements, Coordination of Benefits and Dispute Guidelines section](#) of our Tufts Health Public Plans Provider Manual will be updated in advance of the Jan. 1, 2025 effective date to reflect the changes outlined in this article, including any exceptions.

If a claim that does not meet one of these exceptions is denied for timely filing, there will be no option to appeal, and the denial will stand. ▲

Update on our behavioral health network

Harvard Pilgrim Health Care Commercial

With the insourcing of Harvard Pilgrim Health Care's behavioral health program in November 2023, we've been focused on offering a comprehensive network of behavioral health providers to meet the diverse needs of our members. To ensure access to patient care during this time of growth, providers who were not yet contracted with Harvard Pilgrim — but are participating in Optum/United Behavioral Health's network — were temporarily considered in network and remained eligible to care for Harvard Pilgrim members.

We're happy to share that today, our insourced behavioral health program includes a robust network of traditional providers in addition to partners with virtual and digital services designed to engage members in their care. With our network firmly established, effective Jan. 1, 2025, non-contracted Harvard Pilgrim providers will no longer be considered in network. Open authorizations obtained from Optum/United Behavioral Health will be honored through their expiration date.

The good news is that if you're not yet a contracted Harvard Pilgrim Health Care provider, you may continue to care for our members through Harvard Pilgrim's continuity of care program, which is outlined in our member handbooks and varies by state (90 days for MA, ME, NH members and 365 days for RI members). Enrollment in continuity of care is automatic so there is no action required of your patients. Beyond the continuity of care period, providers can request additional continuity of care with patients by completing and submitting an [Out of Network at In-Network Level of Benefits and Continuity of Care Prior Authorization Form](#).

The best way to ensure uninterrupted care for your patients is to join Harvard Pilgrim's behavioral health network. To get started, visit our [Join Our Network](#) page for more information and instructions. Our [Behavioral Health Quick Reference Guide for Providers](#) outlines everything you need to know about working with us to care for Harvard Pilgrim's Commercial — including Medicare Enhance, and Medicare Supplement — members. We look forward to our continued collaboration. ▲

Point32Health Medicare products: 2025 benefit changes

Tufts Health Plan Senior Care Options | Tufts Medicare Preferred

As the annual election period for Medicare Advantage is underway, we want to update you on 2025 benefit changes related to our Tufts Health Plan Senior Products, Tufts Medicare Preferred HMO/PPO and Tufts Health Plan Senior Care Options. (As a reminder, we recently made the decision to discontinue our StrideSM [HMO/HMO-POS] Medicare Advantage plan in New Hampshire as of Jan. 1, 2025.)

Benefit changes for our Senior Products plans are effective for dates of service beginning Jan. 1, 2025, upon each plan's effective or renewal date. For 2025 benefit update information for these plans, please refer to the applicable document below:

- [Tufts Medicare Preferred HMO/PPO 2025 benefit changes](#)
- [Tufts Health Plan Senior Care Options 2025 benefit changes](#)



Senior Products: 2025 formulary coverage changes

Point32Health Senior Products

Point32Health is incorporating a number of updates to our Tufts Health Plan Senior Products drug formularies for the 2025 plan year. These updates are summarized below, along with the Medicare products for which each change applies.

1. Drugs moving to non-covered status

Tufts Medicare Preferred, Tufts Health Plan Senior Care Options, Tufts Health One Care

Effective for fill dates on or after Jan. 1, 2025, we will no longer cover certain drugs, including drugs with interchangeable generics or therapeutic alternatives, for members of the plans indicated above. Refer to [this document](#) (pages 1-2) for the list of drugs moving to non-covered status.

For members currently taking these drugs, coverage will continue without disruption through Dec. 31, 2024. If you are a prescribing provider and you wish for a member to continue taking a drug on this list, you'll need to submit a formulary exception request.

2. Drugs moving to a higher tier

Tufts Medicare Preferred

For fill dates on or after Jan. 1, 2025, certain drugs will be moving to a higher tier for Tufts Medicare Preferred members only. [Click here](#) to review a list of these drugs, which you'll find on pages 2-5.

For members currently taking these drugs, their current coverage will continue unchanged through Dec. 31, 2024.

If an impacted patient cannot afford the new copay, please refer to the formulary for potential therapeutic alternatives at lower tiers. If the available alternatives are not clinically appropriate, a tier exception can be requested and will be reviewed in accordance with CMS regulations, as not all drugs are eligible for tier exceptions.

Please keep in mind that for 2025, [certain provisions of the Inflation Reduction Act](#) may help manage costs for eligible patients impacted by these formulary changes, including the lowering of the out-of-pocket maximum to \$2,000 and the availability of a Medicare Prescription Payment Plan, which allows patients to spread costs for Medicare Part D prescription drugs out by splitting bills into monthly installments across the calendar year.

3. New prior authorization and step therapy requirements

Tufts Medicare Preferred, Tufts Health Plan Senior Care Options, Tufts Health One Care

For the 2025 plan year, Point32Health will require prior authorization for alosetron, indicated for the treatment of irritable bowel syndrome in women, for Senior Products plans. Additionally, we are adding a step therapy requirement for the medication Rebif; members will be required to have first tried at least two of our preferred products for multiple sclerosis (Avonex, Betaseron, or Plegridy) before coverage will be available for Rebif.

4. Respiratory preferred product change for ICS-LABA class

Tufts Medicare Preferred, Tufts Health Plan Senior Care Options, Tufts Health One Care

Effective for fill dates on or after Jan. 1, 2025, the authorized generic for Symbicort (budesonide/formoterol) will be moving to non-covered status. Breo Ellipta will remain our preferred product for this drug class, and Breyna (true generic for Symbicort) will move from Tier 3 to Tier 4. ▲

Pharmacy coverage changes

[Harvard Pilgrim Health Care Commercial](#) | [Tufts Health Direct](#) |

[Tufts Health Plan Commercial](#) | [Tufts Health RITogether](#) | [Tufts Health Together](#)

The following changes to Point32Health's Pharmacy program take effect on Jan. 1, 2025:

Updates to existing prior authorization programs			
Drug	Plan	Eff. date	Policy & additional information
Compound Medications	Harvard Pilgrim Health Care commercial, Tufts Health Plan commercial, Tufts Health Direct	1/1/2025	Compound Medications
Incretin Mimetics	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct	1/1/2025	Incretin Mimetics
Non-Formulary Exceptions	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct	1/1/2025	Non-Formulary Exceptions
Weight Loss Medications	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct	11/1/2024	Weight Loss Medications

Drug status changes			
Drug	Plan	Eff. Date	Policy and Additional Information
Ingrezza (valbenazine), Leukeran (chlorambucil) tablet, Ocaliva (obeticholic acid), and teriparatide products	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health Together	1/1/2025	Ingrezza, Leukeran tablets, Ocaliva, and teriparatide products will be added to the specialty pharmacy program provided by Optum Specialty.
Xiaflex (collagenase clostridium histolyticum)	Harvard Pilgrim Commercial, Tufts Health Plan commercial, Tufts Health Direct	1/1/2025	Prior authorization will be required for fill dates effective on or after Jan. 1, 2025 for Xiaflex, approved by the FDA in February 2010 for the treatment of adults with Dupuytren's contracture with a palpable cord and Peyronie's disease with a palpable plaque and curvature deformity of at least 30 degrees at the start of therapy.

Other drug status and formulary updates

Please refer to the following lists to review other drug status and formulary changes for various products for the 2025 plan year:

- [Drugs moving to non-formulary status for 2025](#)
- [Drugs moving to a higher tier for 2025](#)
- [Drugs moving to excluded status for 2025](#)
- [Drugs with updated quantity limits for 2025](#)



Removing certain drugs from white bagging program

Harvard Pilgrim Health Care Commercial | Tufts Health Direct |
 Tufts Health Plan Commercial | Tufts Medicare Preferred

Effective for dates of service beginning Jan. 1, 2025, certain medications will no longer be offered as part of our office-administered medical drug/white bagging program.

The drugs identified below will be removed from the [Office-Administered Medical Drugs list](#) for Harvard Pilgrim Health Care Commercial, Tufts Health Plan Commercial, Tufts Health Medicare Preferred, and Tufts Health Direct plans and will no longer be available through CVS Caremark.

- Actemra (J3262)
- Remicade (J1745)
- Orencia (J0129)
- Simponi Aria (J1602)

Providers can continue to buy and bill these medications once prior authorization has been obtained.

You can request prior authorization in [a number of ways](#), but we recommend submitting requests electronically through [PromptPA](#) for ease of use and quick turnaround times. In addition, some of the medications may be available under our Pharmacy benefit. Please refer to the relevant plan's online formulary to confirm [Pharmacy drug coverage](#). ▲

Other 2025 Pharmacy program updates

Harvard Pilgrim Health Care Commercial | Tufts Health Direct |
Tufts Health Plan Commercial | Tufts Health RITogether

Point32Health is implementing the following additional Pharmacy updates for the 2025 plan year.

2025 formularies

In an effort to support member needs by market, manage costs, and implement state-specific regulatory requirements by formulary, Point32Health has created market-specific Small Group/Individual/Merged Market (SG/Ind/MM) formularies for 2025. Maine and Rhode Island SG/Ind/MM will have new formularies upon plan renewal in 2025, while New Hampshire and Massachusetts Merged Market members will remain on their existing formulary.

Members experiencing a change in coverage will be notified at least 60 days prior to the change, and the [2025 formularies](#) for SG/Ind/MM are now available on [our provider website](#). The chart below lists the 2025 formularies.

State/Market	2025 formulary
RI Small Group	Core RI (<i>new formulary</i>)
Maine Merged Market	Core ME (<i>new formulary</i>)
NH Small Group/Individual	Core NH (<i>no change</i>)
MA Merged Market	Core MA (<i>formulary name change only</i>)
Direct (MA)	Tufts Health Direct (<i>no change</i>)
ConnectorCare	Value ConnectorCare (<i>no change</i>)

Weight loss prescription drugs and diabetic GLP-1 coverage for Core Maine, Core New Hampshire, and Core Rhode Island formularies

On or after Jan. 1, 2025, small group and individual market Commercial members in Maine (merged market members), New Hampshire (small group and individual market members), and Rhode Island (small group members) will no longer have coverage for prescription weight loss medications (e.g., Contrave, phentermine), including GLP-1 drugs (e.g., Saxenda, Wegovy). This change will occur upon the plan's anniversary date. It becomes effective in Maine and Rhode Island upon anniversary when members move to the new Core Maine or Core Rhode Island formularies. The change becomes effective on Jan. 1, 2025 in New Hampshire as part of annual (Core) formulary changes.

Members who were previously approved for a weight loss medication will have their authorization terminated upon plan renewal in 2025. There will be no grandfathering of prior authorizations. On or after Jan. 1, 2025 for Core New Hampshire and upon plan renewal in 2025 for Core Maine and Core Rhode Island formularies, diabetic GLP-1 drugs (e.g., Ozempic, Mounjaro) will require prior authorization to reduce and prevent off-label use for weight loss. Prior authorization for the diabetic GLP-1 drugs will only be covered if members have a diagnosis of type 2 diabetes and if members have a trial and failure of a 30-day supply or are currently taking an oral hypoglycemic agent.

Utilizing members will be notified at least 60 days prior to the change. To request an exception, the prescribing provider must request coverage through the medical review process subject to our Pharmacy Medical Necessity Guidelines for [Incretin Mimetics](#). Additional information on resources and programs for nutrition and weight management are available on Harvard Pilgrim's [wellness page](#).

Anti-obesity coverage changes for MassHealth

The MassHealth Pharmacy Program is announcing changes to the management of anti-obesity medications. Below is a summary of the upcoming changes:

Effective Oct. 1, 2024, Zepbound is also designated as a preferred drug for the treatment of overweight and obesity. With this update, Zepbound no longer requires a trial with Wegovy or Saxenda for prior authorization approval.

Effective Jan. 1, 2025, Wegovy and Saxenda will be non-covered agents for the treatment of obesity or overweight in adults.

- All MassHealth members ≥ 18 years of age receiving Wegovy or Saxenda for the treatment of obesity or overweight will be required to switch to Zepbound.
- All prior authorizations for Wegovy and Saxenda will be end dated for Dec. 31, 2024, and members will be expected to transition to Zepbound.
- Wegovy and Saxenda will remain covered with prior authorization for members ≥ 12 to < 18 years of age. No new prior authorizations will be needed if adolescents have an approval for Wegovy or Saxenda prior to Jan. 1, 2025.
- MassHealth will continue to cover Wegovy for the indication of reduction of the risk of major adverse cardiovascular events in adults with established cardiovascular disease and either obesity or overweight. A new prior authorization may need to be submitted to specify that Wegovy is needed for this indication.

Effective Jan. 6, 2025:

- Generic phentermine will be available without prior authorization for all MassHealth members > 12 years of age and Lomaira will be available without prior authorization for MassHealth members > 12 to < 17 years of age.
- All requests for a GLP-1 for the treatment of obesity or overweight for members not already stable on GLP-1 therapy will require a step through phentermine, with or without topiramate.
- The following topiramate formulations are available without prior authorization for members six years of age and older: brand name Qudexy XR and generic topiramate sprinkle capsule and tablet.
- Members already stable on GLP-1 therapy will not require this step through phentermine. For all new starts on Zepbound, prior authorization will require inadequate response, adverse reaction, or contraindication to phentermine with or without topiramate

To aid in transitioning, all MassHealth members ≥ 18 years of age approved for Wegovy or Saxenda for the treatment of obesity or overweight that had an approval duration beyond Dec. 31, 2024, will automatically have a new prior authorization in place to allow Zepbound to pay at the pharmacy. The Zepbound prior authorization will expire six-months after the most recent Wegovy or Saxenda prior authorization was approved. Recertification prior authorization for Zepbound will be required and will be reviewed using baseline weight.

The MassHealth Drug List, including Therapeutic Class Table 81 (outlining the coverage status and PA criteria for anti-obesity agents, including weight-related comorbidities) and the Anti-Obesity Agents PA form, will be updated to reflect these changes. The MassHealth Drug List can be found on the [MassHealth Pharmacy Program](#) site.

Adalimumab

Effective Jan. 1, 2025, Humira will remain the preferred adalimumab product for Harvard Pilgrim Commercial, Tufts Health Plan Commercial, and Tufts Health Direct, and all available adalimumab biosimilars will be moved to non-formulary status. ▲

Point32Health Medical Necessity Guideline updates

All products

The chart below identifies updates to our Medical Necessity Guidelines. For additional details, refer to the [Medical Necessity Guidelines page](#) on our Point32Health provider website, where you can find coverage and prior authorization criteria for our Harvard Pilgrim and Tufts Health Plan lines of business.

Updates to Medical Necessity Guidelines (MNG)			
MNG Title	Products Affected	Eff. Date	Summary
New prior authorizations for Point32Health Senior Products	Tufts Medicare Preferred, Tufts Health Plan Senior Care Options	1/1/2025	Point32Health will be newly requiring prior authorization for a number of services/codes for Tufts Medicare Preferred and Tufts Health Plan Senior Care Options as of Jan. 1, 2025. Please refer to this article for further information about MNGs being updated to require additional prior authorizations for Senior Products.
Intensity-Modulated Radiation Therapy	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health Together, Tufts Health RITogether, Tufts Medicare Preferred, Tufts Health Plan Senior Care Options	1/1/2025	Prior authorization will be required for the following codes: <ul style="list-style-type: none"> • 77338 • 77301 • 77385 • 77386 • 77387 • G6015 • G6016 • G6017 Please note that members receiving intensity-modulated radiation therapy (IMRT) prior to Jan. 1, 2025 will not be impacted by this new prior authorization requirement. All members starting IMRT on or after Jan. 1, 2025 will require prior authorization. In alignment with the Out of Network at the In Network Level of Benefit and Continuity of Care Medical Necessity Guidelines, all members who are in an active course of IMRT prior to Jan. 1, 2025 will have 90 days' continuity of care starting Jan. 1, 2025 and do not need to obtain a prior authorization for that course of treatment.
Noncovered Investigational Services	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Public Plans	1/1/2025	The following services will be added to the Noncovered Investigational Services MNG and will no longer be covered: <ul style="list-style-type: none"> • Dry Needling (CPT codes 20560 and 20561)

Updates to Medical Necessity Guidelines (MNG)			
MNG Title	Products Affected	Eff. Date	Summary
			<ul style="list-style-type: none"> Posterior Vertebral Body Tethering RelieVRx
Evolent criteria	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health Together, Tufts Health RITogether	1/1/2025	Minor updates to Evolent's criteria . Evolent (formerly National Imaging Associates, Inc./NIA) oversees prior authorization programs for select Point32Health products for certain services, including cardiac diagnostic tests and interventional procedures; high-tech diagnostic imaging; select joint procedures; spine surgery and cervical spine procedures; and outpatient interventional spine pain management services.
Remote Patient Monitoring	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health RITogether, Tufts Medicare Preferred	11/1/2024	<p>MNG updated to only apply to the products listed to the left.</p> <p>Minor criteria updates made for additional clarity:</p> <ul style="list-style-type: none"> Requirement that a physician or qualified healthcare practitioner has documented the member's condition is at high risk for instability or deterioration Requirement that member has risk factors which places them at risk for ED or hospitalization For new members to the physician's practice or in the event that a member has not seen the practitioner within one year, the practitioner must first conduct a face-to-face or telehealth visit with the member to initiate remote patient monitoring
Remote Patient Monitoring	Tufts Health Together, Tufts Health Plan Senior Care Options, Tufts Health One Care	11/1/2024	<p>Separate Remote Patient Monitoring MNG developed specifically for the products identified at left.</p> <p>This version incorporates guidance from MassHealth, including coverage without prior authorization for the following additional diagnoses:</p> <ul style="list-style-type: none"> Asthma Chronic obstructive pulmonary disease Congestive heart failure Type I or II diabetes mellitus Hypertension

Updates to Medical Necessity Guidelines (MNG)			
MNG Title	Products Affected	Eff. Date	Summary
			<ul style="list-style-type: none"> Perinatal from pregnancy through 12 months post delivery
Hospice and Palliative Care Services	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct	11/1/2024	<p>Because InterQual's content no longer includes criteria for hospice care, we've updated the MNG to apply our own Point32Health hospice criteria, which notes that the following are required for coverage:</p> <ul style="list-style-type: none"> The member or "appointment designee" elects or continues to elect hospice care There is a caregiver in the member's home who is willing and capable of assisting the member The hospice services are provided by a certified/accredited hospice agency with care available 24 hours per day, seven days per week
<p>Assisted Reproductive Technology Services – Maine Products</p> <p>Assisted Reproductive Technology Services – Massachusetts Products</p> <p>Assisted Reproductive Technology Services – Rhode Island Products</p> <p>Assisted Reproductive Technology Services – New Hampshire Products</p>	Harvard Pilgrim Commercial, Tufts Health Plan Commercial	11/1/2024	<p>In alignment with guidance from state regulatory agencies, Point32Health has updated our cryopreservation and storage benefit for Commercial, fully insured members to include coverage for ovarian tissue and testicular tissue, in addition to the existing coverage for sperm, eggs, and embryos.</p> <p>CPT codes 89335, 89344, 89354, and 89398 will now be covered with prior authorization when the criteria on the applicable MNG is met.</p> <p>Refer to this article, also in this issue of Insights and Updates for Providers, for more details – including information about the Cryopreservation Attestation Form for Maine members.</p>
<p>Vitamin D Screening and Testing</p> <p>Non-Emergency Medical Transportation (Air/Ground)</p> <p>Continuous Glucose Monitoring and Diabetes Management Devices</p>	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Public Plans	11/1/2024	<p>Upon annual review of these MNGs, Point32Health has incorporated minor criteria updates to provide additional clarity.</p>
<p>Vitamin B12 Screening and Testing</p> <p>Behavioral health-related MNGs:</p> <ul style="list-style-type: none"> Behavioral Health Inpatient and 24-Hour Level of Care Determinations Behavioral Health Level of Care for Non-24 	All products	11/1/2024	<p>Point32Health has conducted our annual review of the Vitamin B12 Screening and Testing MNG, as well as a number of MNGs related to behavioral health services, with no changes.</p>

Updates to Medical Necessity Guidelines (MNG)

MNG Title	Products Affected	Eff. Date	Summary
<p>Hour/Intermediate/Diversionsary Services</p> <ul style="list-style-type: none"> • Psychological and Neuropsychological Testing and Assessment Tufts Health Plan One Care and Tufts Health Plan Medicare Preferred • Transcranial Magnetic Stimulation (rTMS) • Transcranial Magnetic Stimulation (TMS) for Tufts Health Unify, Tufts Medicare Preferred and Tufts Health Plan Senior Care Options • Applied Behavioral Analysis (ABA) Therapy and Habilitative Services for Autism Spectrum Disorders • ABA (Applied Behavioral Analysis) Therapy for Autism Spectrum Disorders: Rhode Island Products • Behavioral Health Applied Behavioral Analysis (ABA) including Early Intervention: RITogether • Behavioral Health Enhanced Outpatient Services (EOS) • Home and Community Based Services (HBTS) • Behavioral Health: Acupuncture Detoxification Level of Care • Behavioral Health: Opioid Treatment Services (Methadone Maintenance) Level of Care • Community Support Programs including Specialized Community Support Program • Early Intensive Behavioral Intervention (EIBI) • Behavioral Health: Evidence-Based Practices (EBP) • Family Stabilization Treatment (FST) Criteria for Behavioral Health Services • In-Home Behavioral Services (IHBS): Massachusetts Products 			

Updates to Medical Necessity Guidelines (MNG)			
MNG Title	Products Affected	Eff. Date	Summary
<ul style="list-style-type: none"> In-Home Therapy Services (IHTS): Massachusetts Products Intensive Hospital Diversion (IHD), Mobile Crisis Intervention (MCI) for Youths: Massachusetts Products Outpatient Psychotherapy Personal Assistance Services & Supports (PASS) Program of Assertive Community Treatment (PACT) Services Peer Recovery Coach Recovery Support Navigator Respite for Children – RITogether Respite Care for Tufts Health One Care Targeted Case Management Services: Intensive Care Coordination (ICC): Massachusetts Products 			

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New prior authorizations for Senior Products in 2025

Tufts Health Plan Senior Care Options | Tufts Medicare Preferred

Point32Health continually evaluates our utilization management programs and the prior authorization requirements we have in place to promote medical necessity and clinical appropriateness and alignment with evidence-based guidelines, so that we can ensure our members receive the care that is best for them while managing health care costs.

To that end, effective Jan. 1, 2025, we're instituting prior authorization requirements for a number of services/codes for our Tufts Medicare Preferred and Tufts Health Plan Senior Care Options products, as identified in the chart below. For additional details, refer to the [Medical Necessity Guidelines page](#) on our Point32Health provider website, where you can find coverage and prior authorization criteria for our Harvard Pilgrim and Tufts Health Plan lines of business. You'll also find an updated [Tufts Medicare Preferred Prior Authorization, Notification, and No Prior Authorization List](#) and [Tufts Health Senior Care Options Prior Authorization, Notification, and No Prior Authorization List](#) on our Point32Health [Prior Authorization page](#).

Service	Coding/prior authorization change effective Jan. 1, 2025
Levels of Care	Acute Inpatient Rehabilitation will be added to prior authorization using Medicare Benefit Policy Manual Chapter 1 for prior authorization coverage criteria.
Non-Emergent Medical Transportation (Ambulance)	For Tufts Medicare Preferred only, we will follow Medicare Benefit Policy Manual Chapter 10 for criteria, and will require prior authorization for the following codes: A0426, A0428, A0430, A0435. Refer to this article for additional details.

Service	Coding/prior authorization change effective Jan. 1, 2025
Intensity-Modulated Radiation Therapy	<p>Prior authorization will be required for the following codes:</p> <ul style="list-style-type: none"> • 77338 • 77301 • 77385 • 77386 • 77387 • G6015 • G6016 • G6017 <p>Refer to the internal MNG for prior authorization and coverage criteria.</p> <p>Please note that members receiving intensity-modulated radiation therapy (IMRT) prior to Jan. 1, 2025 will not be impacted by this new prior authorization requirement. All members starting IMRT on or after Jan. 1, 2025 will require prior authorization. In alignment with the Out of Network at the In Network Level of Benefit and Continuity of Care Medical Necessity Guidelines, all members who are in an active course of IMRT prior to Jan. 1, 2025 will have 90 days' continuity of care starting Jan. 1, 2025 and do not need to obtain a prior authorization for that course of treatment.</p>
Proton Beam Therapy	<p>We will follow Local Coverage Determination (LCD) L35075 and associated article A56827 for prior authorization review criteria, and prior authorization will be required for codes 77520, 77522, 77523, and 77525.</p> <p>Please note that members receiving proton beam therapy prior to Jan. 1, 2025 will not be impacted by this new prior authorization requirement. All members starting proton beam therapy on or after Jan. 1, 2025 will require prior authorization. In alignment with the Out of Network at the In Network Level of Benefit and Continuity of Care Medical Necessity Guidelines, all members who are in an active course of proton beam therapy prior to Jan. 1, 2025 will have 90 days' continuity of care starting Jan. 1, 2025 and do not need to obtain a prior authorization for that course of treatment.</p>
Procedures for the Treatment of Symptomatic Varicose Veins	<p>We will follow LCD L34536 and LCD L33575 (associated articles A56914, A52870) for prior authorization review criteria, and prior authorization will be required for the following codes: 36465, 36466, 36468, 36471, 36473, 36474, 36475, 36476, 36478, 36479, 36482, 36483, 37500, 37700, 37718, 37722, 37735, 37760, 37761, 37765, 37766, 37780, 37785, 37799, 93970, 93971.</p>
Transurethral Waterjet Ablation of the Prostate	<p>Prior authorization will be required for codes C2596 and 0421T, and we will follow LCD L38682 and associated article A5209 for coverage criteria.</p>
Blepharoplasty, Blepharoptosis, and Brow Lift	<p>We will follow LCD L34528 and associated article A456908 for prior authorization review criteria, and prior authorization will be required for the following codes: 15820, 15821, 15822, 15823, 67900, 67901, 67902, 67903, 67904, 67906, 67908.</p>
Reconstructive and Cosmetic Surgery	<p>We will follow LCD L39051 and associated article A58774 for prior authorization criteria for breast reduction, rhinoplasty, gynecomastia surgery, and panniculectomy, and prior authorization will be required for the following codes: 15830, 15847, 15877, 19318, 19300, 30400, 30410, 30420, 30430, 30435, 30450, 30460, 30462.</p>
Guardant360 CDx	<p>We will follow NCD 90.2 for prior authorization criteria, and prior authorization will be required for code 0242U for the Guardant360 CDx test.</p>

Service	Coding/prior authorization change effective Jan. 1, 2025
Epidural Steroid Injections for Pain Management	We will follow LCD L39036 and associated article A58745 for prior authorization criteria, and prior authorization will be required for codes 62321, 62323, 64479, 64480, 64483, and 64484.
Percutaneous Vertebral Augmentation (PVA) for Osteoporotic Vertebral Compression Fracture	We will follow LCD L33569 and associated article A56178 for prior authorization coverage criteria, and prior authorization will be required for codes 22510, 22511, 22512, 22513, 22514, and 22515.
Lumbar Spinal Fusion	We will follow LCD L37848 and associated article A56396 for prior authorization criteria, and prior authorization will be required for codes 22533, 22558, 22612, 22630, and 22633.
Cervical Fusion	We will follow LCD L39770 and associated article A59632 for prior authorization criteria, and prior authorization will be required for the following codes: 22548, 22551, 22552, 22554, 22590, 22595, 22600, 22800, 22802, 22808, 22810, 22812.
Removal of Benign Skin Lesions	Codes 17000, 17003, 17004, 17100, 17111 will be covered only when submitted for certain diagnoses, following guidance in CMS article A54602. See MNG for details, including a list of covered ICD-10 codes.
Genetic Testing	We will follow LCD L35000 and associated article A56199 for prior authorization. See MNG for more details, including codes requiring authorization.



Non-emergent medical transportation (ambulance) updates

Tufts Medicare Preferred

As identified in the article titled “New prior authorizations for Senior Products in 2025,” which is also included in this issue of Insights and Updates for Providers, Point32Health is making updates to our prior authorization requirements for non-emergent medical transportation (ambulance) **effective Jan. 1, 2025 for Tufts Medicare Preferred only.**

We will require prior authorization for the following codes and will follow [Medicare Benefit Policy Manual Chapter 10](#) for criteria:

- A0426
- A0428
- A0430
- A0435

Please keep in mind that this change does not apply to emergent medical transportation using an ambulance, or to non-emergent medical transportation using another other type of vehicle, such as a wheelchair van or chair car. The intention of the change is to encourage the use of the least intensive means of transportation whenever possible, which helps manage costs for members and helps ensure that prompt ambulance transportation is accessible for those who need it most. ▲

Point32Health medical drug program updates

All products

The chart below identifies updates to our medical benefit drug program. For additional details, refer to the Medical Necessity Guidelines associated with the medical drug in question, which you can find on our Point32Health (the parent company of Harvard Pilgrim Health Care and Tufts Health Plan) [Medical Benefit Drug Medical Necessity Guidelines page](#).

Alternatively, some medical drugs are managed through an arrangement with OncoHealth when utilized for oncology purposes for Harvard Pilgrim members. You can find information about this program on the [OncoHealth page](#) in the [Vendor Programs](#) section of Point32Health's provider website and you can access the prior authorization policies for these drugs directly on [OncoHealth's webpage for Harvard Pilgrim](#).

Tufts Health Together utilizes MassHealth's Unified Formulary for pharmacy medications and select medical benefit drugs; for drug coverage and criteria refer to the [MassHealth Drug List](#).

New prior authorization programs for OncoHealth drugs		
MNG/Drug(s)	Plan & additional information	Eff. date
Tecentriq Hybreza (atezolizumab and hyaluronidase-tqjs)	Harvard Pilgrim Commercial Prior authorization is now required (HCPCS code J9999).	11/1/2024
Boruzu (bortezomib)	Harvard Pilgrim Commercial Prior authorization is now required (HCPCS code J9999).	11/1/2024
New prior authorization programs		
MNG/Drug(s)	Plan & additional information	Eff. date
Alyglo Unified Medical Policies	Tufts Health Together Prior authorization will be required for Alyglo (HPCS J1599), approved in December 2023 for the treatment of primary humoral immunodeficiency in adults.	1/6/2025
Unified Medical Policies Beqvez	Tufts Health Together Prior authorization will be required for Beqvez (HCPCS C9172), a gene therapy approved by the FDA in April 2024 for use in adults with moderate to severe hemophilia B who are receiving routine prophylaxis.	11/12/2024
Rytelo (imetelstat)	Tufts Health RITogether, Tufts Health Plan Commercial, Tufts Health Direct Prior authorization is now required for Rytelo (HCPCS C9399, J3490), approved by the FDA in April 2024 for the treatment of adult patients with low- to intermediate-1 risk myelodysplastic syndromes with transfusion-dependent anemia requiring 4 or more red blood cell units over 8 weeks who have not responded to or have lost response to or are ineligible for erythropoiesis-stimulating agents.	11/1/2024
Tremfya (guselkumab) intravenous Targeted Immunomodulators – Skilled Administration (Commercial and Direct) Targeted Immunomodulators – Skilled Administration (RITogether)	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health RITogether Prior authorization is now required for Tremfya IV (HCPCS J1628), approved by the FDA in September 2024 for the treatment of adult patients with moderately to severely active ulcerative colitis.	11/1/2024

Updates to existing prior authorization programs		
MNG/Drug(s)	Plan & additional information	Eff. date
Lanreotide (cipra) Somatostatin Analogs for Non-Oncology Indications (Commercial and Direct) Somatostatin Analogs for Oncology Indications (Commercial and Direct) Somatostatin Analogs (Tufts Health RITogether)	Tufts Health RITogether, Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct Lanreotide (cipra) (HCPCS J1932) will be added to the Medical Necessity Guideline.	1/1/2025
Xiaflex (collagenase clostridium histolyticum)	Tufts Health RITogether, Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health RITogether	1/1/2025
Elrexio, Talvey Unified Medical Policies	Tufts Health Together Elrexio and Talvey will remain managed with prior authorization; however, effective for fill dates on or after Dec. 1, 2024, coverage criteria will be unified with MassHealth. As a result, Elrexio and Talvey will now fall under the Unified Medical Policies MNG.	12/1/2024
Unified Medical Policies <ul style="list-style-type: none"> • Roctavian • Hemgenix • Zynteglo • Lyfgenia • Breyanzi • Abecma • Carvykti 	Tufts Health Together Updates to criteria to align with MassHealth guidance and FDA labels. Refer to the Unified Medical Policies MNG and MassHealth Drug List criteria for more details.	11/12/2024
Tremfya IV Targeted Immunomodulators – Skilled Administration (Commercial and Direct)	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct	11/1/2024



MassHealth updates to Unified Formulary

Tufts Health Together — MassHealth MCO Plan and ACPPs

MassHealth recently announced updates to the MassHealth Unified Formulary, which will take effect on Jan. 6, 2025. Tufts Health Together-MassHealth MCO Plan and ACPPs utilizes MassHealth’s Unified Formulary for pharmacy medications and select medical benefit drugs, and providers should be aware that updated coverage and criteria will be available on the [MassHealth Drug List](#) on or after the effective date. ▲

2025 medical benefit step therapy program

Harvard Pilgrim Health Care Commercial | Tufts Health Direct |
 Tufts Health Plan Commercial | Tufts Health Together

Effective for fill dates on or after Jan. 1, 2025, a new medical benefit step therapy program will apply for Harvard Pilgrim Health Care Commercial products, Tufts Health Plan Commercial products, Tufts Health Direct, and Tufts Health Together. The goal of the program is to encourage the use of the least costly alternatives across a variety of therapeutic areas. The new coverage requirements will apply to patients initiating therapy with a non-preferred product.

Preferred and non-preferred products associated with the medical benefit step therapy program for **Commercial products** and **Tufts Health Direct** are as follows:

Drug class	Non-preferred product(s)	Preferred product(s)
Acromegaly	Signifor LAR Somatuline Depot	lanreotide lanreotide (ciplra) Sandostatin LAR
Antiemetics	Akynzeo Aponvie Cinvanti Emend Focinvez Sustol	fosaprepitant granisetron ondansetron palonosetron
Bendamustine HCl Injection	Bendeka Treanda Vivimusta	bendamustine Belrapzo
Iron Preparation, Parenteral	Feraheme Injectafer Monoferic	Ferrlecit Infed Venofer
Leucovorin/ LEVOleucovorin Injection	Fusilev Khapzory LEVOleucovorin	leucovorin injection
Pemetrexed	Alimta Pemfexy Pemrydi	Pemetrexed (all manufacturers)
Retinal Disorders	Beovu Byooviz Cimerli Eylea Lucentis Susvimo Visudyne	Avastin
	Eylea HD Vabysmo	Avastin Eylea Ranibizumab
Triamcinolone Acetonide Injection	Zilretta	Triamcinolone acetonide injection

For **Tufts Health Together**, the following will apply:

Drug Class	Non-preferred product(s)	Preferred product(s)
Antiemetics	Akynzeo Aponvie Cinvanti Emend Focinvez Sustol	fosaprepitant granisetron ondansetron palonosetron
Iron Preparation, Parenteral	Feraheme Injectafer Monoferric	Ferrelecit Infed Venofer
Leucovorin / LEVOleucovorin Injection	Fusilev Khapzory LEVOleucovorin	leucovorin injection
Pemetrexed	Alimta Pemfexy Pemrydi	Pemetrexed (all manufacturers)
Triamcinolone Acetonide Injection	Zilretta	Triamcinolone acteonide injection

For more information, please refer to our Medical Benefit Step Therapy Program Medical Necessity Guidelines (MNG) for [Harvard Pilgrim Commercial](#), [Tufts Health Plan Commercial](#), and [Tufts Health Direct](#), as well as the equivalent MNG for [Tufts Health Together](#), which you can find on the [Medical Benefit Drug Medical Necessity Guidelines page](#) on Point32Health’s provider website. ▲

Expansion of cryopreservation and storage coverage

Harvard Pilgrim Health Care Commercial | Tufts Health Direct | Tufts Health Plan Commercial

Beginning Nov. 1, 2024, our cryopreservation and storage benefit for Harvard Pilgrim Health Care and Tufts Health Plan Commercial fully insured members and Tufts Health Direct members includes coverage for ovarian tissue and testicular tissue. Previously, our cryopreservation and storage coverage included only sperm, eggs, and embryos.

The following codes are now covered for the cryopreservation and storage of testicular and ovarian tissue:

- 89335 – Cryopreservation, reproductive tissue, testicular
- 89344 – Storage (per year); reproductive tissue, testicular/ovarian
- 89354 – Thawing of cryopreserved; reproductive tissue, testicular/ovarian
- 89398 – Unlisted reproductive medicine laboratory procedure

Refer to our [Assisted Reproductive Technology Services](#) medical necessity guidelines for the latest information.

Storage of reproductive materials for Maine members

The storage of reproductive materials is covered for up to five years for Maine fully insured members. To ensure that claims are paid accordingly for the storage of reproductive materials beyond two years, providers are required to annually attest that the member’s benefits include up to five years of storage and that they have reproductive materials requiring continued storage. Please complete and submit the [Cryopreservation Storage Attestation Form](#) prior to submitting claims for each year of storage beyond year two to 800-232-0816.

For more information, refer to the [Assisted Reproductive Technology Services – Maine Products](#) medical necessity guidelines. ▲

Clinical documentation required for radiology services

Tufts Health Plan Commercial | Tufts Health Public Plans

To ensure that members receive the most appropriate and effective radiology procedure, for requests received beginning Jan. 1, 2025, Point32Health will require requesting providers to submit clinical documentation for outpatient advanced imaging services for our Tufts Health Plan Commercial and Tufts Health Public Plans members.

Evolent (formerly National Imaging Associates, Inc.), who administers our advanced imaging authorization program, will review pertinent medical records to validate that medical necessity criteria for the requested study have been met. There are no changes to the procedures that require prior authorization, and the clinical guideline criteria used to determine medical necessity will remain the same.

Submitting documentation

For all requests that are not approved at intake, clinical documentation must be submitted before Evolent can make a final authorization determination. Multiple outreach attempts are made prior to an adverse decision, but if the required clinical information is not submitted within the allowable timeframe (typically 10-15 days), Evolent will deny the request.

The process to submit documentation to Evolent is not changing. You can submit the required documentation either electronically or by fax. If you use the online provider portal (www.RadMD.com) to submit your authorization request, the system will automatically specify what information is needed and prompt you to upload it.

If you are requesting authorization by phone (866-642-9703 for Tufts Health Plan Commercial, 800-207-4209 for Tufts Health Public Plans), Evolent will fax you a document specifying which records are necessary and will include a bar-coded customized fax coversheet for your use.

Clinical guidelines, provider tip sheets, prior authorization checklists, and other resources can be found at www.RadMD.com. For more information on how to submit clinical documentation, view this [training video](#). ▲

New CBHI performance specifications

Tufts Health Together — MassHealth MCO Plan and ACPPs

If you are a provider of Children’s Behavioral Health Initiative (CBHI) services, we would like to remind you that effective Sept. 15, 2024, MassHealth and the Executive Office of Health and Human Services (EOHHS) have implemented revised performance specifications for certain CBHI services.

In accordance with these revisions, Point32Health has developed the following performance specifications to reflect the state’s guidance and requirements for these services.

- [Family Support and Training \(FS&T\)](#)
- [In-Home Behavioral Service \(IHBS\)](#)
- [In-Home Therapy \(IHT\)](#)
- [Intensive Care Coordination \(ICC\)](#)
- [Therapeutic Mentoring \(TM\)](#)

The Children’s Behavioral Health Initiative ensures access to treatment for Medicaid-insured children, youth, and adolescents under age 21 who have serious emotional, behavioral, and mental health care needs. Structured to provide services at home, in school, or within the community, CBHI programming is developed around the strengths and driven by the needs of each family and child. You can learn more about the CBHI on the mass.gov website. ▲

Upcoming changes to MassHealth ABA provider policies

Tufts Health Together — MassHealth MCO Plan and ACPPs

As a follow up to MassHealth’s recent announcement, we are reminding Applied Behavioral Analysis (ABA) providers that effective Jan. 1, 2025, MassHealth is implementing changes to contracting requirements, Medical Necessity Guidelines, and performance specifications for delivery of ABA services to patients with autism spectrum disorder (ASD).

Designed to enhance program integrity and increase access to services, the state’s new requirements stipulate that all contracted ABA providers must be accredited by a nationally recognized accrediting body that specializes in ABA. More specifically:

- Center-based ABAs must be accredited within two years by Jan. 1, 2027.
- All other providers must be accredited within three years by Jan. 1, 2028.
- After Jan. 1, 2028, all ABA providers (including new providers) must be accredited.

In conjunction with the state’s updated contracting requirements, changes to their ABA performance specifications and Medical Necessity Guidelines will be implemented on Jan. 1, 2025. Focused on simplifying diagnosis requirements, expanding the scope of providers who can diagnose ASD, and enhancing individualized treatment and care coordination, the new guidelines and specifications also clarify covered activities and service delivery expectations.

We’ve updated Point32Health’s Applied Behavioral Analysis performance specifications to reflect MassHealth’s Jan. 1, 2025 changes. To review both the currently effective and Jan. 1, 2025 specifications and guidelines, please refer to the applicable Point32Health [Behavioral Health Performance Specifications](#). ▲

Reminder – New 2024 Model of Care training available

Tufts Health Plan Senior Care Options

Calling all Tufts Health Plan Senior Care Options (SCO) PCPs and specialists: Be sure to complete the new 2024 SCO Model of Care training by Dec. 31, 2024.

As we shared in September, the updated SCO Model of Care training for 2024 is available online, and we encourage you to complete it as soon as possible. We’ve adjusted the timing for this annual training to better coordinate with the applicable plan year – and have extended the time frame to complete it. While our 2023 survey was posted in November, with a completion deadline of Feb. 16, this year’s training was posted on Sept. 1 and will be available through Dec. 31, 2024.

PCPs and specialists who participate in the Tufts Health Plan Senior Care Options (SCO) plans are required by the Centers for Medicare and Medicaid Services to complete the SCO Model of Care training annually.

The training, which is available in the [Training Section](#) of our Point32Health provider website, offers an overview of the plan and covers Tufts Health Plan SCO’s Model of Care goals, team member responsibilities and PCP expectations, the individualized care plan (ICP) process, transition of care responsibilities, performance measures, and more.

At the conclusion of the training presentation, you will be prompted to complete an attestation to verify completion.



One Care training requirement

Tufts Health One Care

The Executive Office of Health and Human Services (EOHHS) and the Centers for Medicare & Medicaid Services (CMS) require providers and office staff to complete comprehensive training on the One Care (Medicare-Medicaid dual eligible) program.

To make it easier for providers to comply with this requirement, we offer convenient training resources in the [Training section of our Point32Health website](#). (Click on Begin the training under the Tufts Health One Care provider trainings section.)

The program has two tracks — [a general training series](#) developed by MassHealth via UMass Medical School, as well as a [plan-specific Tufts Health One Care training](#). Providers must complete both tracks in order to meet One Care requirements.

For track one, the following recorded webinars are required:

- One Care: An Introduction for One Care Plans
- Engaging One Care Enrollees in Assessments & Care Planning
- Americans with Disabilities Act (ADA) Compliance
- Principles of Cross Cultural Competence
- Promoting Wellness for People with Disabilities
- Contemporary Models of Disability: Beyond the Medical Model (Independent Living, Self-Determination and Recovery Model)
- Identifying Potential Abuse and Neglect of One Care Members
- Caring for Individuals with Co-Occurring Mental Health & Substance Use Disorders in One Care

The track one general series features additional trainings including: integrating virtual health care; providing support for members as parents; navigating housing instability; addressing social isolation and many more.

Once you've concluded both training tracks, be sure to [complete the attestation](#). Point32Health will record and submit your participation to EOHHS and CMS.

To learn more about the Tufts Health One Care program and working with us, refer to our or to the [Tufts Health One Care](#) chapter and other relevant sections of the [Tufts Health Plan Senior Products Provider Manual](#). ▲

Point32Health Vaccines and Immunizations Payment Policy

All products

In continuation of our efforts to streamline policies and processes wherever possible for a simplified provider experience, we've developed a new integrated Point32Health Vaccines and Immunizations Payment Policy.

The previous legacy Harvard Pilgrim Health Care and Tufts Health Plan policies have been archived, and the information from those policies can now be found in this merged Point32Health policy.

For more information, please refer to [the newly integrated policy](#) for complete information, as well as our full list of [Payment Policies](#). ▲

New ICD-10 codes available for diabetic shoes

Harvard Pilgrim Health Care Commercial

Point32Health wants to make our network providers aware that as of Nov. 1, 2024 for our Harvard Pilgrim Health Care Commercial members, we will accept the following newly released ICD-10 diagnosis codes pertaining to diabetic shoes:

- E10.A
- E10.A0
- E10.A1
- E10.A2

Our [Harvard Pilgrim Commercial Orthotic and Prosthetic Devices Payment Policy](#) has been updated to reflect this new coverage. ▲

Insights and Updates for Providers is a monthly newsletter for the network of Point32Health, the parent company of Harvard Pilgrim Health Care and Tufts Health Plan.

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