

New content on Point32Health provider website

All products

One of our foremost commitments is to support you and your office staff with information that is accurate, clear, complete — and easy to access. As we [announced in the October issue](#) of Insights and Updates for Providers, Point32Health has been working diligently to move as much content as possible from our legacy Harvard Pilgrim Health Care and Tufts Health Plan provider websites to deliver on our promise of prioritizing a streamlined provider experience.

In support of this important work to continually improve and simplify your engagement with us, we're thrilled to announce that we've developed four additional Point32Health provider pages. We hope this makes it quicker and easier than ever for you to locate all the resources and information you regularly reference as you work with us to do what you do best: provide best-in-class care to our members.

Instead of navigating between multiple websites, you can now find the following on our integrated Point32Health provider website:

- [Quality initiatives](#)
- [Join the network](#)
- [No Surprises Act of 2021: out of network payment disputes](#)
- [Our plans](#)

Please continue to check back in for additional information in future issues of *Insights and Updates for Providers*, as we anticipate that all remaining provider content will be migrated from the legacy websites to the centralized Point32Health provider website in January! ▲

Portal, phone, and fax update for referrals, notifications and authorizations

Harvard Pilgrim Health Care Commercial

In recent issues, we announced some [updates on reaching us by phone, email, and fax](#), and are providing the following clarifications and reminders.

- **Portal is recommended** — We encourage you to use our secure provider portal for quick and efficient processing of your referrals and authorization transactions.
- **Authorization, notification and referral submission**
 - **For behavioral health services** — Effective Jan. 1, 2025, we will only accept **requests** for behavioral health referrals, notifications, and authorizations by phone for certain service types for Harvard Pilgrim Commercial members. Our Provider Services team will be able to guide you accordingly when you call. We're updating our automated messaging for the Provider Service Center in conjunction with this change, and behavioral health providers will no longer have a separate menu of options but should follow the prompts for all providers. Please submit your requests by portal or fax.

- **For medical services** — On Nov. 1, 2024, we discontinued accepting **requests** for authorization, notifications, and referrals by phone for Harvard Pilgrim Health Care Commercial members. These requests should be submitted via our secure portal or fax. Refer to the bullet below for additional information and exceptions.
- **For status updates and assistance** — We encourage use of our secure provider portal HPHConnect to check the status of your referral, notification, or authorization request. However, providers may inquire about existing referrals, notifications, and prior authorizations by phone. In addition, if portal and fax are not available you may contact the Provider Service Center by phone for assistance.
- **Portal registration** — If you aren't currently registered for Harvard Pilgrim's secure portal, HPHConnect, please follow [these registration instructions](#). With HPHConnect, you'll be able to perform a host of transactions online 24/7, including verifying patient eligibility, checking the status of a claim, submitting/receiving authorization, providing notification, sending/receiving referrals, and submitting batch claim files or single professional claims. For further assistance with HPHConnect, contact the eBusiness team at Provider_eBusiness_Services@point32health.org.
- **Fax numbers for Harvard Pilgrim** — If you opt to utilize fax for referrals, please submit them to 617-509-4297. For authorizations, please utilize the fax number listed on the applicable [Medical Necessity Guideline](#), [Medical Drug Medical Necessity Guideline](#), or [Pharmacy Medical Necessity Guideline](#). ▲

New HEDIS tip sheets for SPC and FMC measures

All products

Point32Health is pleased to introduce HEDIS® tip sheets for the following measures:

- [Statin Therapy for Patients with Cardiovascular Disease \(SPC\)](#)
- [Follow Up After Emergency Department Visit for People with Multiple High-Risk Chronic Conditions \(FMC\)](#)

The best practices highlighted within these new tip sheets are intended to support your practice by ensuring that the data reported accurately reflects your practice's performance and identifying opportunities to improve patient care.

For the full collection of Point32Health's current HEDIS tip sheets – including [Prenatal and Postpartum Care \(PPC\)](#) which assesses timely access to prenatal and postpartum care – please refer to the [HEDIS tip sheet page](#) on our provider website.

We will continue to inform you when we introduce new tip sheets. Be sure to look to future issues of Insights and Updates for Providers for the latest developments.

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA). ▲

Clinical practice guidelines updates

All products

Point32Health maintains a number of clinical practice guidelines, which you can find on the [Clinical Practice Guidelines](#) section of our provider website. We periodically review and update these guidelines to include new information about treatments, medications, and technology that reflects best practices and have recently made updates to the following guidelines:

- Acute Stress Disorder (ASD)
- Adolescent Depression
- ADHD
- ADHD Treatment in People with Autism
- Antibiotic Use
- Autism

- Bipolar Disorder
- Chronic Kidney Disease
- Chronic Obstructive Pulmonary Disease
- Dementia/Alzheimer's
- Depression
- Diabetes
- Diabetes in Older Adults
- Elder Abuse and Neglect
- Hypertension
- HIV
- Immunizations – Adults and Pediatrics
- Neonatal
- Obesity
- Panic Disorder
- Perinatal Care
- Substance Abuse
- Tobacco
- Urinary Incontinence

These clinical guidelines are not intended to replace a provider's clinical judgement but serve as a resource to support it. **It is also important to note that these guidelines are separate and independent from coverage criteria, which vary by product and may differ from these guidelines. In order to determine whether a treatment or services is covered under a particular plan, please review the coverage criteria specific to that plan.**

Additionally, for the next two weeks network providers may [submit feedback](#) via email. ▲

Reminder: Update on our behavioral health network

Harvard Pilgrim Health Care Commercial

As we shared last month, since 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 were participating in Optum/United Behavioral Health's network — were temporarily considered in network and remained eligible to care for Harvard Pilgrim members.

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.

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). We will automatically enroll members currently seeing an Optum/United Behavioral Health provider in continuity of care 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 the 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. ▲

Claims denial process update for Maine

Harvard Pilgrim Health Care Commercial

Consistent with new Maine regulation, we are changing our claims denial process as it relates to obtaining a prior authorization. Beginning Jan. 1, 2025 for Maine members of Harvard Pilgrim Health Care fully insured Commercial plans only, we will no longer be denying claims from network providers for failure to obtain prior authorization for a service or medical drug requiring prior authorization. Instead, we will be conducting a post-service review.

In the new post-service process, claims will pend for medical necessity review, and Point32Health will contact the provider to request documentation to support the review. This documentation will enable Point32Health to complete a thorough medical necessity review and render a determination (approval or denial) on the service. Please note that if we do not receive clinical documentation within 45 days of the request, we will conduct the medical necessity review based on the information available.

If the service is approved upon medical necessity review, Point32Health will process the claim and adjudicate it in accordance with our payment policies and the member's benefits. If our review determines that the service fails to meet medical necessity guidelines, the claim will deny as not medically necessary.

To ensure that claims are processed appropriately and without delay, please remember to always obtain the required prior authorizations before the service. ▲

New pilot program offers in-home health evaluations

Tufts Health Together

Beginning in December, Tufts Health Together members ages 18 and older can choose to participate in a pilot program that provides in-home and virtual health evaluations to patients. Offered by Signify Health in collaboration with Point32Health, the program is of no cost to members and is designed to complement the care they receive from their primary care providers.

Tufts Health Together members who opt into the program can choose between in-home and virtual health evaluations. During in-home visits, members will meet with a licensed Signify Health clinician who will review their medications and medical history, check their vital signs, look for safety risks, and answer any health-related questions. Patients who prefer a virtual evaluation will talk with a Signify clinician via video call using a laptop, tablet, or smartphone. Throughout the course of the call, the clinician will review the patient's medical history and medications and address any health-related questions or concerns.

If you have Tufts Health Together members in your care who are participating in the Signify program, you will receive a summary of their in-home or virtual health evaluations along with comprehensive notes from their assigned Signify Health clinician. If needed, Signify Health will help connect your patients with other health care resources and services while keeping you informed.

Signify Health's evaluation services are not intended to replace regular visits with primary care providers and are aimed instead at helping members proactively manage their health while enjoying more healthy time at home. ▲

Orphan Drug Program launch

Harvard Pilgrim Health Care Commercial | Tufts Health Direct

Point32Health is pleased to announce that we're collaborating with OptumRx, our pharmacy benefit manager, to introduce the new Orphan Drug Program for 2025.

The program, which will be available as of Jan. 1 for members of our Harvard Pilgrim Health Care fully insured Commercial plans and Tufts Health Direct, offers a targeted strategy based on personalized clinical assessment and support to optimize care and achieve exceptional value for orphan drug therapies.

According to the U.S. Food and Drug Administration's (FDA's) Orphan Drug Act, an orphan drug is one that is "intended for the treatment, prevention or diagnosis of a rare disease or condition." While a rare disease is defined as affecting fewer than 200,000 people in the United States, collectively these conditions affect one in 10 Americans. Since the Orphan Drug Act became law in 1983, more than 650 drugs with an orphan designation have received FDA approval — and orphan drugs are expected to reach more than 20% of total worldwide prescription sales by 2026.

Orphan drugs can cost upwards of \$1 million per year, with the average annual cost per member at around \$170,000, which is more than four times the mean cost for non-orphan drugs. Orphan drugs may be effective for some people and not others because of differences in response and tolerability. The drugs included in the Orphan Drug Program tend to be difficult to tolerate and feature complicated dosing and significant potential adverse events.

Point32Health and OptumRx's program will provide ongoing personalized support for members who chronically take one of more than 40 orphan drugs identified as having the greatest opportunity for clinical intervention and cost savings. OptumRx pharmacists who specialize in orphan drugs tailor one-on-one care experiences for members and offer advanced clinical counseling to address their personalized medication needs.

By investing in clinical expertise and careful monitoring of each member's experience with an orphan drug, we can quickly identify cases of potentially ineffective therapy and work with providers to make informed decisions about next steps.

Point32Health and our vendor partners share an ongoing commitment to working collaboratively with the valued providers in our network. In support of this commitment and as part of our joint Orphan Drug Program, OptumRx pharmacists will engage prescribing physicians to supplement member monitoring and to advise when clinically appropriate therapy changes may be needed. ▲

Reminder: QMB members exempt from Part A/B cost-sharing

Tufts Health Plan Senior Care Options | Tufts Medicare Preferred HMO

The Qualified Medicare Beneficiary (QMB) program put in place by the Centers for Medicare and Medicaid Services (CMS) assists low-income Medicare beneficiaries with Medicare Part A and Part B premiums and cost-sharing, including deductibles, coinsurance, and copayments. As a reminder, under the QMB program enrollees are exempt from cost-sharing liability, so all providers are prohibited from charging QMB members for Medicare cost-sharing for covered Parts A and B services.

Identifying members with QMB status

CMS's [HIPAA Eligibility Transaction System \(HETS\)](#) provides Medicare eligibility data to providers and their authorized billing agents (including clearinghouses and third-party vendors) to help verify a patient's QMB status and exemption from cost-sharing charges. Contact your third-party eligibility verification vendor to ask how their products reflect the new QMB information from HETS.

In addition, Point32Health provides the necessary information to our members and providers regarding QMB eligibility.

The Explanations of Payment we send to providers include an alert that the notice may contain claims covered by the QMB program and remind providers to review their records for any wrongfully collected cost-sharing, which may be billed to a subsequent payer.

More information

For more detailed information about CMS's QMB program, please refer to [this document](#) from the Medicare Learning Network. ▲

Point32Health's access to care standards

All products

One of Point32Health's fundamental priorities is ensuring the best possible access to care for the members we serve through our Harvard Pilgrim Health Care and Tufts Health Plan products. To that end, we maintain policies for our Tufts Health Plan and Harvard Pilgrim plans that outline network practitioner standards regarding clinician availability, timeliness of appointments, and telephone accessibility, among other things.

Please refer to the policies identified below to review these standards and requirements.

Harvard Pilgrim Health Care

- [Practice Site Standards](#) policy, Network Operations & Care Delivery Management section of our commercial Provider Manual
- [Access to Care](#) policy, StrideSM (HMO)/(HMO-POS) Medicare Advantage Provider Manual

Tufts Health Plan

- Medical Care Access Standards for Primary Care Offices section of the [Providers chapter](#) of the Commercial Provider Manual
- Provider Access Standards section of the [Providers chapter](#) of our Tufts Health Public Plans Provider Manual
- Medical Care Access Standards for Primary Care section of the [Providers chapter](#) of our Senior Products Provider Manual. ▲

Billing for behavioral health boarding

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

Point32Health would like to inform our network providers that we've clarified the behavioral health (BH) boarding billing requirements outlined in the Point32Health Emergency Department Services and Observation Stay Payment Policies, as well as the Tufts Health Plan Inpatient Facility Payment Policy.

Tufts Health Direct billing instructions and update

When billing for BH boarding for Tufts Health Direct members, you can submit procedure code S9485 on the same claim as the inpatient stay, observation stay, or emergency room visit and will be reimbursed separately for BH boarding services as a carve-out payment. For dates of service on or after Oct. 1, 2024 for Tufts Health Direct, providers are no longer required to bill for BH boarding on a separate claim. Please keep in mind that claims for BH boarding should include admission type "Urgent," "Emergency," or "Trauma Center" as applicable for proper reimbursement.

In addition, it's important to note that facility claims submitted with code S9485 are limited to one unit per day and one bill per hospital stay for the member. As a reminder, when used for BH boarding, S9485 cannot be billed on the same date of service as a claim billed with S9485 with modifiers V1 or V2 for the same member for crisis intervention.

For complete billing instructions, please refer to the updated [Payment Policies](#). ▲

Submit corrected claims electronically for timely processing

Tufts Health Plan Senior Care Options | Tufts Medicare Preferred

While Point32Health accepts electronic, online, and paper corrected claims for our Tufts Health Plan Senior Products (Tufts Medicare Preferred HMO/PPO and Tufts Health Plan Senior Care Options), we would like to remind our provider network that electronic submission is the preferred method for efficient and timely claims processing.

A corrected claim is a replacement of a previously submitted claim (e.g., changes or corrections to charges, clinical or procedure codes, dates of service, member information) — it is not an inquiry or appeal.

We strongly recommend submitting corrected claims electronically to save time and money and help expedite claims processing.

Providers who submit claims through electronic data interchange (EDI) should submit corrected claims via EDI in the HIPAA-compliant 837 format.

When doing so, **please include the original claim number** in the Original Reference No. field. You can find the original claim number in the remittance advice you received for the original claim.

To submit a corrected facility or professional claim via EDI:

- Enter the frequency code (third digit of the bill type for institutional claims; separate code for professional claims) in **Loop 2300, CLM05-3** as one of the following:
 - **7** (corrected claim)
 - **5** (late charges)
 - **8** (void or cancel a prior claim)
- Enter the last 8 digits of the original claim number in Loop 2300, REF segment with an F8 qualifier.
 - For example, for claim #000123456789, enter **REF*F8*23456789**. ▲

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
Outpatient Pulmonary Rehabilitation	Harvard Pilgrim Commercial	1/1/2025	Prior authorization will no longer be required for the outpatient pulmonary rehabilitation CPT codes 94625 and 94626, and the MNG will be archived.
Applied Behavioral Analysis Therapy for Autism Spectrum Disorder for Tufts Health Together	Tufts Health Together	1/1/2025	MNG updated to align with MassHealth’s changes to contracting requirements, Medical Necessity Guidelines, and performance specifications, as referenced in this article from the November 2024 issue of Insights and Updates for Providers.
Lower Limb Prostheses Upper Limb Prostheses	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health Together, Tufts Health RITogether, Tufts Health One Care	1/1/2025	Eliminating step through requirement of mechanical knee before members can receive a microprocessor knee at the K2 level. In addition, in support of recent state guidance, coverage will be offered for recreational upper and lower limb prosthetics for New Hampshire members under age 19.

Updates to Medical Necessity Guidelines (MNG)

MNG Title	Products Affected	Eff. Date	Summary
Neuropsychological and Psychological Testing and Assessment	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health Together, Tufts Health RITogether	12/1/2024	Utilizing Point32Health criteria rather than InterQual criteria. Retiring the Neuropsychological Testing and Assessment MNG and Psychological Testing and Assessment MNG, as that information is reflected in this combined policy.
Long-Term Services & Supports (LTSS) for Tufts Health One Care	Tufts Health One Care	12/1/2024	Day habilitation criteria revised to align with MassHealth requirements.
Proton Beam Therapy	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health Together, Tufts Health RITogether, Tufts Health One Care	12/1/2024	Added clarifying language related to types of skull-based tumors and criteria for coverage of the treatment of pediatric tumors.
Implantable Neurostimulators Mohs Micrographic Surgery (MMS) UVB Home Units for Skin Disease Clinical Trials: Routine Costs Lyme Disease: Antibiotic Coverage Urine Drug Testing	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct, Tufts Health Together, Tufts Health RITogether, Tufts Health One Care	12/1/2024	Annual review, no changes.
Manual Wheelchairs for Tufts Health Together, Tufts Health RITogether and Tufts Health One Care Outpatient Physical Therapy, Occupational Therapy, and Speech Therapy (Public Plans) Power Operated Vehicles (POVs) for Tufts Health Together, Tufts Health RITogether, and Tufts Health One Care Power Wheelchairs for Tufts Health Together, Tufts Health RITogether, and Tufts Health One Care (Public Plans) High-Cost Durable Medical Equipment (DME), Adaptive Strollers and Speech Generating Devices	Tufts Health Together, Tufts Health RITogether, Tufts Health One Care	12/1/2024	Annual review, no changes.

Updates to Medical Necessity Guidelines (MNG)

MNG Title	Products Affected	Eff. Date	Summary
Hospice Services for Tufts Health Together, Tufts Health RITogether, and Tufts Health One Care			
Outpatient Habilitative Services for Physical Therapy, Occupational Therapy and Speech Therapy Outpatient Rehabilitative Services: Occupational Therapy (Commercial; Public Plans) Outpatient Rehabilitative Services: Physical Therapy Commercial; Public Plans Outpatient Rehabilitative Services: Speech Therapy Commercial; Public Plans Autism Services: Physical, Occupational, and Speech Therapy for Members with Autism Spectrum Disorders	Tufts Health Plan Commercial, Tufts Health Direct	12/1/2024	Annual review, no changes.
Power Operated Vehicles (POVs) Power Wheelchair	Harvard Pilgrim Commercial, Tufts Health Plan Commercial, Tufts Health Direct	12/1/2024	Annual review, no changes.
Adult Medical Day Care for Tufts Health RITogether Extended Home Care Services, Tufts Health RITogether	Tufts Health RITogether	12/1/2024	Annual review, no changes.
Home Accessibility Adaptations	Tufts Health Together, Tufts Health One Care, Tufts Health Plan Senior Care Options	12/1/2024	Annual review, no changes.
Home Health Care Services	Harvard Pilgrim Commercial	12/1/2024	Annual review, no changes.
Out-of-Network Outpatient Dialysis at the In-Network Level of Benefits Private Duty Nursing in the Home (Commercial)	Tufts Health Plan Commercial	12/1/2024	Annual review, no changes.
Family Support and Training	Tufts Health Together	9/15/2024	Revised MNG in alignment with recent revisions associated with Children's Behavioral Health Initiative (CBHI) services from MassHealth and the Executive Office of Health and

Updates to Medical Necessity Guidelines (MNG)			
MNG Title	Products Affected	Eff. Date	Summary
			Human Services (EOHHS), as referenced in this article from the November 2024 issue.
Therapeutic Monitoring Services	Tufts Health Together	9/15/2024	Revised MNG in alignment with recent revisions associated with CBHI services from MassHealth and the EOHHS, as referenced in this article from the November 2024 issue.



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		
MNG/Drug(s)	Plan & additional information	Eff. date
Rytelo (imetelstat)	Tufts Medicare Preferred, Tufts Health Plan Senior Care Options, Tufts Health One Care Prior authorization will be 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.	1/1/2025

Updates to existing prior authorization programs		
MNG/Drug(s)	Plan & additional information	Eff. date
Botulinum Toxins	Tufts Medicare Preferred, Tufts Health Plan Senior Care Options, Tufts Health One Care Botox (onabotulinumtoxin A), Daxxify (daxibotulinumtoxinA-lanm), Dysport (abobotulinumtoxin A), Myobloc (rimabotulinumtoxin B) and Xeomin (incobotulinumtoxinA) individual medical necessity guidelines have been consolidated into a therapeutic class Botulinum Toxins medical necessity guideline. Coverage in line with CMS LCDs and FDA approved indications is now applied consistently across all botulinum toxin products. Botox and Xeomin remain the preferred Botulinum Toxin products.	2/1/2025
Leqvio (inclisiran)	Tufts Medicare Preferred, Tufts Health Plan Senior Care Options, Tufts Health One Care	2/1/2025
Spravato (esketamine)	Tufts Medicare Preferred, Tufts Health Plan Senior Care Options, Tufts Health One Care	2/1/2025



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 Feb. 18, 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. ▲

Modifiers and reminders for home infusion therapy

All products

Point32Health would like to remind providers who administer home infusion therapy services that when you are reporting home infusion for multiple dates of service for the same member, you should report a separate line for each date of service with the applicable procedure code(s) and number of units for that date.

In addition, effective for dates of service beginning Feb. 1, 2025, consistent with correct coding guidelines, **please include modifier SH (second concurrently administered infusion therapy) or SJ (third or more concurrently administered infusion therapy) as appropriate.**

For more information, refer to our Harvard Pilgrim Health Care [Home Infusion Therapy Payment Policy](#) and Tufts Health Plan [Home Infusion Payment Policy](#). ▲

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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