

The following payment policy applies to Tufts Health Plan[®] commercial contracted providers who render professional services in an outpatient or office setting.

This policy applies to commercial¹ products. For information on Tufts Health Plan Medicare Preferred's policies and procedures, [click here](#).

Note: Audit and disclaimer information is located at the end of this document.

Policy

Tufts Health Plan reimburses medically necessary immunization services.

General Benefit Information²

Services and subsequent payment are based on the member's benefit plan document. Providers and their office staff are required to use self-service channels to verify effective dates and copayments for commercial members prior to initiating services.

Reference the [Electronic Services](#) section of our Web site for our self-service channel options. Benefit specifics should be verified prior to initiating services by logging on to our [Web site](#) or by contacting [Provider Services](#).

Member Responsibility

Copayments, deductible and/or coinsurance may apply depending upon the member's benefit plan specifics.

Tufts Health Plan recommends not billing the member for the coinsurance and/or deductible amount until the claim has processed so that the appropriate member responsibility can be determined. Both the provider's Statement of Account (SOA) and the Electronic Remittance Advice (ERA) will reflect the member's responsibility amount.

Authorization Requirements

Reference the [Authorization Policy](#) for specific referral and authorization requirements.

Some procedures require prior authorization with the Tufts Health Plan Precertification Department. Reference the [Clinical Resources](#) section of our Web site for a list of procedures, services and items that require prior authorization. Reference the [CareLinkSM Prior Authorization List](#) for a list of procedures, services and items requiring prior authorization for CareLink members.

For a complete description of Tufts Health Plan's commercial authorization requirements, reference the Authorization section within the [Tufts Health Plan Commercial Provider Manual](#).

Billing Information

- Submit the most updated industry-standard codes.
- Submit a modifier, when appropriate, with the corresponding CPT and/or HCPCS procedure code.
- Submit the modifier that impacts reimbursement in the first modifier field and the informational modifiers in the secondary fields.

¹ Commercial products include [CareLink when Tufts Health Plan is Primary Administrator, HMO, POS & PPO](#)

² Eligibility is subject to retroactive reporting of disenrollment by the member's employer group or Medicare.

Note: Annually and quarterly, HIPAA medical code sets³ undergo revision by CMS, AMA and CCI. Revisions typically include adding, deleting or redefining the description or nomenclature of new HCPCS, CPT procedure and ICD-9 diagnosis codes. As these revisions are made public, Tufts Health Plan will update its system to reflect these changes.

EDI Claim Submitter Information

- Submit claims in HIPAA compliant 837P format for professional services. Claims billed with non-standard codes will reject if billed electronically.

Paper Claim Submitter Information

- Submit claims on a CMS-1500 form for professional services. Claim line(s) billed with non-standard codes will deny.

State Supplied Vaccines

Tufts Health Plan follows the Department of Public Health's guidelines when determining which vaccines are state-supplied. Reference the [Department of Public Health Web site](#) for information on state-supplied vaccines as well as information on any vaccine shortages.

- Submit the appropriate immunization administration CPT procedure code(s) 90465-90474 or HCPCS procedure code(s) G0008-G0010 with the vaccine and toxoid CPT procedure code(s) 90476-90749 or HCPCS procedure code S0195 on the same claim and append the SL modifier to the vaccine or toxoid code to indicate state-supplied.
- Occasionally, a provider will need to purchase a serum that is routinely provided by the State. Submit both the administration procedure code(s) and the vaccine/toxoid procedures code(s) on the same claim and do not append the SL modifier to the vaccine/toxoid CPT procedure code(s).

Note: If an administration procedure code is billed without a vaccine/toxoid procedure code, the administration line will deny.

H1N1 Vaccine

- Submit CPT procedure code 90663 (Influenza virus vaccine-pandemic formulation) or G9142 (Influenza A (H1N1) vaccine, any route of administration) when billing for the H1N1 vaccine with the appropriate immunization administration CPT procedure code 90470 (H1N1 immunization administration (intramuscular intranasal), including counseling when performed), or G9141 (Influenza A (H1N1) immunization administration) on the same claim and append the SL modifier to the vaccine to indicate state-supplied.

For additional information regarding the H1N1 vaccine, reference the [Centers for Disease Control and Prevention Web site](#) and the [Massachusetts Department of Public Health Web site](#).

Non-State Supplied Immunizations Purchased by the Provider

- Submit both the administration procedure code and vaccine/toxoid procedure code(s) on the claim. The charge for the administration of the vaccine/toxoid must be billed on the claim line with the administration procedure code(s). The charge for the vaccine/toxoid must be billed on the claim line with the vaccine/toxoid procedure code(s).

Reimbursement Information

Providers are reimbursed according to the Tufts Health Plan network contracted rates regardless of where the service is rendered. Claims are subject to payment edits that are updated at regular intervals and generally based on Centers for Medicare & Medicaid Services (CMS), specialty society guidelines, drug manufacturers' package label inserts and National Correct Coding Initiative (CCI).

³ HIPAA medical code sets include HCPCS, CPT Procedure and ICD-9 diagnosis codes.

State Supplied Vaccines

Tufts Health Plan does not reimburse for vaccines and immunization supplied by the State. However, if a provider purchases the immunization through a vendor, reimbursement will be made according to the Tufts Health Plan fee schedule.

Note: Due to change in policies, Tufts Health Plan's Fraud Prevention and Recovery Department may be conducting audits on state-supplied vaccines that are reimbursed at the fee schedule. If such an audit determines that an office did not comply with these reimbursement policies, Tufts Health Plan would expect a refund of all overpayments.

Non-State Supplied Immunizations Purchased by the Provider

Reimbursement for non-state supplied immunizations purchased by the provider will be reimbursed according to the Tufts Health Plan fee schedule for both the vaccine/toxoid CPT procedure code(s) and the administration CPT procedure code(s).

Human Papillomavirus Vaccine

Tufts Health Plan will reimburse 90649 (Human Papilloma virus (HPV) vaccine, types 6, 11, 16, 18 (quadrivalent), 3 dose schedule, for intramuscular use) when billed for members ages 9 to 26.

Add-on Codes

Tufts Health Plan will not reimburse add-on code(s) if the primary procedure code has not been submitted on the same date of service. Add-on codes are always performed in conjunction with a primary procedure and should never be reported as stand-alone services. If the primary procedure is not allowed, then the add-on code will also not be allowed. Reference the AMA CPT Manual for additional information.

Flu Vaccine

Tufts Health Plan reimburses for the flu vaccine and FluMist™. Tufts Health Plan covers the flu vaccine and FluMist™ as part of a member's physician office visit. However, members may obtain a prescription for FluMist™ to be filled at their local network pharmacy. The member will be required to pay the pharmacy upfront and submit their receipts to Tufts Health Plan for reimbursement.

Subcutaneous or Intramuscular Injection

Tufts Health Plan will not reimburse the subcutaneous or intramuscular injection code when billed with the administration of vaccines and toxoids as the subcutaneous or intramuscular injection code is inappropriate to use for the administration of vaccines and toxoids. Reference the AMA CPT Manual for additional information.

Statement of Account (SOA)

The SOA is sent to all providers to provide information on the status of the claim(s) submitted to Tufts Health Plan. The SOA indicates status of claims payments, denials and pending claims.

If the procedure code(s) submitted is not used in processing, the SOA will reflect the actual procedure code(s) utilized by Tufts Health Plan to process the claim.

Electronic Remittance Advice (ERA)

The HIPAA compliant 835 ERA is an EDI transaction that providers may request to electronically post paid and denied claims information to their accounts receivable system.

When an industry standard code(s) is submitted and accepted by Tufts Health Plan, the electronic remittance advice will reflect the code(s) submitted and the actual procedure code(s) utilized by Tufts Health Plan for claims processing.

Document History

February 2008: Revised general benefit information with self-service channels information.

November 2008: Added that effective for claims adjudicated on or after February 1, 2009, Tufts Health Plan will not reimburse the subcutaneous or intramuscular injection code when billed with the administration of vaccines and toxoids as the subcutaneous or intramuscular injection code is inappropriate to use for the administration of vaccines and toxoids.

December 2008: Updated the vaccines and toxoids CPT procedure code range listed in the state supplied vaccines section.

March 2009: Changed title Authorization and Notification Policy to Authorization Policy.

June 2009: Added HPV and add-on code information.

September 2009: Added H1N1 vaccine information.

November 2009: Added link to Immunization Tufts Medicare Preferred policy.

February 2010: Removed the word 'females' from the HPV information and replaced with 'members'.

Audit and Disclaimer Information

Tufts Health Plan reserves the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in this payment policy. If such an audit determines that your office/facility did not comply with this payment policy, Tufts Health Plan will expect your office/facility to refund all payments related to non-compliance.

This policy provides information on Tufts Health Plan claims adjudication processing guidelines. As every claim is unique, the use of this policy is not a guarantee of payment nor a final prediction 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 guidelines when applicable, and adherence to plan policies and procedures and claims editing logic.

This policy does not apply to Tufts Health Plan Medicare Preferred, CareLinkSM when CIGNA HealthCare is primary administrator, or Private Health Care Systems (PHCS) network also known as Multiplan members. Providers in the New Hampshire service area are subject to CIGNA HealthCare's provider arrangement for the purpose of CareLinkSM members.