

Family Planning Professional Payment Policy

Applies to the following Tufts Health Plan products:

- Tufts Health Plan Commercial (including Tufts Health Freedom Plan)¹
- Tufts Medicare Preferred HMO (a Medicare Advantage product)²
- Tufts Health Plan Senior Care Options (SCO) (a dual-eligible product)²

Applies to the following Tufts Health Public Plans products:

- Tufts Health Direct (a Massachusetts Qualified Health Plan (QHP) (a commercial product)
- Tufts Health Together (a MassHealth MCO Plan and Accountable Care Partnership Plans)
- Tufts Health RITogether (a Rhode Island Medicaid Plan)
- Tufts Health Unify (OneCare Plan; a dual-eligible product)

The following payment policy applies to Tufts Health Plan contracting providers rendering services in a family planning clinic.

In addition to the specific information contained in this policy, providers must adhere to the information outlined in the [Professional Services and Facilities Payment Policy](#).

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

POLICY

Tufts Health Plan covers family planning services, in accordance with the member's benefit.

GENERAL BENEFIT INFORMATION

Services and subsequent payment are pursuant to the member's benefit plan document. Member eligibility and benefit specifics should be verified prior to initiating services by logging on to the secure Provider [website](#) or by contacting [Provider Services](#).

Note: There is no member responsibility for covered services for Tufts Health Plan SCO, Tufts Health Unify, Tufts Health Together or Tufts Health RITogether members.

Care related to obstetrical, maternity, assisted reproductive technology (ART), and infertility services should be referred back to the member's PCP. Refer to the [Obstetrics/Gynecology Professional Payment Policy](#), [ART Payment Policy](#), and/or the infertility services medical necessity guidelines for [Massachusetts, Rhode Island](#) and [New Hampshire](#) products for additional information.

Laboratory Services

Family planning providers may only provide the following laboratory services: urine dipstick, sensitive UCG (pregnancy test), hemoglobin and HIV testing. All other routine laboratory services should be performed by a Tufts Health Plan contracting laboratory. To find a contracting laboratory, refer Tufts Health Plan's [Find a Doctor](#) search.

Imaging Services - Commercial products

Imaging services are restricted to the specialist limitations of the Tufts Health Plan Imaging Privileging Program as outlined in the [Commercial Provider Manual](#).

Pharmacy Services

Contraceptive drugs, devices or preparations are covered only when acquired through a member's pharmacy benefit, unless otherwise specified in the provider's agreement.

¹ Commercial products include HMO, POS, PPO, Tufts Health Freedom Plan, and CareLinkSM when Tufts Health Plan is the primary administrator.

² Tufts Medicare Preferred and Tufts Health Plan SCO are collectively referred to in this payment policy as Senior Products.

REFERRAL/AUTHORIZATION/NOTIFICATION REQUIREMENTS

No referrals, authorizations or inpatient notifications are required for services obtained at family planning clinics.

BILLING INSTRUCTIONS

Unless otherwise stated, Tufts Health Plan follows industry standard coding guidelines. Refer to current industry standard coding guidelines for a complete list of ICD, CPT/HCPCS, revenue codes, modifiers and their usage. Providers may only bill the procedure code(s) in accordance with the applicable financial exhibits of their provider agreements and applicable fee schedules. For more information, refer to the [Professional Services and Facilities Payment Policy](#).

Use of noncontracting labs may have the unintended consequence of subjecting the member to unnecessary services not ordered by the treating provider or other unreasonable financial exposure. In such circumstances, Tufts Health Plan may hold the ordering provider accountable for any inappropriate behavior on the part of the nonparticipating lab that has been selected.

Pregnancy Termination Services

Members who have coverage for pregnancy terminations, are covered for the cost of the medication when billed as part of the medical claim.

Note: Compensation for the contracted procedure codes include, but is not limited to, preoperative counseling, ultrasound, anesthesia, postoperative surgical procedures and, as necessary, a postpregnancy termination visit.

COMPENSATION/REIMBURSEMENT INFORMATION

Providers are compensated according to the applicable network contracted rates and applicable fee schedules, regardless of the address where the service is rendered. For additional information, refer to the [Professional Services and Facilities Payment Policy](#).

ADDITIONAL RESOURCES

[Laboratory and Pathology Payment Policy](#)

[Newborn Payment Policy](#)

[Obstetrics and Gynecology Payment Policy](#)

[Preventive Services](#)

DOCUMENT HISTORY

- June 2020: Policy reviewed by committee; added Tufts Health Public Plans and Senior Care Options; removed CPT/HCPCS codes
- June 2018: Template updates
- April 2018: Policy reviewed by committee; template updates
- January 2017: Template updates
- November 2016: Removed procedure code J7302; added procedure codes J7297, J7298 and S4989
- September 2015: Template conversion
- August 2015: Policy reviewed; added Tufts Medicare Preferred HMO information; template updates

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 an office/facility did not comply with this payment policy, Tufts Health Plan will expect the office/facility to refund all payments related to noncompliance. For more information about Tufts Health Plan's [audit policies](#), refer to the Provider website.

This policy provides information on Tufts Health Plan claims adjudication processes. As every claim is unique, this policy is neither a guarantee of payment, nor a final indication of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization and utilization management requirements (when applicable), adherence to plan policies and procedures, and claims editing logic. An authorization is not a guarantee of payment. Claims for services subject to authorization may be reviewed for accuracy and compliance with payment policies.

This policy applies to the Tufts Health Plan products, as identified in the checkboxes on the first page, and to CareLinkSM for providers in Massachusetts and Rhode Island service areas. Providers in the New Hampshire service area are subject to Cigna's provider agreements with respect to CareLink members. This policy does not apply to the Private Health Care Systems (PHCS) network (also known as Multiplan). Tufts Health Plan reserves the right to amend a payment policy at its discretion.