Tufts Medicare Preferred HMO and Tufts Health Plan Senior Care Options Nurse Practitioner and Physician Assistant 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)
☒ Tufts Health Plan Senior Care Options (SCO) (a dual-eligible product)

The following payment policy applies to Tufts Health Plan contracting nurse practitioners (NPs) and physician assistants (PAs), as well as noncontracted NPs and PAs who provide medically necessary covered services to members. For information on Commercial products, click here.

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 medically necessary covered services performed by NPs and PAs, as described below.

Contracting NPs and PAs
NPs and PAs who are contracted with Tufts Medicare Preferred HMO and/or Tufts Health Plan SCO are listed in the Provider Directory with a designation of primary care providers (PCPs) or specialists. NPs and PAs with a PCP designation are allowed to have a member panel, and can be chosen by members as primary care providers (PCPs).

Noncontracting NPs and PAs
NPs and PAs who are not contracted with Tufts Medicare Preferred HMO and/or Tufts Health Plan SCO can render medically necessary covered services under a collaborating contracting provider. Claims must be submitted by the collaborating provider. Noncontracting NPs and PAs may not be chosen as PCPs.

GENERAL BENEFIT INFORMATION
Services and subsequent payment are based on 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 Senior Products Provider Relations.

Note: There is no member responsibility for covered services for Tufts Health Plan SCO members.

BILLING INSTRUCTIONS
- Participating NPs and PAs should submit claims with their NPI in Box 33
- Nonparticipating NPs and PAs should submit claims with the collaborating provider’s NPI in Box 33.

Registered Nurse Clinical Specialist
Registered nurse clinical specialist (RNCS) behavioral health (BH) providers follow the same billing guidelines as BH providers. Refer to the Outpatient Behavioral Health and Substance Use Disorder Payment Policy for information on how to bill for RNCS BH services.

ADDITIONAL RESOURCES
- Anesthesia Payment Policy
- Evaluation and Management Payment Policy

¹ Commercial products include HMO, POS, PPO, Tufts Health Freedom Plan, and CareLink™ when Tufts Health Plan is the primary administrator.
DOCUMENT HISTORY

- June 2018: Template updates
- January 2017: Policy reviewed; template updates; combined Nurse Practitioner and Physician Assistant policies
- September 2015: Template conversion
- July 2015: Template updates
- November 2014: Updated policy statement and description, template updates.
- April 2014: Added information regarding Tufts Health Plan SCO, template updates.
- May 2013: Template updates
- April 2011: Reviewed for clarity; no content changes made.
- January 2010: Removed references to the Tufts Medicare Preferred PPO product.
- May 2009: Moved NP to its own document.
- March 2009: Moved Tufts Medicare Preferred information to its own document.
- August 2008: Added information on RNCS mental health providers.
- March 2008: Removed Massachusetts, Rhode Island and New Hampshire references.

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.