

## Nonreimbursable Code List for Outpatient Hospitals – Quarterly Updates 2020

Applies to the following Tufts Health Plan products:

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

The following document contains quarterly changes to procedure codes that are considered nonreimbursable by Tufts Health Plan and applies to Tufts Health Plan contracting hospitals. Procedure codes include CPT, HCPCS and revenue codes.

**Note:** Tufts Health Plan members are not responsible for the payment for these services.

### Q2 UPDATES (EFFECTIVE 4/1/2020)

#### Additions

G2168  
G2169

#### Deletions

G1000

### Q3 UPDATES (EFFECTIVE 7/1/2020)

#### Additions

0599T	Q4228	Q4235	Q4242
0606T	Q4229	Q4236	Q4244
C1849	Q4230	Q4237	Q4245
C9759	Q4231	Q4238	Q4246
J7333	Q4232	Q4239	Q4247
J9198	Q4233	Q4240	Q4248
Q4227	Q4234	Q4241	

#### Deletions

0124U

### Q4 UPDATES (EFFECTIVE 9/8/2020)

#### Additions

99072

#### Deletions

None

### 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 a provider/facility did not comply with this payment policy, Tufts Health Plan will expect the provider/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

<sup>1</sup> Commercial products include HMO, POS, PPO, Tufts Health Freedom Plan, and CareLink<sup>SM</sup> when Tufts Health Plan is the primary administrator.

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 identified in the checkboxes on the first page, and to CareLink<sup>SM</sup> 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 document at its discretion.