

Nonreimbursable Code List for Physicians – Quarterly Updates 2020

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 document contains quarterly changes to procedure codes that are considered nonreimbursable by Tufts Health Plan and applies to Tufts Health Plan contracting physicians.² Procedure codes include CPT and HCPCS codes.

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

Q2 UPDATES (EFFECTIVE 4/1/2020)

Additions

G1012	G1014	G1016	G1018
G1013	G1015	G1017	G1019

Deletions

G1000

Q3 UPDATES (EFFECTIVE 7/1/2020)

Additions

C1748	C9063	C9762	C9766
C1849	C9122	C9763	C9767
C9059	C9759	C9764	
C9061	C9760	C9765	

Deletions

C9041	C9054	C9754	C9755
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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 a guarantee of payment. Claims for services subject to authorization may be reviewed for accuracy and compliance with payment policies.

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

² This list applies to physicians and NPs/PAs who are contracted as PCPs.

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 document at its discretion.