Outpatient Behavioral Health (Mental Health & Substance Use Disorder) Professional Payment Policy

Applies to the following Tufts Health Public Plans products:

- ☒ Tufts Health Direct – Health Connector
- ☒ Tufts Health Together – Includes MassHealth MCO Plan and Accountable Care Partnership Plans
- ☒ Tufts Health RITogether – A RI Medicaid Plan
- ☒ Tufts Health Unify – OneCare Plan

The following payment policy applies to Tufts Health Plan contracting behavioral health and substance use disorder (BH/SUD) providers who render professional outpatient services for Tufts Health Public Plans products.

For services related to the administration of CANS assessments, refer to the Child and Adolescent Needs and Strengths (CANS) Payment Policy.

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 behavioral health and substance use disorder (BH/SUD) services rendered in an outpatient office, in accordance with the member's benefits and applicable Massachusetts and/or Rhode Island Executive Office of Health and Human Services (EOHHS) regulations.

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 Tufts Health Public Plans Provider Services.

State and Federal Mental Health Parity Law

Tufts Health Direct

Under the mental health parity laws, benefits for mental/behavioral health services and substance use disorder services must be comparable to benefits for medical/surgical services. This means that copays, coinsurance and deductibles for mental/behavioral health and substance use disorder services must be at the same level as those for medical/surgical services. Also, Tufts Health Plan's review and authorization of mental/behavioral health or substance use disorder services must be handled in a way that is comparable to the review and authorization of medical/surgical services.

Note: While BH/SUD services have no limit, the benefit covers medically necessary treatment only. Treatment for members covered under mental health parity laws must still meet any applicable medical necessity guidelines and authorization requirements.

Per CMS regulations, clinicians not participating in the Medicare program may not provide BH/SUD services to Medicare beneficiaries. This includes services being provided by clinicians who work for community behavioral health centers, such as licensed mental health counselors (LMHC) and licensed marriage and family therapists (LMFTs).

Tufts Health Together members may be eligible to participate in the MassHealth Community Partners Program to receive care management and care coordination related to BH and LTSS services, with the Community Partners coordinating with other providers. For additional information, refer to MassHealth regulations.

Services Provided within Acute Care Hospitals for Emergency Psychiatric Inpatient Admission (EPIA) Patients ("BH Boarding")

Tufts Health Direct

Effective for dates of service on or after November 1, 2022, the Massachusetts DOI has provided updated billing guidance to provide additional compensation for BH care rendered to members to treat and/or stabilize their condition in acute medical facilities while awaiting appropriate inpatient psychiatric placement. Refer to the following payment policies for specific information:

- Emergency Department Services Payment Policy
- Observation Services Payment Policy
- Inpatient Facility Payment Policy

Psychopharmacology Visits

Tufts Health Direct

Psychopharmacology visits are covered as medical services after the initial medical evaluation. These visits do not count against a member's BH benefit but are subject to applicable cost sharing.

REFERRAL, PRIOR AUTHORIZATION AND NOTIFICATION REQUIREMENTS

Certain procedures, items and/or services may require referral and/or prior authorization. While you may not be the provider responsible for obtaining prior authorization, as a condition of payment you must confirm that prior authorization has been obtained.

For information on procedures, services and items requiring referral and/or prior authorization, refer to the following resources:

- Medical necessity guidelines available in the Provider Resource Center
- Benefit summary grids available in the Provider Resource Center
- Behavioral Health chapter of the Tufts Health Public Plans Provider Manual

BILLING INSTRUCTIONS

Unless otherwise stated, Tufts Health Plan follows AMA 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 or applicable fee schedules. For more information, refer to the Professional Services and Facilities Payment Policy.

Refer to the individual sections within this policy for applicable procedure codes.

Use the appropriate modifier to identify when services are provided by clinicians recognized by MassHealth and/or Rhode Island EOHHS, but not recognized by Medicare (e.g., use of the HO modifier to identify services provided by LMHCs, LMFTs, and other licensed and unlicensed counselors). For clinicians recognized by Medicare, follow CMS modifier rules.

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.

In accordance with MassHealth, collateral contact claims for HCPCS code **H0046** reimbursement must include the appropriate licensure-level modifier and modifier **UK**. The appropriate licensure-level modifier should be billed in the MOD1 field and modifier UK should be billed in the MOD2 field.

Effective for DOS on or after July 1, 2023, providers must submit modifier H9 with court-ordered BH/SUD services for Tufts Health RITogether claims.

COMMUNITY SUPPORT PROGRAMS (CSP)

Tufts Health Together, Tufts Health Unify

Notification is required within one week of initiation of services.

Refer to the Community Support Programs medical necessity guidelines for clinical coverage criteria and the resources below for additional program information.

Resource	Code	Description
Community Support Program (CSP) Performance Specifications Notification Form	H2015	Comprehensive community support services, per 15 minutes (community support program)
Community Support Program for Individuals with Justice Involvement (CSP-JI) Performance Specifications Notification Form	H2016-HH *Secondary diagnosis code supporting medical necessity must be included*	Comprehensive community support program, per diem (integrated mental health/substance abuse program)
Community Support Program for Homeless Individuals (CSP-HI) Performance Specifications Notification Form	H2016-HK *Secondary diagnosis code:* Z59.00 Homelessness, unspecified Z59.01 Sheltered homelessness Z59.02 Unsheltered homelessness	Comprehensive community support services, per diem (specialized mental health programs for high-risk populations)
Community Support Program-Tenancy Preservation Program (CSP-TPP) Performance Specifications Notification Form	H2016-HE *Secondary diagnosis code:* Z59.811 (housing instability, housed)	Comprehensive community support services, per diem

CRISIS EVALUATIONS IN EMERGENCY DEPARTMENTS

Tufts Health Together

Effective for DOS on or after January 3, 2023, acute care hospitals must provide or arrange for crisis evaluations for members presenting to the ED in a behavioral health crisis. Services will include initial risk assessment, diagnosis, determination of treatment needs, initial stabilization interventions, and coordination of appropriate disposition for presenting individuals.

Hospitals may render these services directly or utilize Community Behavioral Health Centers (CBHCs) to provide this service. The rendering provider must submit HCPCS code **S9485** (crisis intervention mental health services, per diem), which allows for additional compensation in accordance with MassHealth guidance.

For DOS through January 2, 2023, these crisis assessments should continue to be rendered by and billed to Emergency Service Program (ESP) providers and Mobile Crisis Intervention (MCI) teams in community-based settings and in the ED.

HOME-BASED TREATMENT SERVICES (HBTS)

Tufts Health RITogether

Prior authorization is required for home-based treatment services (HBTS). Refer to the Home and Community Based Services medical necessity guidelines for additional information and submit the prior authorization form to 857-304-6404. An authorization letter will be faxed to the requesting provider once a coverage decision has been made.

Code	Description
T1023*	Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol, per encounter **Prior authorization not needed effective for DOS on or after April 19, 2023*
T1024	Evaluation and treatment by an integrated, specialty team contracted to provide coordinated care to multiple or severely handicapped children, per encounter
T1027	Family training and counseling for child development, per 15 minutes
T1028*	Assessment of home, physical and family environment, to determine suitability to meet patient's medical needs **Prior authorization not needed effective for DOS on or after April 19, 2023*
G0151	Services performed by a qualified physical therapist in the home health or hospice setting, each 15 minutes
G0152	Services performed by a qualified occupational therapist in the home health or hospice setting, each 15 minutes
G0153	Services performed by a qualified speech-language pathologist in the home health or hospice setting, each 15 minutes
G0159	Services performed by a qualified physical therapist, in the home health setting, in the establishment or delivery of a safe and effective physical therapy maintenance program, each 15 minutes
G0160	Services performed by a qualified occupational therapist, in the home health setting, in the establishment or delivery of a safe and effective occupational therapy maintenance program, each 15 minutes
G0177	Training and educational services related to the care and treatment of patient's disabling mental health problems per session (45 minutes or more)
H2014	Skills training and development, per 15 minutes
H2016	Comprehensive community support services, per diem
H2021	Community-based wrap-around services, per 15 minutes
H2022	Community-based wrap-around services, per diem
H0036	Community psychiatric supportive treatment, face-to-face, per 15 minutes
H0037	Community psychiatric supportive treatment program, per diem

PERSONAL ASSISTANCE SERVICES AND SUPPORTS (PASS)

Tufts Health RITogether

Prior authorization is required. Refer to the Personal Assistance Services and Supports medical necessity guidelines and submit the prior authorization form to 857-304-6404. An authorization letter will be faxed to the requesting provider once a coverage decision has been made.

Code	Description
T1019	Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant)
T1016	Case management
T1023*	Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol, per encounter **Prior authorization not needed effective for DOS on or after April 19, 2023*
T1027	Family Training and counseling for child development, per 15 minutes
H2016	Comprehensive community support services, per diem

PREVENTIVE SERVICES

Tufts Health Together

Qualified providers may bill preventive BH services for members under 21 years of age on the date of service, in accordance with MassHealth MCE Bulletin 65. Preventive BH services must be billed using the procedure codes listed below. Providers must also:

- Append modifier EP to the procedure code (in addition to any other applicable modifiers)
- Include the most clinically appropriate ICD-CM diagnosis code(s), including Z-codes which may be used as the primary diagnosis, as appropriate

Code	Description	Services Provided By
90853	Group psychotherapy (other than multiple-family group)	Community- or school-based outpatient providers
90832	Psychotherapy with patient and/or family member	PCPs with embedded BH clinician
90834	Psychotherapy with patient and/or family member	
90846	Family psychotherapy (conjoint psychotherapy) (without patient present)	
90847	Family psychotherapy (conjoint psychotherapy) (with patient present)	
90849	Multiple-family group psychotherapy	
90853	Group psychotherapy (other than multiple-family group)	

PSYCHOLOGICAL/NEUROPSYCHOLOGICAL TESTING

Prior authorization is required for psychological and neuropsychological testing. The recommending provider must complete the standard Psychological and Neuropsychological Assessment Supplemental Form and will be notified of the coverage determination. Refer to the medical necessity guidelines for psychological and neuropsychological testing for additional information.

Code	Description
96116*	Neurobehavioral status exam; per hour
96121*	Neurobehavioral status exam; each additional hour
96130	Psychological testing evaluation; first hour
96131	Psychological testing evaluation; each additional hour
96132	Neuropsychological testing evaluation; first hour
96133	Neuropsychological testing evaluation; each additional hour (list separately in addition to code for primary procedure)
96136	Psychological or neuropsychological test administration and scoring by physician; first 30 minutes
96137	Psychological or neuropsychological test administration and scoring by physician; each additional 30 minutes
96138	Psychological or neuropsychological test administration and scoring by technician; first 30 minutes
96139	Psychological or neuropsychological test administration and scoring by technician; each additional 30 minutes
96146	Psychological or neuropsychological test administration

**96116 and 96121 may be billed up to three total hours without prior authorization.*

PSYCHOTHERAPY (OUTPATIENT)

Prior authorization is not required for outpatient psychotherapy. Refer to the Outpatient Psychotherapy Medical Necessity Guidelines for clinical coverage criteria. Providers should use the following codes to bill for outpatient psychotherapy services.

Code	Description
90791	Psychiatric diagnostic evaluation (no medical services)
90832	Psychotherapy, 30 minutes with patient or family member
90834	Psychotherapy, 45 minutes with patient or family member
90837	Psychotherapy, 60 minutes with patient or family member
90839	Psychotherapy for crisis, first 60 minutes
90840	Psychotherapy for crisis, each additional 30 minutes (add on code)
90846	Family psychotherapy (without patient present)
90847	Family psychotherapy (with patient present)
90849	Multiple-family group psychotherapy
90853	Group psychotherapy (other than multiple-family group)

SUBSTANCE USE DISORDER SERVICES

General Coding for Substance Use Disorders

- Claims for SUD follow-up visits must include the appropriate SUD diagnosis (e.g., Z79.891, long-term current use of opiate analgesic [**Note:** This code does not denote a SUD])

- Append "1" as the last digit of a SUD diagnosis code if the condition is in remission

Tufts Health RITogether
Providers should use the following codes to bill for SUD services, in accordance with Rhode Island EOHHS and the Behavioral Health Developmental Disabilities and Hospitals (BHDDH) guidelines. These services should not be billed with an inpatient room and board revenue code (i.e., any revenue code less than 0220).

Service	Code	Description
ASAM Level 3.1-3.5 Residential	H0010 (outpatient/professional) or 1002 (institutional)	24-hour, therapeutically planned treatment and learning environments for adults 18+ with a primary SUD in a licensed residential facility. Goal is to stabilize members in early recovery and increase retention in treatment **Note:** Use taxonomy code: 324500000X: Residential Treatment Facility - SA Rehab Facility
ASAM Level 3.7: Detoxification	H0011 (outpatient/professional) or 1002 (institutional)	Medically monitored intensive inpatient detoxification services" for adults 18+, typically step-down after SUD hospitalization
Stabilization Unit	S9485-HE or X0341 (outpatient/professional) or revenue code 0900 (institutional)	Mental health hospitalization step-down unit for acute/crisis episodes for adults 18+, length of stay is generally 3-5 days
Mental Health Psychiatric Rehabilitation Residential (MHPRR)	H0019 (professional only)	Long-term mental health psychiatric rehabilitative residential treatment for adults 18+; length of stay typically exceeds 30 days

Opioid Dependence Medications
Tufts Health Plan covers medically necessary services for the treatment of an opiate addiction when rendered in an outpatient office setting by an appropriately licensed and qualified BH/SUD provider. Opioid dependence medications are covered in accordance with the member's prescription drug benefit. BH services related to the treatment of an opiate addiction with opioid dependence medications are covered based on the member's benefit plan document. Refer to the Opioid Replacement Therapy and Medication Assisted Treatment Payment Policy for more information.

Note: Members of Rhode Island plans may be subject to opioid prescription limits if they have not had an opioid within the previous 30 days. Refer to pharmacy medical necessity guidelines for RI Opioid Prescribing Limits for more information.

There is no prior authorization needed if obtained by the provider and provided to the member during a visit for Tufts Health Direct members. Refer to the Medical Necessity Guidelines for Opioid Dependence Medications or the applicable Opioid Analgesics pharmacy medical necessity guidelines for more information.

Opioid Treatment Program Codes
Tufts Health Together and Tufts Health Unify

Tufts Health Unify only: Submit Place of Service (POS) code 58 (non-residential opioid treatment facility) when billing for Opioid Use Disorder (OUD) treatment services, in accordance with CMS.[1]

Code	Description
G2067	MAT, methadone; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing, if performed
G2068	MAT, buprenorphine (oral); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing, if performed
G2073	MAT, naltrexone; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing, if performed
G2074	MAT, weekly bundle not including the drug, including substance use counseling, individual and group therapy, and toxicology testing, if performed

[1] 100-04, Chapter 39: Opioid Treatment Programs.

Code	Description
G2076	Intake activities, including initial medical examination; list separately in addition to code for primary procedure
G2078	Take-home supply of methadone; up to 7 additional day supply; list separately in addition to code for primary procedure
G2079	Take-home supply of buprenorphine (oral); up to 7 additional day supply; List separately in addition to code for primary procedure
H2015-HF*	Comprehensive community support services, per 15 minutes (Recovery Support Navigator)
H2036-HK*	Alcohol and/or other drug treatment program, per diem (Individualized Treatment and Stabilization, Tier 1)
H2036-HF*	Alcohol and/or other drug treatment program, per diem (Individualized Treatment and Stabilization, Tier 2)

Peer Recovery Coach

Tufts Health Together and Tufts Health Unify

Providers must submit the notification form within 14 days of the start of services. Upon receipt of notification, the provider may bill for an initial 6 months of service. If additional services are needed, providers must fax a request for additional services using the First Clinical Review Form. Requests must be received a week before or after the previous authorization's end date to ensure continuous authorization. All additional service requests beyond the second notification period require submission of clinical information to the Behavioral Health UM team by calling 888-257-1985.

Refer to the Peer Recovery Coach Medical Necessity Guidelines for more information, including clinical criteria.

Code	Description
H2016-HM	Comprehensive community support services, per diem

Recovery Support Navigator

Tufts Health Together and Tufts Health Unify

Providers must fax the Recovery Support Navigator Notification Form within one week of the start of services. Additional services require submission of clinical information to the Behavioral Health UM team by calling 888-257-1985.

Refer to the Recovery Support Navigator Medical Necessity Guidelines for more information, including clinical criteria.

Code	Description
H2015-HF	Comprehensive community support services, per 15 minutes

Substance Abuse Residential Treatment (SART)

Tufts Health RITogether

In accordance with the Rhode Island EOHHS, claims for SART services must include the appropriate combination of HCPCS and revenue codes based on the type of service and facility (bill type) listed in the table below. The taxonomy code must also be included on the claim.

Note: Providers must bill both the HCPCS and revenue codes indicated for each service.

ASAM Level	ASAM Description	HCPCS Code	Revenue Code	Bill Type	Taxonomy Code
Level 3.1	Clinically managed low-intensity residential services	H0018	1003	86x	324500000x
Level 3.3	Clinically managed population-specific high-intensity residential services	H0010	1002	86x	324500000x
Level 3.5	Clinically managed high-intensity residential services	H0010	1002	86x	324500000x

COMPENSATION/REIMBURSEMENT INFORMATION

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

Payment Rates for Community Behavioral Health Centers (CBHCs)

Tufts Health Together

Effective for DOS on or after January 1, 2023, certain outpatient services rendered in CBHCs will be compensated as part of a flat rate encounter bundle code, in accordance with 101 CMR 305. Providers should submit services using POS codes 53 (CBHC) or 02 (telehealth). Refer to the Community Behavioral Health Center Services Provider Manual for additional information and billing requirements for CBHCs.

General Coding Information

Procedure Code Guidelines

Services performed in conjunction with an E&M service by the same provider are not separately compensated unless modifiers AH, AJ, HM, HN, HO, HP, SA, TD, or TE are on the claim. Refer to the AMA Manual and CMS HCPCS Level II Manual for more information.

Provider Type Modifiers

- Provider organization-affiliated psychiatrists must append the appropriate modifier(s) for services provided by a non-MD clinician in their office. Modifiers will affect compensation according to clinician type, as outlined in the table below
- Psychological and neuropsychological testing codes are excluded from modifier logic when billed with modifier(s) AH and/or HP.
- Because Tufts Health Plan has contracted with methadone clinics to provide methadone treatment, methadone administration services will process with the clinic as both the provider and payee.

In accordance with CMS guidelines, Tufts Health Plan compensates appropriately billed claims with the following modifiers:

Modifier	Description	Compensation Impact
AH	Clinical psychologist (PhD, PsyD, EdD)	100% fee schedule/allowed amount
AJ	Clinical social worker (LICSW, LCSW)	75% fee schedule/allowed amount
HM	Less than bachelor's degree level (LSWA)	0% (informational only)
HN	Bachelor's degree level (LSW)	0% (informational only)
HO	Master's degree level (LMHC, LMFT)	75% fee schedule/allowed amount
HP	Doctoral level (PhD, PsyD, EdD)	100% fee schedule/allowed amount
SA	NP/PA services rendered in collaboration with a physician (nonsurgical)	Lesser of: 80% of actual (billed) charge OR 80% of 85% MD fee schedule
TD	Registered nurse (PCNS, APRN, RNCS)	0% (informational only)
TE	LPN or LVN	0% (informational only)

Secondary Diagnosis Codes

Tufts Health Plan does not routinely compensate services billed with a secondary diagnosis code as the only diagnosis on the claim.

ADDITIONAL RESOURCES

- Child and Adolescent Needs and Strengths (CANS) Payment Policy
- Neuropsychological Testing and Assessment Medical Necessity Guidelines
- Psychological Testing and Assessment Medical Necessity Guidelines

DOCUMENT HISTORY

- August 2023: Added billing instructions for H9 modifier, effective for DOS on or after July 1, 2023 for Tufts Health RITogether members; added billing requirements and resources for Community Support Services for Tufts Health Together and Tufts Health Unify members
- April 2023: Clarified screening and assessment codes T1023 and T1028 no longer need prior authorization beginning April 19, 2023, in accordance with RI EOHHS guidance
- February 2023: Annual code updates

- December 2022: Added billing instructions for BH crisis intervention services rendered in emergency departments, effective for DOS on or after January 3, 2023; added compensation information for CBHCs, effective for DOS on or after January 1, 2023
- October 2022: Added information for BH boarding services provided during acute hospital stays, effective for DOS on or after November 1, 2022
- June 2022: Annual policy review; Updated title of Peer Recovery Coach Medical Necessity Guidelines; increased notification time frame for services from seven (7) to 14 days
- October 2021: Added existing prior authorization requirements and billing instructions for HBTS and PASS for Tufts Health RITogether members
- September 2021: Added information for appropriate code combinations for SART in accordance with RI EOHHS, effective for dates of service on or after October 1, 2021; added preventive BH services billing instructions for Tufts Health Together members, effective for dates of service on or after September 1, 2021
- April 2021: Removed PA requirement for outpatient psychotherapy for Tufts Health Together and Tufts Health RITogether, effective for dates of service on or after April 1, 2021; clarified psychotherapy PA requirements for Tufts Health Direct and Tufts Health Unify
- December 2020: Added notification requirements and billing instructions for CSP-CHI for Tufts Health Together and Tufts Health Unify members, effective for dates of service on or after January 1, 2021
- November 2020: Corrected Recovery Coach modifier to be submitted with H2016, in accordance with MassHealth guidelines
- October 2020: Added existing billing requirement for POS 58 for OTP services; Updated prior authorization guidelines for outpatient psychotherapy, effective for dates of service on or after January 1, 2021
- June 2020: Added existing coding guidance for SUD claims
- May 2020: added updated coding information for SUD services for RITogether members, effective for dates of service on or after April 1, 2020
- March 2020: Clarified existing authorization and coding information for Recovery Coach and Recovery Support Navigator services; added direction for telemedicine services during the COVID-19 outbreak
- November 2019: updated number of billable days with initial notification for Recovery Coaches and Recovery Support Navigators, effective for dates of service on or after September 4, 2019
- May 2019: Clarified existing authorization requirements for neurobehavioral status exam codes 96116 and 96121
- March 2019: Added outpatient behavioral health telemedicine services coverage information per the MassHealth Managed Care Entity Bulletin 10 as of January 1, 2019
- February 2019: Policy created

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.

This policy applies to the Tufts Health Plan products, as identified in the checkboxes on the first page, and to CareLink℠ 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. Tufts Health Plan reserves the right to amend a payment policy at its discretion.