Tufts Health Public Plans Claim Edits

The following claim edits apply to contracting facilities and providers who render services for Tufts Health Public Plans products. Payment methodologies are generally derived from CMS, National Correct Coding Initiative (NCCI), AMA CPT coding guidelines and Tufts Health Plan policies.

Click on the following links to view claim edits by category:

Dermatology
Drugs and Biologicals
Gastroenterology
Laboratory/Pathology
OB/GYN
Outpatient
Surgery

DERMATOLOGY	
Actinotherapy, Phototherapy and Photochemotherapy	Tufts Health Plan does not routinely compensate 96910-96912 (photochemotherapy) when billed without an appropriate diagnosis.
OUTPATIENT	
Electroencephalogram (EEG)	Tufts Health Plan does not routinely compensate 95950, 95951, 95956 or 95956 (24-hour EEG Monitoring) if billed without a requisite diagnosis.
Impacted Cerumen Removal	Tufts Health Plan does not routinely compensate 69209, 69210 or G0268 (removal of impacted cerumen) if billed without a diagnosis of impacted cerumen.
Intraoperative Neurophysiology Monitoring (IOM)	Tufts Health Plan does not routinely compensate continuous intraoperative neurophysiology monitoring (95940, 95941 or G0453) unless the place of service billed is 19 (outpatient hospital-off campus), 21 (inpatient hospital), 22 (outpatient hospital-on campus) or 24 (ambulatory surgical center).
Neurophysiology Evoked Potential (NEP) Studies	Tufts Health Plan does not routinely compensate auditory evoked potentials and responses (92585, 92586) or somatosensory evoked potential studies (95925-95929, 95938 or 95939) if billed without a requisite diagnosis.

SURGERY	
Global Surgery Policy	Tufts Health Plan does not routinely compensate E&M services performed within 90 postoperative days of a 90-day medical or surgical service when billed by a non-physician practitioner (NPP) with the same Tax ID, regardless of Provider ID and Specialty, and either of the following is true: • The E&M service has a primary diagnosis associated to the 90-day medical or surgical service • The diagnosis is a complication of surgical and medical care or an aftercare diagnosis
Implantable Neurostimulator Electrode	Tufts Health Plan does not routinely compensate L8680 (implantable neurostimulator electrode, each) when billed with 63650 (Percutaneous implantation of neurostimulator electrode array, epidural).
Nonphysician Practitioners	Tufts Health Plan does not routinely compensate a major surgical procedure when billed by a non-physician practitioner (NPP) and modifier 80, 81, 82 or AS is not appended to the claim line.
Photosensitive Drugs and Ocular Photodynamic Therapy	Tufts Health Plan does not routinely compensate 67221-67225 (destruction of localized lesion of choroids) if billed and J3396 (verteporfin) has not been billed or paid for the same date of service

DOCUMENT HISTORY

- December 2020: Removed general coding edits and added to Professional Services and Facilities Payment Policy
- November 2020: Removed laboratory and pathology edits and added to the Laboratory and Pathology Payment Policy
- October 2020: Removed gastroenterology edits and added to the Gastroenterology Payment Policy
- September 2020: Removed Clinical Trials edits and added to the Clinical Trials Payment Policy
- June 2020: Removed OB/GYN edits and added to the Obstetrics and Gynecology Payment Policy
- May 2020: Removed cardiology edits and added to the Cardiology Services Professional Payment Policy
- October 2019: Removed behavioral health edits and added to the Inpatient and Intermediate/Diversionary Behavioral Health (Mental Health and Substance Use Disorder) Facility Payment Policy and Outpatient Behavioral Health (Mental Health and Substance Use Disorder Professional Payment Policy
- July 2019: Removed modifier edits and added to Modifier Payment Policy
- June 2019: Removed audiology edits and added to the Audiology Professional Payment Policy
- May 2019: Added claim edits for benign paroxysmal positional vertigo (BPPV), surgical pathology, duplicate drug codes, photosensitive drugs, ocular photodynamic therapy, electroencephalograms, impacted cerumen removal, intraoperative neurophysiology monitoring, neurophysiology evoked potential studies, effective for dates of service on or after July 1, 2019; removed drugs and biological claim edits and added to the Drugs and Biologicals Payment Policy; removed allergy edits and added to Allergy Testing Professional Payment Policy
- March 2019: Removed chiropractic edit and added to Chiropractic Services Payment Policy
- February 2019: Added facility allergy testing edit, effective for dates of service on or after April 1, 2019
- September 2018: Removed outpatient claim edits and added to the Outpatient Facility Payment Policy
- August 2018: Added edits for urinary catheter for incontinence, consistency of reduced or discontinued services between professional and facility providers, colonoscopy, colorectal cancer screening, cervical cancer screening, endometrial biopsy for infertility, genital herpes screening, human papilloma virus (HPV) testing, abatacept, agalsidase beta, alemtuzumab, alglucosidase alfa, BCG (Intravesical), bendamustine HCI, bortezomib, botulinum toxin A, cetuximab, collagenase clostridium histolyticum, corticotropin, daratumumab, Darbepoetin alfa, decitabine, denosumab, docetaxel, doxorubicin HCL liposome, eculizumab, epoetin alfa , ferumoxytol, Gemcitabine HCl, goserelin acetate implant, hydroxyprogesterone caproate, ipilimumab, irinotecan, iron dextran, iron

sucrose, nivolumab, paclitaxel protein-bound particles, panitumumab, pegfilgrastim , pembrolizumab, pemetrexed, pertuzumab, ramucirumab, regadenoson, romiplostim, sipuleucel-T, tocilizumab, trastuzumab, and vedolizumab, effective for dates of service on or after October 1, 2018
- June 2018: Template updates; added edits for audiology and obstetrics/gynecology, effective for dates of service on or after August 1, 2018
- May 2018: Document 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. 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.