

## All-Inclusive Clinic Visit (HCPCS Code T1015) Payment Policy

Applies to the following Tufts Health Public Plans products:

- Tufts Health Direct<sup>1</sup> – Health Connector       Tufts Health RITogether – A RI Medicaid Plan
- Tufts Health Together – Includes MassHealth Plan and Accountable Care Partnership Plans       Tufts Health Unify – OneCare Plan

The following payment policy applies to Tufts Health Plan contracting providers who render services for Tufts Health Public Plans products.

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 all-inclusive clinic visits in accordance with applicable regulations and in accordance with the member's benefit.

### DEFINITION

HCPCS code T1015 identifies an all-inclusive clinic visit, which includes the medical diagnosis and treatment services rendered at a federally qualified health center or community health center. Only federally qualified health centers (FQHC) or community health centers (CHC) can file claims with HCPCS code T1015.

### 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](#).

### AUTHORIZATION REQUIREMENTS

Tufts Health Plan does not require prior authorization for services associated with HCPCS code T1015 when rendered at an in-network FQHC or CHC by one of the following providers:

- The member's primary care provider
- A provider within the member's assigned practice who shares the same practice or tax identification number
- A covering provider

Refer to the [Primary Care Services Payment Policy](#) for additional information.

Tufts Health Plan requires prior authorization for services associated with HCPCS code T1015 when rendered by an out-of-network FQHC or CHC. Tufts Health Plan also requires prior authorization for hospital, specialty, and ancillary care services rendered by nonpreferred in-network providers.

### BILLING INSTRUCTIONS

Unless otherwise stated, Tufts Health Plan follows industry-standard 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 and applicable fee schedules. For more information, refer to the [Professional Services and Facilities Payment Policy](#).

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<sup>1</sup> Applicable to Tufts Health Direct only when Provider contracted rates are not indexed to Medicare payment methodologies.

Claims should be billed with T1015 along with the applicable CPT/HCPCS codes to identify the service provided. Tufts Health Plan reimburses for HCPCS code T1015 once per day, per patient.

Providers must use the appropriate CPT and HCPCS codes with modifier 25 to bill for significant, separately identifiable evaluation and management services rendered by the provider on the day of the procedure. Providers may need to submit medical documentation with the claim. Refer to the [Evaluation and Management Services Payment Policy](#) for more information.

### **COMPENSATION/REIMBURSEMENT INFORMATION**

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

Services that Tufts Health Plan may **not** routinely compensate for when reported in conjunction with HCPCS code T1015 include, but not limited to:

- Dental services
- Family planning services
- Preventive medical exams
- Residency services
- School-based health center services
- Vaccine administration
- Well-child visits
- Wellness therapies (e.g., diabetes self-management therapy, medical-nutrition therapy, tobacco-cessation counseling)
- Women, Infants, and Children (WIC) services
- Other services that are not primary medical care services

Services that Tufts Health Plan may routinely compensate for when reported in conjunction with HCPCS code T1015 include, but not limited to:

- Behavioral health services
- Laboratory services
- Pharmacy services
- Vision services
- X-ray services

### **DOCUMENT HISTORY**

- July 2020: Revised billing instructions boiler plate language
- January 2019: Reviewed by committee; added Tufts Health Direct applicability; removed Tufts Health Unify applicability; revised title, added CHC to definition, added general benefit information section, clarified billing instructions and added compensation/reimbursement information heading
- March 2018: Template updates
- February 2017: Template updates

### **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 your office/facility did not comply with this payment policy, Tufts Health Plan will expect your office/facility to refund all payments related to non-compliance. For more information about Tufts Health Plan's [audit policies](#), refer to our 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<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 payment policy at its discretion.