Harvard Pilgrim Health Care | TUFTS Health Plan

Medical Necessity Guidelines:

Autism Services: Physical, Occupational, and Speech Therapy for Members with Autism Spectrum Disorders

Effective: December 1, 2025

Prior Authorization Required If REQUIRED, submit supporting clinical documentation pertinent to service request.	Yes ☒ No ☐
Notification Required IF REQUIRED, concurrent review may apply	Yes ☐ No ☒

Applies to:

Commercial Products

☐ Harvard Pilgrim Health Care Commercial products; 800-232-0816
☒ Tufts Health Plan Commercial products; 617-972-9409

Public Plans Products

☒ Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product); 888-415-9055
☐ Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans; 888-415-9055
☐ Tufts Health RITogether – A Rhode Island Medicaid Plan; 857-304-6404
☐ Tufts Health One Care – A dual-eligible product; 857-304-6304

Senior Products

☐ Tufts Health Plan Senior Care Options (SCO), (a dual-eligible product); 617-972-9409
☐ Tufts Medicare Preferred HMO, (a Medicare Advantage product); 617-972-9409
☐ Tufts Medicare Preferred PPO, (a Medicare Advantage product); 617-972-9409

Note: While you may not be the provider responsible for obtaining prior authorization or notifying Point32Health, as a condition of payment you will need to ensure that any necessary prior authorization has been obtained and/or Point32Health has received proper notification. If notification is required, providers may additionally be required to provide updated clinical information to qualify for continued service.

Overview

This guideline is to be used for the review of outpatient therapy treatment requests, specifically physical therapy (PT) or physiotherapy, occupational therapy (OT) and speech therapy (ST), for Members with an autism spectrum disorder, as defined by the states of Massachusetts, and Rhode Island.

Physical Therapy or Physiotherapy: Tufts Health Plan Commercial Members are covered without prior authorization for an initial evaluation and up to 8 outpatient PT visits (per calendar or plan year) when referred by their primary care physician (PCP). **Tufts Health Direct** Members are covered without prior authorization for an initial evaluation and 11 visits per benefit year for outpatient PT services when referred by their PCP.

Outpatient PT visits that are beyond the initial visits referred by their PCP require prior authorization under the coverage guidelines set forth herein.

Occupational Therapy: Tufts Health Plan Commercial Members are covered without prior authorization for an initial evaluation and up to 8 outpatient OT visits (per calendar or plan year) when referred by their PCP. **Tufts Health Direct** Members are covered without prior authorization for an initial evaluation and 11 visits per benefit year for outpatient OT services when referred by their PCP.

Outpatient OT visits that are beyond the initial visits referred by their PCP require prior authorization under the coverage

guidelines set forth herein.

Speech Therapy: Tufts Health Plan Commercial Members are covered without prior authorization up to 30 outpatient ST visits (per calendar or plan year) from initial treatment when referred by their PCP. **Tufts Health Direct Members** are covered without prior authorization for their initial 30 visits per benefit year for outpatient ST services when referred by their PCP.

Outpatient ST beyond the initial 30 ST visits requires prior authorization under the coverage guidelines set forth herein.

- The provider must submit a completed Autism Services (PT, OT and ST) Authorization Form located on our forms page with the request for additional services.

If requesting **Rehabilitative Services** for PT, OT and ST, refer to the applicable Medical Necessity Guidelines on our provider resource center:

- Rehabilitative Services: Physical Therapy
- Rehabilitative Services: Occupational Therapy
- Rehabilitative Services: Speech Therapy

If requesting **Habilitative Services** for PT, OT and ST, refer to the Habilitative Services: Physical, Occupational and Speech Therapy Medical Necessity Guidelines on our provider resource center

If requesting **Applied Behavioral Analysis (ABA) for Commercial Products and Tufts Health Direct** refer to the applicable Medical Necessity Guidelines on our provider resource center:

- Applied Behavioral Analysis (ABA) for Commercial Products and Tufts Health Direct

Note: Member's autism services benefit may vary depending on the terms of the plan benefit document.

Clinical Guideline Coverage Criteria

Therapy providers are expected to address the specific clinical and functional restrictions by applying skilled PT, OT and/or ST techniques and by utilizing applicable therapeutic skills.

Additionally, emphasis of treatment is expected to be management of symptoms by the Member or by family and other caregivers and an independent home or community-based exercise or treatment program. This is essential to long-term success.

From the initial evaluation through the entire course of treatment, **ALL** of the following must be met:

1. The Member has a definitive diagnosis of an autism spectrum disorder made by a neurologist, pediatric neurologist, developmental pediatrician, psychologist, psychiatrist or other licensed physician experienced in the diagnosis and treatment of autism; **and**
2. From the initial evaluation through the entire course of treatment, **all** of the following must be met:
    a. The services are not duplicative of services that are part of an Individual Educational Plan (IEP) or an individual service plan (ISP) when applicable; **and**
    b. PT, OT and/or ST treatment is medically necessary; **and**
    c. The treatment plan requires the services of a skilled physical, occupational and/or speech therapist and addresses the signs and symptoms of the diagnosis; **and**
    d. There is not a less intensive or more appropriate level of service which can be safely and effectively provided; **and**
    e. Documentation supports the position that therapy will achieve functional gains beyond those expected as a result of growth and maturation, and there is clear evidence that the symptoms of the diagnosis are active, resulting in substantial impairment in daily functioning; **and**
    f. There is an expectation that treatment will result in measurable improvement in a reasonable and predictable period of time for the particular diagnosis and phase of recovery; **and**
    g. There is demonstration of measurable, objective, and functional progress as a direct result of treatment; **and**
    h. For sensory integration therapy, the Member must have a definitive diagnosis of autism spectrum disorder from a neurologist, pediatric neurologist, developmental pediatrician, psychologist, psychiatrist, or other licensed physician experienced in the diagnosis and treatment of autism

Limitations

The following do not meet the medical necessity guidelines, and therefore coverage will not be authorized:

1. Therapy when measurable functional improvement is not expected, or progress has plateaued
2. Plan benefit exclusions, per individual Member's plan document, including services that are primarily educational in nature and services that are vocationally and/or recreationally based, **and may include services that are developmental in nature.**
3. Services that are not medically necessary
4. Personal training, life coaching
5. Treatment that is investigational or unproven, including, but not limited to facilitated communication, auditory integration therapy (AIT), holding therapy, higashi (daily life therapy)
6. Custodial care (for the purposes of this guideline custodial care is "care, administered by trained personnel, to which the Member shows no beneficial response despite extended and/or repeated treatment trials")
7. Any service, program, supply, or procedure performed in a nonconventional setting (this includes, but is not limited to, spas/resorts; educational, vocational, or recreational settings; Outward bound; or wilderness, camp or ranch programs). This is the case even if the services are performed by a licensed provider (including, but not limited to, mental health professionals, nutritionists, nurses or physicians) Any service, program, supply, or procedure performed in a non-conventional setting (this includes, but is not limited to, spas/resorts; educational, vocational, or recreational settings; Outward bound; or wilderness, camp or ranch programs). This is the case even if the services are performed by a licensed provider (including, but not limited to, mental health professionals, nutritionists, nurses, therapists, or physicians).

Codes

The Member must have one of the following ICD-10 diagnoses to be considered for additional visits:

Table 1: ICD-10 Codes

Code	Description
F84.0	Autistic disorder
F84.3	Other childhood disintegrative disorder
F84.5	Asperger's syndrome
F84.8	Other pervasive developmental disorders
F84.9	Pervasive developmental disorder, unspecified

References:

1. Mass.Gen. Laws § Chapter 207 of the Acts of 2010 - An Act Relative to Insurance Coverage for Autism. Aug 3, 2010. Accessed August 15, 2025. Session Law - Acts of 2010 Chapter 207 (malegislature.gov)
2. R.I. Gen. Laws § 27-20. Autism Spectrum Disorders. Accessed August 15, 2025. webserver.rilin.state.ri.us/Statutes/TITLE27/27-20.11/INDEX.htm

Approval And Revision History

October 21, 2020: Reviewed by the Medical Policy Approval Committee (MPAC); renewed without changes

Subsequent endorsement date(s) and changes made:

- November 10, 2020: Fax number for Unify updated
- October 20, 2021: Reviewed by IMPAC, renewed without changes
- February 17, 2022: Freedom removed from template
- November 16, 2022: Reviewed by MPAC, renewed without changes
- September 20, 2023: Reviewed by MPAC, renewed without changes
- November 2023: Unify name changed to One Care effective January 1, 2024
- October 17, 2024: Reviewed by MPAC, links updated effective December 1, 2024
- October 15, 2025: Reviewed by MPAC, administrative update in overview effective December 1, 2025
- November 10, 2025: Fax number for Senior Care Options, Tufts Medicare Preferred HMO and Tufts Medicare Preferred PPO updated; language for Carelink removed; Harvard Pilgrim Health Care Stride Medicare Advantage removed as an applicable product from the template

Background, Product and Disclaimer Information

Medical Necessity Guidelines are developed to determine coverage for benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. We make coverage decisions using these guidelines, along with the Member's benefit document, and in coordination with the Member's physician(s) on a case-by-case basis considering the individual Member's health care needs.

Medical Necessity Guidelines are developed for selected therapeutic or diagnostic services found to be safe and proven effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in our service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. We revise and update Medical Necessity Guidelines annually, or more frequently if new evidence becomes available that suggests needed revisions.

For self-insured plans, coverage may vary depending on the terms of the benefit document. If a discrepancy exists between a Medical Necessity Guideline and a self-insured Member's benefit document, the provisions of the benefit document will govern. For Tufts Health Together (Medicaid), coverage may be available beyond these guidelines for pediatric members under age 21 under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefits of the plan in accordance with 130 CMR 450.140 and 130 CMR 447.000, and with prior authorization.

Treating providers are solely responsible for the medical advice and treatment of Members. The use of this guideline is not a guarantee of payment or a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to eligibility and benefits on the date of service, coordination of benefits, referral/authorization, utilization management guidelines when applicable, and adherence to plan policies, plan procedures, and claims editing logic.