Harvard Pilgrim Health Care | TUFTS Health Plan

Point32Health companies

Medical Necessity Guidelines:

High-Cost Durable Medical Equipment (DME), Adaptive Strollers and Speech Generating Devices

Effective: July 1, 2026

Prior Authorization Required If REQUIRED, submit supporting clinical documentation (electronically recommended or by fax)	Yes ☒ No ☐
Notification Required	Yes ☐ No ☒

Applies to:

- Tufts Health Together
- Tufts Health RITogether
- Tufts Health One Care

We recommend submitting prior authorization electronically. If you opt to submit prior authorization requests via fax, please refer to this reference chart for the appropriate fax number (varies by product).
For details on all our products, please visit the Our Plans page on our provider website. For additional Prior Authorization and Notification details on other lines of business not listed on our Medical Necessity Guidelines page, please also reference our Prior Authorization Resources page.

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

Durable medical equipment (DME) is defined as equipment that:

1. is fabricated primarily and customarily to fulfill a medical purpose;
2. is generally not useful in the absence of illness or injury;
3. can withstand repeated use over an extended period; and
4. is appropriate for use in any setting where normal life activities take place, including, but not limited to, the member's home.

Durable medical equipment and supplies (DME) must be of proven quality and dependability and must conform to all applicable federal and state product standards.

Clinical Guideline Coverage Criteria

In order to qualify for coverage, adaptive strollers and speech generating devices must meet all aspects of the definition of DME as stated above and the guidelines used to determine medical necessity are listed below:

Strollers

Adaptive strollers are designed for children in which there is a disease process or condition which significantly impairs normal mobility expected for age. Adaptative strollers differ from standard strollers as they have additional features including expanded tilt and recline options for positioning and/or pressure relief, upper body provision for inadequate trunk stability/posture and/or positioning belts that help to provide for safe transportation.

Tufts Health Together & Tufts Health One Care

Adaptive strollers, consistent with the Noridian Local Coverage Determination (LCD) L33788 and Article - Manual Wheelchair Bases - Policy Article (A52497), includes wheelchairs with a seat width and/or depth of 14" or less which are

considered pediatric size wheelchairs:

- InterQual® Criteria, Durable Medical Equipment. Wheelchairs or Strollers, Pediatric

Tufts Health RITogether

- State of Rhode Island Coverage Guidelines for Durable Medical Equipment is available at eohhs.ri.gov/ProvidersPartners/ProviderManualsGuidelines/MedicaidProviderManual/DME/CoverageGuidelinesforDurableMedicalEquipment.aspx

Speech Generating Devices (SGD)

Speech Generating Devices (SGD), also known as augmentative or alternative communication devices, are speech aides consisting of devices or software that generate speech and provide individuals with severe speech impairment the ability to meet their functional speaking needs.

Tufts Health Together

- MassHealth Guidelines for Medical Necessity Determination for Augmentative and Alternative Communication Devices, Including Speech-Generating Devices | Mass.gov

Tufts Health One Care

The guidelines used to determine medical necessity will be as follows, according to this hierarchy:

- Center for Medicaid and Medicare Services LCD 33739 Speech Generating Devices (SGD) cms.gov/medicare-coverage-database/view/lcd.aspx?LCDId=33739&ContrId=389
- MassHealth guideline for speech generating devices is available at MassHealth Guidelines for Medical Necessity Determination for Augmentative and Alternative Communication Devices, Including Speech-Generating Devices | Mass.gov

Tufts Health RITogether

- State of Rhode Island Coverage Guidelines for Durable Medical Equipment is available at eohhs.ri.gov/ProvidersPartners/ProviderManualsGuidelines/MedicaidProviderManual/DME/CoverageGuidelinesforDurableMedicalEquipment.aspx

Please also refer to the Durable Medical Equipment and Medical Supplies Payment Policy.

Limitations

The Plan will not cover:

1. Items which do not meet the definition of DME
2. Items specifically listed as non-covered on the Tufts Health Plan Medical Necessity Guidelines for Noncovered Investigational Services
3. Items which address a need that can be met with a less costly, less intensive alternative

Codes

The following code(s) require prior authorization:

Table 1: CPT/HCPCS Codes

Code	Description
E1231	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, with seating system
E1232	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, with seating system
E1233	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seating system
E1234	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, without seating system
E1235	Wheelchair, pediatric size, rigid, adjustable, with seating system
E1236	Wheelchair, pediatric size, folding, adjustable, with seating system
E1237	Wheelchair, pediatric size, rigid, adjustable, without seating system
E1238	Wheelchair, pediatric size, folding, adjustable, without seating system
E2500	Speech-generating device, digitized speech, using pre-recorded messages, less than or equal to 8 minutes recording time
E2502	Speech-generating device, digitized speech, using pre-recorded messages, greater than 8 minutes

Code	Description
	but less than or equal to 20 minutes recording time
E2504	Speech-generating device, digitized speech, using pre-recorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time
E2506	Speech-generating device, digitized speech, using pre-recorded messages, greater than 40 minutes recording time
E2508	Speech-generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device
E2510	Speech-generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access
E2511	Speech-generating software program, for personal computer or personal digital assistant
E2512	Accessory for speech-generating device, mounting system
E2513	Accessory for speech generating device, electromyographic sensor
E2599	Accessory for speech-generating device, not otherwise specified

References:

1. Commonwealth of Massachusetts, Executive Office of Health and Human Services, MassHealth Provider Manual Series, Provider Regulations for Durable Medical Equipment. Available at Durable Medical Equipment Manual for MassHealth Providers | Mass.gov. Accessed May 11, 2026.
2. Center for Medicaid and Medicare Services. Noridian Local Coverage Determination (LCD) L33788 for Manual Wheelchair Bases. Available at LCD - Manual Wheelchair Bases (L33788) (cms.gov). Accessed May 11, 2026.
3. Center for Medicaid and Medicare Services. Manual Wheelchair Bases - Policy Article. Available at Article - Manual Wheelchair Bases - Policy Article (A52497). Accessed May 11, 2026.
4. Center for Medicaid and Medicare Services. Noridian Local Coverage Determination (LCD) L33739 for Speech Generating Devices. Available at LCD - Speech Generating Devices (SGD) (L33739). Accessed May 11, 2026.
5. Center For Medicaid and Medicare Services. National Coverage Determination (NCD) for Speech Generating Devices (50.1). Available at NCD - Speech Generating Devices (50.1) (cms.gov). Accessed May 11, 2026.
6. State of Rhode Island, Executive Office of Health and Human Services. Coverage Guidelines for Durable Medical Equipment. Available at eohhs.ri.gov/ProvidersPartners/ProviderManualsGuidelines/MedicaidProviderManual/DME/CoverageGuidelinesforDurableMedicalEquipment.aspx. Accessed May 11, 2026.
7. State of Rhode Island, Executive Office of Health and Human Services. Provider Reference Manual Durable Medical Equipment, Prosthetics, Orthotics, and Supplies. Available at eohhs.ri.gov/Portals/0/Uploads/Documents/dme.pdf. Accessed May 11, 2026.

Approval And Revision History

June 19, 2019: Reviewed by the Integrated Medical Policy Advisory Committee (IMPAC)

Subsequent endorsement date(s) and changes made:

- October 16, 2019: Reviewed by IMPAC, note added in “Overview” section listing HCPCS code ranges which do not require PA, effective January 1, 2020
- October 21, 2020: Reviewed by IMPAC, renewed without changes
- November 18, 2020: Reviewed by IMPAC with an effective date of January 8, 2021, the Medical Necessity Guidelines for DME and Supplies Costing Over $1,000 has been divided into two policies: *Durable Medical Equipment (DME) and Supplies Costing Over $1,000* for Unify products and *High Cost Durable Medical Equipment (DME), Adaptive Strollers and Speech Generating Devices* for MA Together and RITogether products; applicable lines of business have been updated. HCPCS codes added for adaptive strollers E1231-E1238 and codes for speech generating devices E2500-E2512 and E2599
- December 4, 2020: Fax number for Unify updated
- October 20, 2021: Reviewed by IMPAC, Tufts Health Unify plan added to this guideline and guideline for *Durable Medical Equipment (DME) and Supplies Costing Over $1,000* for Unify products retired effective 1/1/2022
- December 21, 2021: Reviewed by Medical Policy Approval Committee (MPAC), renewed without changes
- April 6, 2022: Template updated
- December 1, 2022: Reviewed by MPAC, renewed without changes
- September 20, 2023: Reviewed by MPAC, renewed without changes
- October 18, 2023: Reviewed by MPAC, renewed without changes
- November 2023: Rebranded Unify to One Care effective January 1, 2024
- December 1, 2023: Reviewed and approved by UM committee, effective January 1, 2024

- June 13, 2024: Reviewed and approved by UM Committee, effective July 1, 2024
- June 20, 2024: Reviewed by MPAC for 2024 InterQual Upgrade, effective July 1, 2024
- September 30, 2024: Coding updated per AMA HCPCS, effective October 1, 2024, the following code(s) added: E2513
- October 17, 2024: Reviewed by MPAC, renewed without changes effective December 1, 2024
- August 20, 2025: Reviewed by MPAC for annual review, renewed without changes effective October 1, 2025
- September 15, 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
- September 17, 2025: Reviewed by the UM Committee, renewed without changes effective October 1, 2025
- May 20, 2026: Reviewed by MPAC for 2026 InterQual Update, administrative update to guideline template and annual review, effective July 1, 2026

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.