Harvard Pilgrim Health Care | TUFTS Health Plan

Medical Necessity Guidelines:

Outpatient Rehabilitative Services: Speech Therapy

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

The treatment of speech, hearing, and language disorders, with appropriate primary care physician (PCP) referral, if medically necessary, is covered without prior authorization for up to 30 visits. After initial evaluation, prior to the initiation of treatment, a Precertification review may be requested should there be any concerns/questions as to the medical necessity of the diagnosis or condition relative to this rehabilitative benefit.

The licensed speech-language pathologist or audiologist is responsible for intermittent reviews of the Member's progress from the initial evaluation throughout the course of the treatment.

- **Tufts Health Plan Commercial** Members are covered without prior authorization for up to 30 outpatient rehabilitative Speech Therapy (ST) visits per benefit year when referred by their PCP.
- **Tufts Health Direct** Members are covered without prior authorization for up to 30 outpatient rehabilitative ST visits per benefit year when referred by their PCP.

Outpatient ST visits beyond the initial number of visits referred by member's PCP require prior authorization.

Clinical Guideline Coverage Criteria

The Plan may authorize outpatient rehabilitative speech therapy and/or voice therapy visits when **ALL** Clinical Coverage Criteria are met:

1. For rehabilitative speech therapy, member must have a diagnosis of a speech, hearing or language disorder resulting from injury, trauma or a medically based illness or disease; or
2. Short-term cognitive retraining or cognitive rehabilitation services are covered when provided to restore cognitive function lost or impaired as the result of an accidental injury, trauma or a medically based illness; or
3. For voice therapy, member must have a voice disorder resulting from anatomic abnormalities, neurological conditions, malignancy and/or injury (e.g., vocal nodules or polyps, vocal cord paresis or paralysis, paradoxical vocal cord motion, spastic dysphonia) or following vocal cord surgery;
4. From initial evaluation through the entire course of treatment, all of the following must be met:
    a. Member has a clinically documented functional speech, cognitive and/or voice disorder resulting in an inability to perform at the previous functional level; and
    b. Documentation supports an expectation by the prescribing physician that measurable improvement is anticipated in a reasonable and predictable period of time for the particular diagnosis and phase of recovery; and
    c. The level and complexity of the services requested can only be rendered safely and effectively by a licensed speech and language pathologist or audiologist; and
    d. Member's condition can be classified and billed with one of the ICD-10 codes listed below, or when sufficient medical documentation is submitted to indicate that the Member suffers from a speech, hearing, or language disorder resulting from injury, trauma or a medically based illness or disease.

NOTE:

- Outpatient rehabilitation speech therapy services duplicative of services provided as part of an individual educational plan (IEP) or an individual service plan (ISP) are not covered
- Refer to Medical Necessity Guidelines: Gender Affirming Services on our Provider Resource Center for clinical coverage criteria for voice modification and communication therapy.

Limitations

The following conditions do not meet the medical necessity guidelines for rehabilitative speech therapy, and therefore coverage will not be authorized:

1. Maintenance therapy when improvement is not expected
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. Self-correcting disorders, (e.g., natural dysfluency or articulation errors that are self-correcting)
4. Services that are not medically necessary
5. Treatment of dialect and accent reduction
6. Sensory integration therapy for any diagnosis other than autism spectrum disorder(s). (Refer to applicable MNG: Autism Services: Physical, Occupational and Speech Therapy for Members with Autism Spectrum Disorders on our Provider Resource Center.)
7. Personal training, life coaching
8. Treatment that is investigational or unproven, including, but not limited to facilitated communication, auditory integration therapy (AIT), holding therapy, Higashi (Daily Life Therapy)
9. 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")
10. 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 or physicians).

Note: If requesting **Habilitative Services for PT, OT and/or ST**, please refer to the Outpatient Habilitative Services: Physical, Occupational and Speech Therapy Medical Necessity Guidelines on our Provider Resource Center.

Note: If requesting Autism Services for PT, OT and/or ST, please refer to the Autism Services: Physical, Occupational and Speech Therapy for Autism Spectrum Disorders Medical Necessity Guidelines on our Provider Resource Center.

Note: If requesting **ABA (Applied Behavioral Analysis) Therapy and Habilitative Services for Autism Spectrum Disorders,** please refer to the applicable Medical Necessity Guidelines on our Provider Resource Center:

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

Codes

The following code(s) require prior authorization:

Table 1: CPT/HCPCS Codes

Code	Description
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual
92508	Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals
92521	Evaluation of speech fluency (eg, stuttering, cluttering)
92522	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria);
92523	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (eg, receptive and expressive language)
92524	Behavioral and qualitative analysis of voice and resonance
92526	Treatment of swallowing dysfunction and/or oral function for feeding
92610	Evaluation of oral and pharyngeal swallowing function
97129	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; initial 15 minutes
97130	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; each additional 15 minutes (List separately in addition to code for primary procedure)

The Plan has concluded the following diagnoses have a medical basis that can result in speech disorders. Rehabilitative speech therapy will be covered for the treatment of these diagnoses as long as the other clinical coverage criteria are met:

List of Medically Necessary ICD-10 Codes

References:

1. M.G.L. c. 176G, § 4N

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:

- Effective February 23, 2021: Coding updated. I63.8 and I67.85 removed
- October 1, 2021: Coding updated. Effective October 1, 2021 the following ICD-10-CM code(s) added: E75.244, G04.82, G92.00, G92.01, G92.02, G92.03, G92.04, G92.05, G92.8, G92.9, S06.A0XA, S06.A0XD, S06.A0XS, S06.A1XA S06.A1XD, S06.A1XS, U09.9.
- October 20, 2021: Reviewed by IMPAC, renewed without changes
- October 28, 2021: Reviewed at IMPAC. the following ICD-10-CM codes added to Rehabilitative
- Speech Therapy covered codes: E75.240, E75.241, E75.242, E75.243, E75.248 and E75.249.
- December 21, 2021: Reviewed at Medical Policy Approval Committee (MPAC). Effective September 1, 2021, voice modification and communication therapy are covered with prior authorization. Refer to Medical Necessity Guidelines: Gender Affirming Services.
- November 16, 2022: Reviewed by MPAC, renewed without changes.
- January 18, 2023: Reviewed by MPAC. Effective June 1, 2023. Minor language updates.
- 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, removed reference to Rehabilitative Services: Speech Therapy Form and updated links effective December 1, 2024
- October 15, 2025: Reviewed by MPAC, administrative updates effective December 1, 2025
  November 12, 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.