

SPEECH THERAPY AND EARLY INTERVENTION PROGRAMS/ BIRTH TO THREE

Policy Number: REHABILITATION 025.18 T2

Effective Date: February 1, 2017

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Related Policies
<ul style="list-style-type: none"> • Autism • Outpatient Physical and Occupational Therapy (OptumHealth Care Solutions Arrangement) • Physical, Occupational (OptumHealth Care Solutions Arrangement) and Speech Therapy including Cognitive/Neuropsychological Rehabilitation for New Jersey Small Group Members

INSTRUCTIONS FOR USE

This Clinical Policy provides assistance in interpreting Oxford benefit plans. Unless otherwise stated, Oxford policies do not apply to Medicare Advantage members. Oxford reserves the right, in its sole discretion, to modify its policies as necessary. This Clinical Policy is provided for informational purposes. It does not constitute medical advice. The term Oxford includes Oxford Health Plans, LLC and all of its subsidiaries as appropriate for these policies.

When deciding coverage, the member specific benefit plan document must be referenced. The terms of the member specific benefit plan document [e.g., Certificate of Coverage (COC), Schedule of Benefits (SOB), and/or Summary Plan Description (SPD)] may differ greatly from the standard benefit plan upon which this Clinical Policy is based. In the event of a conflict, the member specific benefit plan document supersedes this Clinical Policy. All reviewers must first identify member eligibility, any federal or state regulatory requirements, and the member specific benefit plan coverage prior to use of this Clinical Policy. Other Policies may apply.

UnitedHealthcare may also use tools developed by third parties, such as the MCG™ Care Guidelines, to assist us in administering health benefits. The MCG™ Care Guidelines are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.

CONDITIONS OF COVERAGE

Applicable Lines of Business/ Products	This policy applies to Oxford Commercial plan membership.
Benefit Type	General Benefits Package
Referral Required (Does not apply to non-gatekeeper products)	Yes - Outpatient, Office ¹
Authorization Required (Precertification always required for inpatient admission)	Yes - Home, Inpatient ¹
Precertification with Medical Director Review Required	Yes - Home ¹ No - Inpatient, Outpatient, Office ¹
Applicable Site(s) of Service (If site of service is not listed, Medical Director review is required)	Inpatient, Home, Outpatient, Office ¹
Special Considerations	¹ Applies to speech therapy services.

BENEFIT CONSIDERATIONS

Before using this policy, please check the member specific benefit plan document and any federal or state mandates, if applicable.

Essential Health Benefits for Individual and Small Group

For plan years beginning on or after January 1, 2014, the Affordable Care Act of 2010 (ACA) requires fully insured non-grandfathered individual and small group plans (inside and outside of Exchanges) to provide coverage for ten categories of Essential Health Benefits ("EHBs"). Large group plans (both self-funded and fully insured), and small group ASO plans, are not subject to the requirement to offer coverage for EHBs. However, if such plans choose to provide coverage for benefits which are deemed EHBs, the ACA requires all dollar limits on those benefits to be removed on all Grandfathered and Non-Grandfathered plans. The determination of which benefits constitute EHBs is made on a state by state basis. As such, when using this policy, it is important to refer to the member specific benefit plan document to determine benefit coverage.

Speech Therapy

Specific benefit limitations, benefit maximums may apply and are determined by group and individual contracts. Please refer to the member specific benefit plan documents for specific details regarding benefit coverage, exclusions, limitations and/or maximums.

Product Specific Information

Connecticut (CT) Plans

In accordance with CT state mandate, coverage must be provided for speech therapy services for the treatment of autism spectrum disorders. Refer to the [Autism](#) policy for additional information.

New York (NY) Plans

Coverage must be provided for the screening and diagnosis of autism or another developmental disability. Coverage must also be provided for medically necessary occupational, physical and speech therapies, as prescribed through a treatment plan, when the diagnosis is autism or another developmental disability. Refer to the [Autism](#) policy for additional information.

For New Jersey (NJ) Small Plans

For information regarding coverage for physical, occupational or speech therapy as well as cognitive/neuropsychological rehabilitation therapy and therapeutic manipulation for any illness or injury that is acute or chronic, including Developmental Delays refer to the [Physical, Occupational \(OptumHealth Care Solutions Arrangement\) and Speech Therapy including Cognitive/ Neuropsychological Rehabilitation for New Jersey Small Group Members](#) policy.

All New Jersey Plans (including NJ Small)

In accordance with NJ state mandate, Oxford must provide coverage for speech therapy for:

- Members who have been diagnosed with a biologically based mental illness. This includes treatment of any speech impairment. Such services remain subject to the cost sharing, visit limitations, referral and precertification requirements that otherwise apply to these benefits.
- When the primary diagnosis is autism or another developmental disability. Refer to the [Autism](#) policy for additional information.

COVERAGE RATIONALE

Speech Therapy

Fully Insured Non-Grandfathered Individual and Small Group Plans with Plan Years Beginning On or After January 1, 2014

Note: The following providers can refer for Speech Therapy: Orthopedist, Neurologist, Neurosurgeon, Psychiatrist, ENT, Pediatrician, or PCP.

New Jersey

Speech therapy is covered for the correction of a speech impairment resulting from illness, surgery, injury, congenital anomaly, or previous therapeutic processes. If a member's primary diagnosis is autism or another developmental disability, speech therapy is also covered when it is provided to help develop rather than restore function (habilitative).

Notes:

- Refer to the [Autism](#) policy for additional information when the member's primary diagnosis is autism or another developmental disability.
- Please refer to the member specific benefit plan documents for specific details regarding benefit coverage.

New York

Speech Therapy is covered to assist a Member retaining, recovering or improving skills and functioning for daily living that have been lost or impaired because a person was sick, hurt, or disabled. Speech therapy is also covered to retain, learn or improve skills and functioning for daily living. This includes the management of limitations and disabilities, including services or programs that help maintain or prevent deterioration.

Note: For speech therapy related to autism, refer to the [Autism](#) policy for additional information.

Connecticut

Speech Therapy is covered when it is necessary to correct a condition that is the result of a disease, injury or congenital physical deformity that inhibits normal function. Speech Therapy is also covered to develop a function not currently present as a result of a congenital, genetic or early acquired disorder (hereditary disorders, disorder resulting from sickness, Injury, trauma or some other event or condition suffered by a Member prior to that Member developing functional life skills such as talking).

Note: Please refer to the member specific benefit plan documents for specific details regarding benefit coverage.

All Fully Insured Plans with Plan Years Beginning Prior to January 1, 2014*

**Also applies to large group plans (both self-funded and fully insured), and small group ASO plans with plan years beginning on or after January 1, 2014.*

Note: The following providers can refer for Speech Therapy: Orthopedist, Neurologist, Neurosurgeon, Psychiatrist, ENT, Pediatrician, or PCP.

Speech Therapy is covered only when it is necessary to correct a condition that is the result of a disease, an injury or a congenital defect for which surgery has been performed. Speech therapists may provide therapy to promote oral motor coordination to correct feeding difficulties resulting from disease or injury. Therapy is covered to restore function that has been lost as a result of the disease or injury.

The following conditions are not covered unless otherwise noted in this policy:

- Learning disabilities or minimal brain dysfunction
- Mental Retardation
- Developmental and learning disorders
- Behavioral problems

Speech Therapy is not covered for treatment of chronic disease or developmental delay. Coverage is therefore limited to treatment for conditions which, in the judgment of the health plan, are subject to significant and lasting clinical improvement through short- term therapy.

Exceptions:

- For CT, NY and MA residents participating in an Early Intervention/Birth to Three program please refer to the [Early Intervention Program/Birth to Three](#) section of this policy.
- Refer to the [Benefit Considerations](#) section of this policy for additional product related exceptions for other conditions (autism, biologically based mental illness, etc.).

Early Intervention Program/Birth to Three

Connecticut Residents

Oxford will reimburse services up to the state mandated coverage limit for any eligible child, who is a CT resident, for services that are part of a prescribed treatment plan, called an Individualized Family Service Plan (IFSP), under the Birth to Three (CT). This reimbursement will not be applied against any maximum lifetime or annual monetary limits set forth in the member specific benefit plan documents. Reimbursement will be made subject to the state prescribed treatment plan (IFSP) and authorization. Services prescribed in the IFSP are deemed to be medically necessary for coverage purposes.

The Office of Early Childhood is the lead agency and is responsible for developing standards/procedures for the program, identifying barriers that impede timely delivery of services, preparing annual reports, providing public awareness, and monitoring of funds. There are 39 agencies in Connecticut that have contracted with the DMR to provide early intervention services through qualified personnel under this program. These agencies are considered participating for the purpose of providing these services and benefits will be payable in accordance with the in-network level of coverage. Providers of early intervention services shall first seek payment from the eligible child's health insurance carrier.

Note: For services related to the diagnosis and treatment of Autism, refer to the [Autism](#) policy.

Coverage Guidelines

- Precertification is required for all services related to an Early Intervention Program
 - Health Care Services will enter an authorization for services prescribed in the IFSP
 - The receipt of an IFSP by Health Care Services will serve as the authorization for early intervention services
 - Oxford does not have the right to apply medical criteria or Oxford policy
- Services prescribed in the IFSP should be reimbursed up to the annual limit
- Oxford will not apply visit or dollar limitations to Early Intervention services
- No payment made by the insurer shall be applied against any maximum lifetime or annual limits
- No Member cost share will be applied to in or out of network services

Connecticut Early Intervention Services may include:

- Initial evaluation
- Audiology or hearing services
- Family training, counseling, and home visits
- Health services (only those necessary to enable a child to benefit from the other early intervention services during the time the child is receiving other early intervention services)
- Medical services only for diagnostic or evaluation purposes
- Nursing services
- Nutrition services
- Occupational therapy
- Physical therapy
- Psychological services
- Service coordination
- Social work services
- Special instruction
- Speech-language pathology
- Vision Services

Massachusetts (MA) Residents (who have a CT, NY or NJ Line of Business)

Oxford will reimburse services for any eligible child, who is a MA resident, for services that are part of a prescribed treatment plan, called an Individualized Family Service Plan (IFSP), under the Early Intervention Program (MA). This reimbursement will not be applied against any maximum lifetime or annual monetary limits set forth in the member specific benefit plan documents. Reimbursement will be made subject to the state prescribed treatment plan (IFSP) and authorization. Services prescribed in the IFSP are deemed to be medically necessary for coverage purposes.

The Massachusetts Department of Public Health (MDPH) is responsible for administering and overseeing the Early Intervention system in the state of Massachusetts. The MDPH certifies programs, coordinates funding, and carries out monitoring and technical assistance activities. The MDPH has developed Early Intervention Services Operational Standards to describe requirements of community early intervention programs and these standards are used as criteria by the MDPH for ongoing monitoring, contract performance review and early intervention program certification. Early intervention services are provided by qualified personnel working with or in a MDPH certified early intervention program. Providers of early intervention services set forth in the IFSP are considered to be participating providers for these services.

Coverage Guidelines

- Precertification is required for all services related to an Early Intervention Program.
- The receipt of an IFSP from a certified Early Intervention Program by Health Care Services will serve as the authorization for early intervention services.
- Health Care Services will enter an authorization for services recommended in the IFSP.
- Oxford does not have the right to apply medical criteria or Oxford policy.
- No payment made by the insurer shall be applied against any maximum lifetime or annual limits set forth in the Certificate of Coverage or Summary of Benefits.

Massachusetts Early Intervention Services may include:

- Assistive technology
- Audiology
- Behavior modification
- Educational services
- Family counseling and home visits
- Nursing care
- Nutritional counseling
- Occupational therapy
- Physical therapy

- Psychological services
- Social services
- Other specialty services

New York Residents

Oxford shall not exclude coverage for an otherwise covered service, solely on the basis that the services constitute early intervention program services. Oxford will provide coverage for medically necessary early intervention services provided as part of the early intervention program and covered under the member specific benefit plan documents. Such coverage will not be applied against maximum annual or lifetime monetary limits, but is subject to Oxford's determination of medical necessity and Oxford policy and processing guidelines.

The State of New York has established an early intervention program to provide coordinated and comprehensive early intervention services to infants and toddlers with disabilities. New York State has established a program intended to assure access to a comprehensive variety of needed services for Eligible Children. The program requires that municipalities (primarily counties) identify Eligible Children, determine their needs and arrange for the provision of appropriate services based on close consultation and cooperation with the parents of the child. New York State provides this program, manages the care and determines the appropriate services to be rendered.

Note: For services related to the diagnosis and treatment of Autism, please refer to the [Autism](#) policy.

Coverage Guidelines

- Services obtained through an Early Intervention Program in New York are reimbursable by Oxford if such coverage exists under the Member's Certificate of Coverage and medical necessity is established. Current policies should be followed. Refer to Oxford policy [Outpatient Physical and Occupational Therapy \(OptumHealth Care Solutions Arrangement\)](#).
- Oxford maintains the ability to apply medical necessity criteria. Early Intervention services should be reviewed for medical necessity.
- Coverage for Early Intervention services is focused primarily on hospital, medical or therapeutic services as opposed to educational or instructional services, and coverage may vary based on the member specific benefit plan documents.
 - To initiate the process, the provider must send a subrogation notice indicating the provider's assignment as the early intervention provider for the child. The provider also must send a copy of the Individualized Family Service Plan (IFSP) either with the subrogation notice or separately to medical management for the medical necessity review. The provider will submit claims through the NY state fiscal agent.
 - The provider or the municipality has a right to subrogation.

New York Early Intervention Services may include:

- Assistive technology devices and services
- Audiology
- Family education
- Counseling
- Home visits and parent support groups
- Nursing services
- Nutrition services
- Occupational therapy
- Physical therapy
- Psychological services
- Social work services
- Special instruction
- Speech language pathology
- Vision services

Maximums or Lifetime Limits

Services rendered as part of the Early Intervention Program shall not be applied against any annual maximum or lifetime monetary limits for non-early intervention services set forth in the member specific benefit plan documents. Visit limitations and other terms and conditions of the Certificate or contract will continue to apply to early intervention services.

Example: If the Member's Physical Therapy benefit is 60 visits, Oxford will not be required to pay for more than 60 visits as part of the Early Intervention Program. However, the Member will still have 60 "additional" visits for covered services outside of the Early Intervention Program.

Subrogation

Oxford must reimburse municipalities or the provider where the municipality has paid for and/or the provider has rendered early intervention services for an Eligible Child that are medically necessary and covered under a Member's Certificate of a fully insured New York plan subject to the member specific benefit plan documents. Upon notice of a child's eligibility for benefits under a health insurance plan, a municipality or the provider must promptly notify the commercial insurer of its intent to exercise subrogation rights. Notice to the insurer must include specific information using the state mandated subrogation form. When the notice of subrogation is sent to Oxford by the municipality or the provider, Oxford will request the Individual Family Service Plan (IFSP) in order to determine medical necessity. Any written claim for early intervention program services must be submitted by the NY state fiscal agent, the municipality as the approved provider or the provider.

DEFINITIONS

CT - Eligible Children (Birth to Three): Children from birth to 36 months of age, who are not eligible for special education and related services, and are:

- Experiencing a significant developmental delay as measured by standardized diagnostic instruments and procedures, including informed clinical opinion, in one or more of the following areas:
 - Cognitive development,
 - Physical development, including vision or hearing,
 - Communication development,
 - Social or emotional development,
 - Adaptive skills; **or**
- Diagnosed as having a physical or mental condition that has a high probability of resulting in developmental delay.

MA - Eligible Children (Early Intervention): Children from birth to three years old (36 months) and living in Massachusetts who have been identified as having established risk or established development delays or who are at risk for developmental delays or disorders due to certain biological and/or or environmental factors. Eligibility is determined through a multidisciplinary team exercising sound clinical judgment and using a developmental inventory tool approved by the Massachusetts Department of Public Health.

NY - Eligible Children (Early Intervention): Any infant or toddler from birth through age two years who has a disability, provided that if such infant or toddler:

- Turns three years of age on or before August 31st, he or she shall, if requested by the parent, be eligible to receive early intervention services contained in an individualized family service plan until September 1st of that calendar year; **or**
- Turns three years of age on or after September 1st, he or she shall, if requested by the parent and if already receiving early intervention services, be eligible to continue receiving early intervention services until January 2nd of the next calendar year (*Exception: If the infant or toddler is receiving preschool special education services, he or she shall not be an eligible child*); **and**

The child has not attained developmental milestones expected for the child's chronological age adjusted for prematurity in one or more of the following areas of development:

- Cognitive development,
- Physical development (including vision, hearing, oral motor feeding and swallowing disorders),
- Communication development,
- Social/emotional development,
- Adaptive development.

APPLICABLE CODES

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies may apply.

CPT Code	Description
Speech Therapy	
92506	Evaluation of speech, language, voice, communication, and/or auditory processing
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

CPT Code	Description
Speech Therapy	
92526	Treatment of swallowing dysfunction and/or oral function for feeding
92610	Evaluation of oral and pharyngeal swallowing function
92626	Evaluation of auditory rehabilitation status; first hour
92627	Evaluation of auditory rehabilitation status; each additional 15 minutes (List separately in addition to code for primary procedure)
92700	Unlisted otorhinolaryngological service or procedure

Early Intervention Program/Birth to Three: Massachusetts

Providers of early intervention services will submit claims using the following CPT code or the Massachusetts HCPCS codes below.

96153	Health and behavior assessment, each 15 minutes, face-to-face; individual <i>CPT® is a registered trademark of the American Medical Association</i>
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HCPCS Code	Description
Speech Therapy	
S9152	Speech therapy, re-evaluation

Early Intervention Program/Birth to Three: Connecticut

Thirty-nine contracted agencies have agreed to submit Early Intervention claims using the following four HCPCS codes.

H2015	Comprehensive community support services, per 15 minutes
T1015	Clinic visit/encounter, all inclusive
T1024	Evaluation and treatment by an integrated, specialty team contracted to provide coordinated care to multiple or severely handicapped children, per encounter
T1027	Family training and counseling for child development, per 15 minutes

Early Intervention Program/Birth to Three: Massachusetts

Providers of early intervention services will submit claims using the following HCPCS codes or the Massachusetts CPT code above.

H2015	Comprehensive community support services, per 15 minutes
H2019	Therapeutic behavioral services, per 15 minutes
T1015	Clinic visit/encounter, all inclusive
T1023	Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project, or treatment protocol, per encounter
T1024	Evaluation and treatment by an integrated specialty team contracted to provide coordinated care to multiple or severely handicapped children, per encounter
T1027	Family training and counseling for child development; parent-focused group session.

Note for Connecticut: HCPCS codes H2015, T1015, T1024, and T1027 will be billed with the related ICD-10 codes and modifiers to identify the type of provider. The DMR has established a fee schedule payable to the entities for early intervention services, and this fee schedule will be updated periodically. Where a carrier has a negotiated arrangement with one of the 39 contracted agencies, the fee payable will be the lesser of the carrier's negotiated fee or the DMR fee schedule.

The following list of diagnosis codes are benefit exclusions and will not be covered for **Speech Therapy**.

Exceptions:

- For CT, NY and MA residents from birth to 36 months who have delays or disabilities and who are participating in an Early Intervention/Birth to Three programs, refer to the [Early Intervention/Birth to Three Program](#) section of this policy for additional information.
- Refer to the [Benefit Considerations](#) section of this policy for additional product related exceptions for other conditions (autism, biologically based mental illness, etc.).

ICD-10 Diagnosis Code	Description
Speech Therapy	
F07.89	Other personality and behavioral disorders due to known physiological condition
F70	Mild intellectual disabilities
F71	Moderate intellectual disabilities

ICD-10 Diagnosis Code	Description
Speech Therapy	
F72	Severe intellectual disabilities
F73	Profound intellectual disabilities
F78	Other intellectual disabilities
F79	Unspecified intellectual disabilities
F80.0	Phonological disorder
F80.1	Expressive language disorder
F80.89	Other developmental disorders of speech and language
F80.9	Developmental disorder of speech and language, unspecified
F81.0	Specific reading disorder
F81.2	Mathematics disorder
F81.81	Disorder of written expression
F81.89	Other developmental disorders of scholastic skills
F81.9	Developmental disorder of scholastic skills, unspecified
F82	Specific developmental disorder of motor function
F88	Other disorders of psychological development
F89	Unspecified disorder of psychological development
F90.0	Attention-deficit hyperactivity disorder, predominantly inattentive type
F90.1	Attention-deficit hyperactivity disorder, predominantly hyperactive type
F90.2	Attention-deficit hyperactivity disorder, combined type
F90.8	Attention-deficit hyperactivity disorder, other type
F90.9	Attention-deficit hyperactivity disorder, unspecified type
R27.0	Ataxia, unspecified
R27.8	Other lack of coordination
R27.9	Unspecified lack of coordination
R48.0	Dyslexia and alexia
R48.1	Agnosia
R48.2	Apraxia
R48.8	Other symbolic dysfunctions
R48.9	Unspecified symbolic dysfunctions
R62.0	Delayed milestone in childhood
R62.50	Unspecified lack of expected normal physiological development in childhood
R62.51	Failure to thrive (child)
R62.52	Short stature (child)
R62.59	Other lack of expected normal physiological development in childhood

DESCRIPTION OF SERVICES

Speech Therapy is the study, diagnosis, and treatment of defects and disorders of the voice and of spoken and written communication. Coverage on an outpatient basis is limited to the amount of visits shown in the Member's Summary of Benefits.

Early Intervention (Birth to Three - CT) focuses on helping eligible babies and toddlers learn the basic and brand-new skills that typically develop during the first three years of life. Early Intervention (Birth to Three - CT) are state run programs. The state provides the program, manages the care and prescribes services to be rendered. The mission of the program is to strengthen the capacity of families to meet the developmental and health-related needs of their infants and toddlers who have delays or disabilities.

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Date	Action/Description
02/01/2017	<ul style="list-style-type: none"><li data-bbox="488 254 1546 338">• Removed language pertaining to New Jersey (NJ) Individual Plans (<i>NJ individual benefit plans transitioned to UnitedHealthcare Oxford Navigate effective Jan. 1, 2017</i>)<li data-bbox="488 338 1546 371">• Archived previous policy version REHABILITATION 025.17 T2