

# SPEECH THERAPY AND EARLY INTERVENTION PROGRAMS/BIRTH TO THREE

**Policy Number:** REHABILITATION 025.19 T2

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

## 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 <sup>1,2</sup>
Authorization Required (Precertification always required for inpatient admission)	Yes - Home, Inpatient <sup>1,2</sup>
Precertification with Medical Director Review Required	Yes - Home <sup>1, 2</sup> No - Inpatient, Outpatient, Office <sup>1,2</sup>
Applicable Site(s) of Service (If site of service is not listed, Medical Director review is required)	Inpatient, Home, Outpatient, Office <sup>1,2</sup>
Special Considerations	<sup>1</sup> Applies to speech therapy services. <sup>2</sup> Authorization is required for all early intervention (EI) services regardless of the site of service.

## 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 document for specific details regarding benefit coverage, exclusions, limitations and/or maximums.

### **Product Specific Information**

State	Additional Information
Connecticut (CT) & New Jersey (NJ)	For speech therapy services related to the diagnosis and treatment of autism spectrum disorders, refer to the policy titled <a href="#">Autism</a> for additional information.
NJ Small Plans	For information regarding coverage for the retraining of the brain to perform intellectual skills which it was able to perform prior to disease, trauma, surgery, or previous therapeutic process; or for the training of the brain to perform intellectual skills it should have been able to perform if there were not a congenital anomaly, refer to the policy titled <a href="#">Physical, Occupational (OptumHealth Care Solutions Arrangement) and Speech Therapy including Cognitive/ Neuropsychological Rehabilitation for New Jersey Small Group Members</a> .
NJ Large Plans	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.
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 policy titled <a href="#">Autism</a> for additional information.

## COVERAGE RATIONALE

### **Speech Therapy**

#### **Notes:**

- The following providers can refer for speech therapy: orthopedist, neurologist, neurosurgeon, physiatrist, ENT, pediatrician, or PCP.
- For speech therapy related to the diagnosis and treatment for Autism, refer to the policy titled [Autism](#) for additional information.
- Please refer to the member specific benefit plan document for specific details regarding benefit coverage for speech therapy (ST).

State	Speech Therapy Coverage
CT Small & Large Plans	Speech therapy (ST) is covered when: <ul style="list-style-type: none"><li>• It is necessary to correct a condition that is the result of a disease, injury or congenital physical deformity that inhibits normal function.</li><li>• Used to help a person keep, learn or improve skills and functioning for daily living.</li></ul>
NJ Small Plans	ST is covered for the correction of a speech impairment resulting from illness, surgery, injury, congenital anomaly, or previous therapeutic processes. <b>Exception:</b> For a covered person who has been diagnosed with a biologically-based mental illness, ST means treatment of a speech impairment.
NJ Large Plans	ST is covered when it is necessary to correct a/an: <ul style="list-style-type: none"><li>• Condition that is the result of a disease</li><li>• Mental illness including autism spectrum disorder</li></ul>

State	Speech Therapy Coverage
	<ul style="list-style-type: none"> <li>• Injury</li> <li>• Congenital physical deformity that inhibits normal function</li> <li>• Developmental disability</li> </ul>
NY Small & Large Plans	<p>ST is covered to:</p> <ul style="list-style-type: none"> <li>• Assist a member in keeping, getting back or improving skills and functioning for daily living that have been lost or impaired because a person was sick, hurt, or disabled.</li> <li>• Keep, 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.</li> </ul>

### Early Intervention (EI) Program/Birth to Three

State	Early Intervention Program/Birth to Three Coverage
CT Residents	<p>Oxford will reimburse services for any <a href="#">Eligible Child</a> who is a CT resident for services that are part of a prescribed <a href="#">Individualized Family Service Plan (IFSP)</a> for children up to age 3.</p> <p><b>Coverage Guidelines</b></p> <ul style="list-style-type: none"> <li>• The reimbursement of EI services will not be applied against any visit maximums or any maximum lifetime or annual monetary limits and in and out of network cost shares (i.e.; copayment, coinsurance and deductibles) may not be applied.</li> <li>• Precertification is required for all services related to EI; however, Oxford <b>may not</b> apply medical necessity or any other Oxford policy to EI services.</li> <li>• CT EI services may include: <ul style="list-style-type: none"> <li>○ Evaluation</li> <li>○ Assistive technology</li> <li>○ Audiology</li> <li>○ Family training, counseling, and home visits</li> <li>○ Health services (those services necessary to enable a child to benefit from the other EI services during the time the child is receiving other EI services)</li> <li>○ Medical services only for diagnostic or evaluation purposes</li> <li>○ Nursing services</li> <li>○ Nutrition services</li> <li>○ Occupational therapy (OT)</li> <li>○ Physical therapy (PT)</li> <li>○ Psychological services</li> <li>○ Service coordination</li> <li>○ Sign language and cued language services</li> <li>○ Social work services</li> <li>○ Special instruction</li> <li>○ Speech-language pathology</li> <li>○ Transportation and related costs (as documented in the IFSP)</li> <li>○ Vision services</li> </ul> </li> </ul>
Massachusetts (MA) Residents (who have a CT, NJ or NY Line of Business)	<p>Oxford will provide coverage for EI services for any <a href="#">Eligible Child</a> who is a MA resident for services that are part of an IFSP under the MA Early Intervention (EI) Program.</p> <p><b>Coverage Guidelines</b></p> <ul style="list-style-type: none"> <li>• The reimbursement of EI services will not be applied against visit maximums or any maximum lifetime or annual monetary limit and cost shares (i.e.; copayment, coinsurance and deductible) cannot be applied. The prohibition on cost sharing applies to both in and out of network services (when non-network services are otherwise covered under the policy).</li> <li>• Precertification is required for all services related to EI; however, Oxford may not apply medical necessity or any other Oxford policy to EI services.</li> <li>• Providers of EI services documented in the IFSP are considered to be participating providers for EI services.</li> <li>• MA EI services may include: <ul style="list-style-type: none"> <li>○ Assistive technology</li> <li>○ Audiology</li> <li>○ Family counseling and home visits</li> <li>○ Medical services for diagnostic or evaluation purposes</li> <li>○ Nursing care</li> </ul> </li> </ul>

State	Early Intervention Program/Birth to Three Coverage
Massachusetts (MA) Residents (who have a CT, NJ or NY Line of Business) (continued)	<ul style="list-style-type: none"> <li>○ Nutrition services</li> <li>○ OT</li> <li>○ PT</li> <li>○ Psychological services</li> <li>○ Service coordination</li> <li>○ Sign language and cued speech</li> <li>○ Social work services</li> <li>○ Special instruction</li> <li>○ Speech and language therapy services</li> <li>○ Transportation services</li> <li>○ Vision services</li> </ul>
NY Residents	<p>Oxford will provide coverage for any <a href="#">Eligible Child</a> who is a NY resident for EI services provided as part of the EI program and covered under the member specific benefit plan document. This reimbursement will not be applied against maximum annual or lifetime monetary limits and copayments and coinsurance cannot be applied. <b>Note:</b> The deductible may be applied.</p> <p><b>Coverage Guidelines</b></p> <ul style="list-style-type: none"> <li>• Precertification is required for all services related to an EI Program.</li> <li>• EI services may be reviewed for medical necessity; however, EI services may not be denied solely because they are EI related.</li> <li>• Coverage for EI 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. The EI provider:             <ul style="list-style-type: none"> <li>○ <b>Must send a subrogation notice</b> indicating the provider's assignment as the EI provider for the child.</li> <li>○ <b>Must send a copy of the IFSP</b> either with the subrogation notice or separately to medical management for the medical necessity review.</li> <li>○ <b>Submit claims</b> through the NY state fiscal agent.</li> </ul> </li> </ul> <p><b>Note:</b> The provider or the municipality has a right to subrogation.</p> <ul style="list-style-type: none"> <li>• NY EI Services may include:             <ul style="list-style-type: none"> <li>○ Assistive technology devices and services</li> <li>○ Family education and counseling, home visits and parent support groups</li> <li>○ Nursing services</li> <li>○ Nutrition services</li> <li>○ OT</li> <li>○ PT</li> <li>○ Psychological services</li> <li>○ Service coordination</li> <li>○ Social work services</li> <li>○ Special instruction</li> <li>○ Speech pathology and audiology</li> <li>○ Vision services</li> </ul> </li> </ul> <p><b>Subrogation</b></p> <p>Oxford must reimburse municipalities or the provider where the municipality has paid for and/or the provider has rendered EI services for an Eligible Child that are medically necessary and covered under a fully insured NY plan member's Certificate of Coverage (subject to the member specific benefit plan documents).</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Notice to the insurer must include specific information using the state mandated subrogation form.</li> <li>• When the notice of subrogation is sent to Oxford by the municipality or the provider, Oxford will request the IFSP in order to determine medical necessity.</li> <li>• Any written claim for EI program services must be submitted by the NY state fiscal agent, the municipality as the approved provider or the provider.</li> </ul>

## DEFINITIONS

Term	State	Definition
Individualized Family Service Plan (IFSP)	CT	A written plan for providing early intervention services to an Eligible Child and the child's family.
Interim IFSP	CT	A temporary plan developed with parental consent for a child with a known developmental delay or disability who has apparent immediate needs for early intervention service delivery between initial identification of the child's needs and the completion of the multidisciplinary evaluation and assessment.
Eligible Child/Children (Birth to Three)	CT	Children from birth to 3 years (36 months) of age who are not eligible for special education and related services and are: <ul style="list-style-type: none"> <li>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: <ul style="list-style-type: none"> <li>Cognitive development</li> <li>Physical development, including vision or hearing</li> <li>Communication development</li> <li>Social or emotional development</li> <li>Adaptive skills</li> </ul> </li> <li><b>or</b></li> <li>Diagnosed as having a physical or mental condition that has a high probability of resulting in developmental delay.</li> </ul>
Eligible Children (Early Intervention)	MA	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	Any infant or toddler from birth through age two years who has a disability, provided that if such infant or toddler: <ul style="list-style-type: none"> <li>Turns three years of age: <ul style="list-style-type: none"> <li>On or before August 31<sup>st</sup>, 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 1<sup>st</sup> of that calendar year; <b>or</b></li> <li>On or after September 1<sup>st</sup>, 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 2<sup>nd</sup> of the next calendar year <i>Exception: If the infant or toddler is receiving preschool special education services, he or she shall not be an Eligible Child)</i></li> </ul> </li> <li><b>and</b></li> <li>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: <ul style="list-style-type: none"> <li>Cognitive development</li> <li>Physical development (including vision, hearing, oral motor feeding and swallowing disorders)</li> <li>Communication development</li> <li>Social/emotional development</li> <li>Adaptive development</li> </ul> </li> </ul>

## 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
<b>Speech Therapy</b>	
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 (e.g., stuttering, cluttering)
92522	Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria);
92523	Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (e.g., 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
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.

96153	Health and behavior assessment, each 15 minutes, face-to-face; individual
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HCPCS Code	Description
<b>Speech Therapy</b>	
G0153	Services performed by a qualified speech-language pathologist in the home health or hospice setting, each 15 minutes
S9128	Speech therapy, in the home, per diem
S9152	Speech therapy, re-evaluation

**Early Intervention Program/Birth to Three: Connecticut**

Providers of early intervention services will submit claims using the following HCPCS codes.

H2014	Skills training and development, per 15 minutes
T1023	Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol, per encounter
T1027	Family training and counseling for child development, per 15 minutes
T1028	Assessment of home, physical and family environment, to determine suitability to meet patient's medical needs
T2024	Service assessment/plan of care development, waiver

**Early Intervention Program/Birth to Three: Massachusetts**

Providers of early intervention services will submit claims using the following HCPCS codes.

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
T1025	Intensive, extended multidisciplinary services provided in a clinic setting to children with complex medical, physical, mental and psychosocial impairments, per diem
T1026	Intensive, extended multidisciplinary services provided in a clinic setting to children with complex medical, physical, medical and psychosocial impairments, per hour
T1027	Family training and counseling for child development; parent-focused group session

**Note for Connecticut:** The Department of Developmental Services (DDS) 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 DDS fee schedule.

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

ICD-10 Diagnosis Code	Description
<b>Speech Therapy</b>	
F70	Mild intellectual disabilities
F71	Moderate intellectual disabilities
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
R27.8	Other lack of coordination
R27.9	Unspecified lack of coordination
R48.0	Dyslexia and alexia
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.

## REFERENCES

- Birth to Three Program for CT Residents, <http://www.birth23.org>. Accessed May, 4, 2018.
- Birth to Three Fee for Service Chart of Services, Rates, and Limits, revised December 5, 2017. Available at: [https://portal.ct.gov/-/media/Departments-and-Agencies/DSS/Health-and-Home-Care/Birth-to-Three/BirthtoThree\\_Services\\_Chart\\_Proc-Codes\\_Limits\\_Rates\\_REVISED\\_12\\_5\\_17.pdf?la=en](https://portal.ct.gov/-/media/Departments-and-Agencies/DSS/Health-and-Home-Care/Birth-to-Three/BirthtoThree_Services_Chart_Proc-Codes_Limits_Rates_REVISED_12_5_17.pdf?la=en). Accessed May 5, 2018.
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- Massachusetts: Massachusetts Department of Public Health, Early Intervention Services Operational Standards. Available at: <http://eipop.wpengine.com/wp-content/uploads/2015/03/EIStandards2013.pdf>. Accessed June 6, 2018.
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- New York Circular Letter No.7 (1994).
- New York: ADVANCE LAWS TO INSURANCE LAWS...Ch.1 -- SB 6084; Part C 3235-a.
- New York: New York Insurance Laws 3235 Payment for early intervention services.
- NJ Administrative Code 11:41-57.3.
- NY Insurance Law § 3216, 3221 and 4303.
- Oxford Certificates of Coverage.
- U.S.Food and Drug Administration (FDA) [website].Import Alert IA8908.Automatic Detention Alert for Audiokinotron and Electronic Ear.[revised 06/08/2005].Available at: <http://www.fda.gov>. Accessed June 14, 2005.

## POLICY HISTORY/REVISION INFORMATION

Date	Action/Description
10/01/2018	<ul style="list-style-type: none"> <li>• Updated list of related policies; added reference link to the policy titled <i>Home Health Care</i></li> <li>• Revised conditions of coverage/special considerations; added language to indicate authorization is required for all early intervention (EI) services regardless of the site of service</li> <li>• Revised benefit considerations/product specific information to indicate:               <ul style="list-style-type: none"> <li><b>Connecticut (CT) &amp; New Jersey (NJ)</b> <ul style="list-style-type: none"> <li>○ Refer to the policy titled <a href="#">Autism</a> for additional information on speech therapy services related to the diagnosis and treatment of autism spectrum disorders</li> </ul> </li> <li><b>NJ Small Plans</b> <ul style="list-style-type: none"> <li>○ Refer to the policy titled <a href="#">Physical, Occupational (OptumHealth Care Solutions Arrangement) and Speech Therapy including Cognitive/ Neuropsychological Rehabilitation for New Jersey Small Group Members</a> for information regarding coverage for the:                   <ul style="list-style-type: none"> <li>▪ Retraining of the brain to perform intellectual skills which it was able to perform prior to disease, trauma, surgery, or previous therapeutic process, or</li> <li>▪ Training of the brain to perform intellectual skills it should have been able to perform if there were not a congenital anomaly</li> </ul> </li> </ul> </li> <li><b>NJ Large Plans</b> <ul style="list-style-type: none"> <li>○ 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</li> </ul> </li> <li><b>New York (NY) Plans</b> <ul style="list-style-type: none"> <li>○ Coverage must be provided for the screening and diagnosis of autism or another developmental disability</li> <li>○ Coverage must also be provided for medically necessary occupational, physical and speech therapies, as prescribed through a treatment plan, when</li> </ul> </li> </ul> </li> </ul>



Date	Action/Description
	<p>the diagnosis is autism or another developmental disability</p> <ul style="list-style-type: none"> <li>○ Refer to the policy titled <a href="#">Autism</a> for additional information</li> </ul> <ul style="list-style-type: none"> <li>● Revised coverage rationale for: <ul style="list-style-type: none"> <li><b>Speech Therapy (ST)</b></li> <li><i>CT Small &amp; Large Plans</i></li> <li>○ Added language to indicate ST is covered when used to help a person keep, learn or improve skills and functioning for daily living</li> <li>○ Removed language indicating ST is 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)</li> <li><i>NJ Small Plans</i></li> <li>○ Added exception language for a covered person who has been diagnosed with a biologically-based mental illness to indicate ST means treatment of a speech impairment</li> <li>○ Removed language indicating speech therapy is covered when it is provided to help develop rather than restore function (habilitative) if a member's primary diagnosis is autism or another developmental disability</li> <li><i>NJ Large Plans</i></li> <li>○ Added language to indicate ST is covered when it is necessary to correct a/an: <ul style="list-style-type: none"> <li>▪ Condition that is the result of a disease</li> <li>▪ Mental illness including autism spectrum disorder</li> <li>▪ Injury</li> <li>▪ Congenital physical deformity that inhibits normal function</li> <li>▪ Developmental disability</li> </ul> </li> <li><i>NY Small &amp; Large Plans</i></li> <li>○ Replaced language indicating: <ul style="list-style-type: none"> <li>▪ "ST is covered to assist a member in <i>retaining, recovering</i> or improving skills and functioning for daily living" with "ST is covered to assist a member in <i>keeping, getting back</i> or improving skills and functioning for daily living"</li> <li>▪ "ST is covered to <i>retain, learn</i> or improve skills and functioning for daily living" with "ST is covered to <i>keep, learn</i> or improve skills and functioning for daily living"</li> </ul> </li> <li><b>Early Intervention Program/Birth to Three</b></li> <li><i>CT Residents</i></li> <li>○ Modified coverage guidelines to indicate: <ul style="list-style-type: none"> <li>▪ Oxford will reimburse services for any eligible child, who is a CT resident, for services that are part of a prescribed Individualized Family Service Plan (IFSP) for children up to age 3</li> <li>▪ The reimbursement of EI services will not be applied against any visit maximums or any maximum lifetime or annual monetary limits and in and out of network cost shares (i.e., copayment, coinsurance and deductibles) may not be applied</li> <li>▪ Precertification is required for all services related to EI; however, Oxford may not apply medical necessity or any other Oxford policy to EI services</li> </ul> </li> <li>○ Updated list of applicable EI services: <ul style="list-style-type: none"> <li>▪ Added: <ul style="list-style-type: none"> <li>- Assistive technology</li> <li>- Sign language and cued language services</li> <li>- Transportation and related costs (as documented in the IFSP)</li> </ul> </li> <li>▪ Replaced: <ul style="list-style-type: none"> <li>- "Audiology or <i>hearing services</i>" with "audiology"</li> <li>- "<i>Initial</i> evaluation" with "evaluation"</li> </ul> </li> </ul> </li> <li><i>Massachusetts (MA) Residents (who have a CT, NJ, or NY Line of Business)</i></li> <li>○ Modified coverage guidelines to indicate: <ul style="list-style-type: none"> <li>▪ Oxford will provide coverage for EI services for any eligible child, who is a MA resident, for services that are part of an IFSP, under the MA Early Intervention (EI) Program</li> </ul> </li> </ul> </li> </ul>

Date	Action/Description
	<ul style="list-style-type: none"> <li>▪ The reimbursement of EI services will not be applied against visit maximums or any maximum lifetime or annual monetary limit and cost shares (i.e., copayment, coinsurance and deductible) cannot be applied; the prohibition on cost sharing applies to both in and out of network services (when non-network services are otherwise covered under the policy)</li> <li>▪ Precertification is required for all services related to EI; however, Oxford may not apply medical necessity or any other Oxford policy to EI services</li> <li>▪ Providers of EI services documented in the IFSP are considered to be participating providers for EI services</li> <li>○ Updated list of applicable EI services: <ul style="list-style-type: none"> <li>▪ Added: <ul style="list-style-type: none"> <li>- Medical services for diagnostic or evaluation purposes</li> <li>- Service coordination</li> <li>- Sign language and cued speech</li> <li>- Special instruction</li> <li>- Speech and language therapy services</li> <li>- Transportation services</li> <li>- Vision services</li> </ul> </li> <li>▪ Removed: <ul style="list-style-type: none"> <li>- Behavior modification</li> <li>- Educational services</li> <li>- Other specialty services</li> </ul> </li> <li>▪ Replaced: <ul style="list-style-type: none"> <li>- "Nutritional <i>counseling</i>" with "nutrition <i>services</i>"</li> <li>- "Social services" with "social <i>work services</i>"</li> </ul> </li> </ul> </li> <li><i>NY Residents</i> <ul style="list-style-type: none"> <li>○ Modified coverage guidelines to indicate: <ul style="list-style-type: none"> <li>▪ Oxford will provide coverage for any eligible child who is a NY resident for EI services provided as part of the EI program and covered under the member specific benefit plan document</li> <li>▪ Reimbursement will not be applied against maximum annual or lifetime monetary limits and copayments and coinsurance cannot be applied (the deductible may be applied)</li> <li>▪ Precertification is required for all services related to an EI program</li> <li>▪ EI services may be reviewed for medical necessity; however, EI services may not be denied solely because they are EI related</li> <li>▪ Coverage for EI 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 document; the EI provider: <ul style="list-style-type: none"> <li>- Must send a subrogation notice indicating the provider's assignment as the EI provider for the child</li> <li>- Must send a copy of the IFSP either with the subrogation notice or separately to medical management for the medical necessity review</li> <li>- Submit claims through the NY state fiscal agent</li> </ul> </li> </ul> </li> <li>○ Removed language pertaining to maximums or lifetime limits</li> </ul> </li> <li>• Updated definitions for <b>CT</b>: <ul style="list-style-type: none"> <li>○ Added definition of: <ul style="list-style-type: none"> <li>▪ Individualized Family Service Plan (IFSP)</li> <li>▪ Interim IFSP</li> </ul> </li> <li>○ Modified definition of "Eligible Child/Children (Birth to Three)"</li> </ul> </li> <li>• Updated lists of applicable codes for: <ul style="list-style-type: none"> <li><b>Speech Therapy</b></li> <li><i>CPT Codes</i> <ul style="list-style-type: none"> <li>○ Added 92521, 92522, 92523, and 92524</li> <li>○ Removed 92506</li> </ul> </li> <li><i>HCPCS Codes</i> <ul style="list-style-type: none"> <li>○ Added G0153 and S9128</li> </ul> </li> <li><i>ICD-10 Diagnosis Codes (Benefit Exclusions/Not Covered)</i></li> </ul> </li> </ul>

Date	Action/Description
	<ul style="list-style-type: none"> <li>○ Removed F07.89, R27.0, R48.1, and R48.2</li> <li>○ Removed notation pertaining to exceptions for members participating in an Early Intervention/Birth to Three program (refer to the <i>Coverage Rationale</i> section of the policy for applicable guidelines)</li> </ul> <p><b>Early Intervention Program/Birth to Three</b></p> <p><i>HCPCS Codes</i></p> <ul style="list-style-type: none"> <li>○ <b>MA:</b> Added T1025 and T1026</li> <li>○ <b>CT:</b> <ul style="list-style-type: none"> <li>▪ Removed H2015, T1015, and T1024</li> <li>▪ Modified notation pertaining to the fee schedule for early intervention services; replaced reference to "Department of Mental Retardation (DMR)" with "Department of Developmental Services (DDS)"</li> </ul> </li> </ul> <ul style="list-style-type: none"> <li>• Updated supporting information to reflect the most current references</li> <li>• Archived previous policy version REHABILITATION 025.18 T2</li> </ul>