



MEDICAL POLICY STATEMENT OHIO MEDICAID

Policy Name	Policy Number	Date Effective
Pediatric Speech-Language Therapy	MM-1244	07/01/2022-09/30/2022
Policy Type		
Administrative	Pharmacy	Reimbursement

Medical Policy Statement prepared by CareSource and its af44 (s)79eC1liMC /Re9 /Re9 /5/Re9 s

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