COVERAGE:

Speech Therapy services ARE ELIGIBLE FOR COVERAGE when all of the following criteria are met:

- used in the treatment of communication impairment or swallowing disorders due to disease, trauma, congenital anomalies, or prior therapeutic intervention
- prescribed by a licensed physician and rendered by a licensed or otherwise certified Speech Therapist
- used to achieve a specific diagnosis-related goal for a patient who has a likely expectation of achieving measurable improvement in a predictable period of time

Speech Therapy services ARE NOT ELIGIBLE FOR COVERAGE for any of the following:

- dysfunctions that are self-correcting, such as language therapy for young children with natural dysfluency or developmental articulation errors
- services which maintain function by using routine, repetitive, and reinforced procedures that are neither diagnostic or therapeutic
- other procedures that may be carried out effectively by the patient, family, or caregiver/teacher

DESCRIPTION:

Speech Therapy is the treatment of communication impairment and swallowing disorders. Speech therapy services facilitate the development and maintenance of human communication and swallowing through assessment, diagnosis, and rehabilitation.

GLOSSARY OF TERMS:

APHASIA or DYSPHASIA: The loss or impairment of language following brain damage.

AURAL REHABILITATION: Services and procedures for facilitating adequate receptive and expressive communication in individuals with hearing impairment.

BROCA'S APHASIA: Impaired language due to an anterior left hemispheric lesion resulting in non-fluent utterances, restricted vocabulary, articulation errors, and relatively spared auditory comprehension.

WERNICKE'S APHASIA: Loss of language due to posterior left
hemispheric lesion resulting in an inability to comprehend language, and characterized by fluent non-meaningful speech.

ANOMIA: (Word finding and word fluency disorders): An inability to name or retrieve the appropriate word upon confrontation.

APHONIA, DYSPHONIA: The absence or abnormal production of voice quality, pitch, loudness, resonance and/or duration. This may be due to disuse or abuse of the vocal mechanism or damage to its anatomical structure (i.e. cancer, vocal nodules, polyps, vocal cord paralysis or hyper function).

APRAXIA (dyspraxia): A disorder resulting from cortical damage, affecting the ability to volitionally control motor programming. There is no associated weakness.

COGNITIVE-LINGUISTIC IMPAIRMENT: (Cognitive-communicative disorder): Disabilities encountered in a person's language and conceptual framework that impede his/her functional ability to interact verbally and non-verbally with the environment. Such impairments are congenital or acquired.

DYSARTHRIA: A group of neurogenic speech disorders resulting from damage to the central or peripheral nervous system, causing disturbances in muscular control of the speech mechanisms that affect respiration, phonation, resonance, articulation, and prosody.

DYSPHAGIA: Difficulty in the entire act of deglutition from placement of food in the mouth through the oral and pharyngeal stages of the swallow, until the material enters the esophagus through the cricopharyngeal juncture.

FLUENCY DISORDER: The abnormal flow of verbal expression, damage to its anatomical structure (i.e. cancer, vocal nodules, polyps, vocal cord paralysis or hyper function).

HEARING IMPAIRMENT: A hearing disorder whether fluctuating or permanent, which adversely affects an individual's communication performance. The hard of hearing individual relies upon the auditory channel as the primary sensory avenue for speech and language.

RATIONALE:
None

PRICING:
A speech therapy session is defined as up to one hour of speech therapy (treatment and/or evaluation) on any given day. Up to three sessions are considered medically necessary to evaluate the patient and to develop a written plan of care.

DISCLAIMER:
State and federal law, as well as contract language, including definitions and specific inclusions/exclusions, takes precedence over Medical Policy and must be considered first in determining coverage. The member’s contract benefits in effect on the date that services are rendered must be used. Any benefits are subject to the payment of premiums for the date on which services are rendered. Medical technology is constantly evolving, and we reserve the right to review
and update Medical Policy periodically. HMO Blue Texas physicians who are contracted/affiliated with a capitated IPA/medical group must contact the IPA/medical group for information regarding HMO claims/reimbursement information and other general polices and procedures.

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