



**BlueCross BlueShield
of Illinois**

Blue Cross and Blue Shield of Illinois Provider Manual

HMO Scope of Benefits Section

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company,
an Independent Licensee of the Blue Cross and Blue Shield Association

Speech Therapy

Benefit

Speech therapy is covered when an IPA physician determines that such therapy is expected to result in significant improvement within two months in the condition for which it is rendered. Significant member improvement, not necessarily complete recovery, meets the criteria.

Interpretation

Speech therapy must be prescribed by a licensed physician and provided by, or under the supervision of, a Registered Speech Therapist to be in benefit. Speech therapists guide the improvement of speech and also help diagnose and treat infants and adults with swallowing disorders.

Results of a trial of therapy may help an IPA physician determine whether or not ongoing speech therapy is medically necessary.

Speech therapy which maintains, rather than improves, speech communication is not covered.

Communication devices, such as computer boards, are in benefit. The instruction of sign language or lip reading is not covered.

The IPA physician's expectation that a member will improve within 60 days is the key to determining whether or not services are in benefit. Referrals for therapy service should not be denied unless the IPA Physician does not anticipate significant improvement within 60 days.

Most benefit plans have a maximum number of treatments that are in benefit for outpatient rehabilitation therapies (Speech Therapy, Physical Therapy and Occupational Therapy.) See HMO Benefit Matrix to confirm the extent of therapy benefits.

Outpatient rehabilitative therapy visits should be counted as follows: A single date of service by the same provider will be counted as one treatment/visit for the calculation of the outpatient therapy maximum. In other words, if a member is sent for PT but at the visit the member is also provided ST, there is only one visit, regardless of the fact that more than one modality of treatment was provided.

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| Paid by | Professional Charges: (Inpatient/Outpatient) | IPA |
| | Facility Charges (Inpatient) | HMO |
| | Outpatient Facility Charges | IPA |
| | Equipment Charges (from a contracted provider) | HMO |
| | Equipment Charges (from a non-contracted provider) | IPA |

Notes:

- See related benefit Guideline on Day Rehabilitation
- Members who have an Autism Spectrum Disorder (ASD) will have additional occupational, physical, and speech therapy for the treatment of ASD after the purchased benefits are exhausted. See the ASD Guideline for additional information.