

February 27, 2007

Account
Account Contact
Patient Name
ID #
CMS#

Final Report

History: The patient is a 7 year old male with abnormal speech articulation. He was receiving speech therapy 1x/week through the school system. He was referred for outpatient speech therapy as the school therapist felt he needed more frequent therapy than the school could provide. His speech problem is reported to be a lateralized production of sibilant phonemes (hissing sounds with s, z, sh, ch) noted at the single word and conversation levels as well as sounds in isolation. Per the school therapist and parents, auditory perception seems to be fine. No other developmental delays or learning disabilities are noted. He lost his lower central incisors at the age of 9 months, and the speech therapist feels his speech impairment “is most likely related to the extended length of time with the missing lower central incisors”. She recommends outpatient speech therapy 2x/week for 30 minutes.

Case Management Interventions: A referral was received to review medical necessity of the requested speech therapy. Records sent with the referral were reviewed. Per the guidelines, speech therapy is considered medically necessary: “To restore or improve speech in members who have speech-language disorders that are the result of a non-chronic disease or acute injury; *or* The member has a speech delay that is associated with a specifically diagnosable disease, injury, or congenital defect (e.g., cleft palate, cleft lip, etc.)” The case was sent to the PhD speech pathologist consultant for review and recommendations. The consultant recommendations were received and reviewed.

Case Management Recommendations:

- It is the opinion of the PhD speech pathologist consultant that “This is not a developmental delay since the errors constitute a language deviation not a language delay...in this case the child demonstrates a lateralization of sounds and this is not seen in the English language. I would disagree with the clinician’s statement that the errors were due to the missing teeth and I know of no reports in the research literature to support this.” He also indicates that lateralized errors are particularly difficult to correct and could take up to 6 months of therapy. He recommends that if there is an “auditory processing abnormality which

- contributes to the speech articulation errors”, this could “broadly be considered an injury and in this light the therapy could be considered a medical necessity.”
- Recommend the speech therapy evaluation 2/5/07 was medically appropriate.
 - Based on the records reviewed, this child does not have any sign or history of auditory abnormality, and no documented illness or injury which causes the speech articulation problem. Therefore, based on the Fund’s plan language which states speech therapy is payable “only when medically necessary to restore a function lost due to injury or sickness”, the speech therapy 2x/week would not be considered medically necessary.
 - The patient and the provider have not been informed of this recommendation.
 - This writer will close the file, as services are no longer indicated.

Thank you for this referral. Please contact the undersigned with any questions.

Case Manager RN, CCM

Continued...

Date: 02/27/2007

Cost Savings Report

Account:
Reference #:
Patient:
Subscriber #:
Event: Speech disturbances (CMT)
Date Range: 02/26/07 - 02/28/07

Category	Amount	Type	Details
Direct	\$ 9,600.00	Non-recommended Outpatient services	ST 2x/week x 6 months

Direct Savings: \$ 9,600.00

Direct Expenses(-): \$ 0.00

Total direct savings for this period: \$ 9,600.00

Total direct savings for this event to date: \$ 9,600.00

Indirect Savings: \$ 0.00

Total indirect savings for this event to date: \$ 0.00