

# Speech Therapy Documentation for Physicians

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## Initial Evaluation (Referral to Therapy provider for first time service or referral to new therapy provider)

- Signed Order requesting an evaluation
- Document on a visit note the need for speech therapy services – ICD10 code is not sufficient documentation of speech/communication deficit –
  - o Make sure to review the age-appropriate developmental screening for speech/communication deficits
  - o Note should document that you have explained to the family that compliance with therapy and their recommended home exercise program are required
  - o Normal hearing test results done within the last 6 months for patients birth through 3 years and within the last 12 months for members 3 years and older. For patients who fail – please make sure to document medical management plan of hearing disorder
    - Pure Tone Audiometry
    - Audiology consult report
    - Otoacoustic Emissions (OAE) in screening mode for children who are unable to cooperate due to age (less than 4 years old) or medical diagnosis (e.g. severe autism)
- If the patient is less than 3 years old include ECI referral

## Initial Treatment (will be authorized for a maximum of 13 weeks to establish compliance and progress)

- Signed Order requesting speech therapy treatment
- Signed Speech Therapy Evaluation report and Plan of Care that documents the following:
  - o Diagnosis and reason for referral
  - o Brief statement of the member's medical history and any prior therapy treatment
  - o Patient's primary language and any other languages spoken at home.
  - o Documentation of the language that therapy will be conducted in
  - o A description of the member's current level of functioning or impairment, to include current norm-referenced standardized assessment scores, age equivalents, and percentage of functional delay
    - Speech therapy may be approved for scores > 1.5 standard deviations below the mean in at least one subtest area for norm-referenced standardized tests with a mean of 100 (<78), and > 1.33 standard deviations below the mean in at least one subtest for norm-referenced standardized tests with a mean of 10 (<6).
  - o A reasonable prognosis
  - o A statement of the prescribed treatment modalities and their recommended frequency and duration; and
  - o Short and long-term treatment goals which are specific to the member's diagnosed condition or impairment
  - o Prescribed home exercise program including the responsible adult's expected involvement in the member's treatment
  - o Plan for collaboration with ECI, Head Start, or SHARS when applicable

## Extension of Initial Treatment

- Signed initial Speech Therapy Evaluation report and Plan of Care that meets TCHP requirements as above
- Signed Speech Therapy Progress reports that document attendance, compliance with home exercise program and therapeutic exercises, and objective progress towards short term goals

## Re-evaluation

- Signed Order requesting speech therapy re-evaluation



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## Ongoing Treatment

- Signed Order requesting speech therapy treatment
- Signed Speech Therapy Re-Evaluation report and Plan of Care
  - o Diagnosis and reason for referral
  - o Brief statement of the member's medical history and any prior therapy treatment
  - o Patient's primary language and any other languages spoken at home.
  - o Documentation of the language that therapy will be conducted in
  - o Objective documentation of compliance: BOTH parent/member attendance to therapy sessions AND family/member's participation in prescribed home exercise program
  - o A description of the member's current level of functioning or impairment, to include current norm-referenced standardized assessment scores, age equivalents, and percentage of functional delay and comparison to prior test scores
    - Ongoing Speech therapy may be approved for scores >1.33 standard deviations below the mean in at least one subtest area for norm-referenced standardized tests with a mean of 100 (<80), and >1.33 standard deviations below the mean in at least one subtest for norm-referenced standardized tests with a mean of 10 (<7).
  - o A reasonable prognosis including capacity for continued progress
  - o A statement of the prescribed treatment modalities and their recommended frequency and duration; and
  - o Short and long-term treatment goals which are specific to the member's diagnosed condition or impairment including objective demonstration of the member's progress
  - o Prescribed home exercise program including the responsible adult's expected involvement in the member's treatment
  - o Documentation of collaboration with ECI, Head Start, or SHARS when applicable
- If the patient has been receiving more than 12 months of continuous therapy and has no underlying medical condition associated with developmental delay (Autism, Autism Spectrum Disorder, Pervasive Developmental Disorder, Down Syndrome, Cerebral Palsy, etc.) please submit the most recent THSteps/well child exam and developmental screening results.