

Speech Therapy Documentation for Referral Coordinators/Office Staff

| Initial Evaluation (Referral to Therapy provider for first time service or referral to new therapy provider) |
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| ☐ Completed prior authorization form |
| Order requesting an evaluation signed by the ordering provider within 60 days of the planned evaluation date |
| Copy of the visit note that identifies the need for speech therapy services dated within 60 days of the planned evaluation date |
| o If need for services not identified during THSteps/well child exam make sure to also include the most recent THSteps/well child exam and developmental screening results (PEDS or ASQ for children 6 and under) |
| o Note should document that the ordering provider has explained to the family that compliance with therapy and their recommended home exercise program are required |
| ☐ Hearing test results done within the last 6 months for patients birth through 3 years and within the last 12 months fo members 3 years and older |
| o Pure Tone Audiometry |
| o Audiology consult report |
| o 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 documentation of ECI referral |
| Initial Treatment |
| ☐ Completed prior authorization form |
| ☐ Order requesting speech therapy treatment signed by the ordering provider within 30 days of the planned service start date |
| Complete Speech Therapy Evaluation report and Plan of Care signed by the ordering physician within 60 days of submission for authorization |
| Extension of Initial Treatment |
| ☐ Completed prior authorization form |
| ☐ Complete initial Speech Therapy Evaluation report and Plan of Care signed by the ordering physician ☐ Speech Therapy Progress reports signed by the ordering provider |
| Re-evaluation |
| ☐ Completed prior authorization form |
| Order requesting speech therapy re-evaluation signed by the ordering provider within 30 days of the planned re-evaluation date |
| Ongoing Treatment |
| ☐ Completed prior authorization form |
| ☐ Order requesting speech therapy treatment signed by the ordering provider within 30 days of the planned service start date |
| Complete Speech Therapy Re-Evaluation report and Plan of Care signed by the ordering physician within 60 days o submission for authorization |
| ☐ Most recent THSteps/well child exam and developmental screening results for children who have been receiving more than 12 months of continuous therapy and have no underlying medical condition associated with developmental delay (Autism, Autism Spectrum Disorder, Pervasive Developmental Disorder, Down Syndrome, Cerebral Palsy, etc.) |