

Speech Therapy Documentation for Physicians

Initial Evaluation

Referral to therapy provider for first time service or referral to new therapy provider.

Effective September 1, 2019, prior authorization is no longer required for in-network evaluations.

Initial Treatment

Requests be may approved for up to 6 months at a time.

Hearing screening results required for speech therapy treatment; completed within the last 6 months for patients from birth through 3 years of age, and within the last 12 months for members ages 3 and older in the form of:

- Pure tone audiometry.
- Audiology consultation report.
- Otoacoustic emissions (OAE) in screening mode for children.

For children with a underlying chronic medical conditions associated with developmental delay (ADHD, Autism Spectrum Disorder, Cerebral Palsy, etc.), the request for a hearing screening may be waived with Medical Director approval.

If hearing screening results are not provided, there is a 90-day approval process, per Medical Director review.

Oral motor, swallowing and feeding disorders, including dysphagia, may also be referred for speech therapy.

A hearing screening is not required for feeding therapy.

Order requesting speech therapy treatment, signed and dated within 60 days of the planned service start date.

Evidence of current Texas Health Steps wellness checkup in the form of:

- Copy of current wellness checkup.
- Signed attestation of current wellness checkup.
- If current wellness checkup information is not provided, there is a 90-day approval process, per Medical Director review.

Completed Speech Therapy Evaluation report and Plan of Care, signed and dated by the ordering provider within 60 days of submission for authorization, documenting the following:

- Diagnosis and reason for referral.
- Brief statement of the member's medical history and any prior therapy treatment.
- Patient's primary language and any other languages spoken at home.
- Documentation of the language that therapy will be conducted in.
- A description of the member's current level of functioning or impairment, to include current standardized norm-referenced test scores, age equivalents, and percentage of functional delay.
 - ♦ Speech therapy may be approved for scores > 1.5 standard deviation below the mean in at least one subtest area for standardized norm-referenced tests with a mean of 100 (<78); and > 1.33 standard deviation below the mean in at least one subtest for standardized norm-referenced tests with a mean of 10 (<6).
- A reasonable prognosis.
- A statement of the prescribed treatment modalities and their recommended frequency and duration.
- Short and long-term treatment goals, specific to the member's diagnosed condition or impairment.
- Prescribed home exercise program, including the responsible adult's expected involvement in the member's treatment.
- 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 Texas Children's Health Plan requirements as indicated 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

 Included with ongoing treatment request – no additional documentation required.

Ongoing Treatment

Requests be may approved for up to 6 months at a time.

Signed order requesting speech therapy treatment.

Signed Speech Therapy Re-Evaluation Report and Plan of Care, documenting the following:

- Diagnosis and reason for referral.
- Brief statement of the member's medical history and any prior therapy treatment.
- Patient's primary language and any other languages spoken at home.
- Documentation of the language that therapy will be conducted in.
- Objective documentation of compliance: BOTH parent/member's attendance to therapy sessions AND family/ member's participation in prescribed home exercise program.
- A description of the member's current level of functioning or impairment, to include current standardized norm-referenced test scores, age equivalents, percentage of functional delay, and comparison to prior test scores.
 - ♦ Ongoing Speech therapy may be approved for scores >1.33 standard deviation below the mean in at least one subtest area for standardized norm-referenced tests with a mean of 100 (<80), and >1.33 standard deviation below the mean in at least one subtest for standardized norm-referenced tests with a mean of 10 (<7).</p>

- A reasonable prognosis, including potential for continued progress.
- 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.
- Prescribed home exercise program, including the responsible adult's expected involvement in the member's treatment.
- Documentation of collaboration with ECI, Head Start, or SHARS, when applicable.
- Evidence of current Texas Health Steps wellness checkup (previously submitted wellness checkup information will be applied if still current).

Notes:

Speech therapy for chronic conditions is not a benefit for members 21 years of age or older.

Stuttering - Speech therapy is not considered medically necessary for language therapy for young children with natural disfluency (stuttering). Disfluency is a common condition in young children with onset after age 3 and is usually self-correcting by age six to seven. This is sometimes referred to as normal non-fluency and is not an indication for speech therapy.

Change of provider letter – Required if a provider or member discontinues therapy during an existing pre-authorized period and the member requests services through a new provider.

Therapy Frequency

- Maintenance every other week
- Low once per week
- Moderate twice per week
- High 3 or more times per week (requires Medical Director approval and justification for high frequency therapy)