

CFHP Speech Therapy Prior Authorizations

- Medical necessity criteria guidelines effective August 1, 2016.
- The goals of the guidelines are to ensure that:
 - The Primary Care Providers are the involved in the plan of care for the Member;
 - An objective assessment of hearing is completed and appropriate follow-up given if required;
 - The Member is assessed for additional developmental, physical or social impairments or delays which may accompany a speech/language delay.

Highlights of the guidelines include:

- I. **Initial Evaluation** –This initial evaluation must be pre-authorized and the request must include:
 - A signed physician order requesting a therapy evaluation, dated within the previous 60 days and that is initiated by the PCP or pertinent physician;
 - Visit note that identifies a need for evaluation dated within 60 days prior to the therapy evaluation
 - An up-to-date well child examination, an objective, age-appropriate, developmental screening; and documentation of a referral to ECI for children < 3 years.
 - A referral, a scheduled appointment, or the results of an objective audiologic evaluation
- II. **Initial Therapy and Re-evaluation** - The Initial Therapy Visits must be pre-authorized
 - Initial therapy is not considered medically necessary and will not be approved when:
 - Test scores are within the normal range; or
 - The language delay is the result of English being a second language; or
 - The proposed therapy is considered to be experimental or investigational; or
 - The proposed therapy is solely educational such as grammar, vocabulary or other subjects which are part of a school curriculum.
- III. **Continued Therapy** - Ongoing services must be pre-authorized and include (but are not limited to):
 - An Evaluation report and Plan of Care that includes, but is not limited to the following:
 - A statement of the prescribed treatment modalities and their recommended frequency and duration
 - Short and long-term treatment goals
 - Objective documentation of parental adherence/compliance to BOTH:
 - Parent/Member attendance to therapy sessions AND
 - Family/Member's participation in the prescribed home exercise program
 - Documentation of an up-to-date well child examination and, for children < 5 years, an objective, age-appropriate, developmental screening
 - Documented results of an objective hearing evaluation

Call CFHP for additional information.

Prior authorization of Speech Therapy services can be made via fax, phone or web:

CFHP Health Services Management RightFax: (210) 358-6381 / (800) 887-7974

Authorization Phone Numbers: (210) 358 – 6050 or (800) 434 – 2347