

Musculoskeletal Program: Speech Therapy

Please use this fax form for NON-URGENT requests only. Failure to provide all relevant information may delay the determination. Phone and fax numbers may be found on evicore.com under the Guidelines and Forms section. You may also log into the provider portal located on the site to submit an authorization request.

URGENT (same day) REQUESTS MUST BE SUBMITTED BY PHONE

P Public Information

Previous Reference/Auth Number (If Continued Care):				Date of Submission:			
PATIENT	First Name:	MI:	Last Name:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		
	Member ID:	DOB (mm/dd/yyyy):					
	Street Address:		Apt #:				
	City:	State:	Zip Code:				
	Home Phone:	Cell Phone:		Primary:		<input type="checkbox"/> Home <input type="checkbox"/> Cell	
	Member Health Plan/Insurer:						

PA Health Plans ONLY:	I agree that the Ordering Physician on this case is a registered MD, DO, PA, or NP <input type="checkbox"/> Yes <input type="checkbox"/> No							
	First Name:		Last Name:					
	Primary Specialty:		TIN:	NPI:				
	Physician Phone:			Physician Fax:				
	Address:			Suite#:				
	City:		State:	Zip:				
	Office Contact:		Ext:	Email:				

PROVIDER	First Name:		Last Name:					
	Primary Specialty:		TIN:	NPI:				
	Physician Phone:			Physician Fax:				
	Address:		Suite #:					
	City:		State:	Zip:				
	Office Contact:		Ext:	Email:				

ADMINISTRATIVE	Diagnoses - Medical and SLP Diagnoses Relevant to Your Patient:					
	<u>Code</u>	<u>Description</u>	<u>Code</u>	<u>Description</u>		
	_____	_____	_____	_____		
	_____	_____	_____	_____		
	Is this request for any of the following? If no, select "None of the Above":					
	<input type="checkbox"/> Voice Prosthetic Fitting		<input type="checkbox"/> Instrumental Examination ex:{MBS, FES}		<input type="checkbox"/> Specialty Team Evaluation {ex AAC}	
<input type="checkbox"/> Auditory Processing Evaluation		<input type="checkbox"/> Flexible Laryngoscopy		<input type="checkbox"/> None of the Above		
Start Date for this Request:		This is an:		<input type="checkbox"/> INITIAL: New Condition not previously treated within the past 60 days <input type="checkbox"/> ONGOING: Same/previous condition <input type="checkbox"/> UNKNOWN		
Date of Initial/most recent evaluation:		Date of Current Findings:				

For an **INITIAL** request, please complete the following section.
Note: If there has been a gap in care greater than 60 calendar days, consider this as an initial request.

PLEASE COMPLETE THE FOLLOWING AS APPROPRIATE						
ADULT	Test	Standard Score	Impairment Rating: Check the level that best represents the impairment			
	Minimally Impaired = 1-19% Maximally Impaired = 100%					
	Speech/Dysarthria		<input type="checkbox"/> 1-19%	<input type="checkbox"/> 20-39%	<input type="checkbox"/> 40-59%	<input type="checkbox"/> 60-79% <input type="checkbox"/> 80-99% <input type="checkbox"/> 100%
	Swallowing		<input type="checkbox"/> 1-19%	<input type="checkbox"/> 20-39%	<input type="checkbox"/> 40-59%	<input type="checkbox"/> 60-79% <input type="checkbox"/> 80-99% <input type="checkbox"/> 100%
	Language/Aphasia		<input type="checkbox"/> 1-19%	<input type="checkbox"/> 20-39%	<input type="checkbox"/> 40-59%	<input type="checkbox"/> 60-79% <input type="checkbox"/> 80-99% <input type="checkbox"/> 100%
	Cognitive Communication		<input type="checkbox"/> 1-19%	<input type="checkbox"/> 20-39%	<input type="checkbox"/> 40-59%	<input type="checkbox"/> 60-79% <input type="checkbox"/> 80-99% <input type="checkbox"/> 100%
	Voice		<input type="checkbox"/> 1-19%	<input type="checkbox"/> 20-39%	<input type="checkbox"/> 40-59%	<input type="checkbox"/> 60-79% <input type="checkbox"/> 80-99% <input type="checkbox"/> 100%
	Fluency		<input type="checkbox"/> 1-19%	<input type="checkbox"/> 20-39%	<input type="checkbox"/> 40-59%	<input type="checkbox"/> 60-79% <input type="checkbox"/> 80-99% <input type="checkbox"/> 100%
	Oral Motor		<input type="checkbox"/> 1-19%	<input type="checkbox"/> 20-39%	<input type="checkbox"/> 40-59%	<input type="checkbox"/> 60-79% <input type="checkbox"/> 80-99% <input type="checkbox"/> 100%

PLEASE COMPLETE THE FOLLOWING AS APPROPRIATE								
PEDIATRIC	Test	Standard Score	Impairment Rating: Check the level that best represents the impairment					
			Minimally Impaired = 1-19% Maximally Impaired = 100%					
			<input type="checkbox"/> 1-19%	<input type="checkbox"/> 20-39%	<input type="checkbox"/> 40-59%	<input type="checkbox"/> 60-79%	<input type="checkbox"/> 80-99%	<input type="checkbox"/> 100%
	Speech		<input type="checkbox"/> 1-19%	<input type="checkbox"/> 20-39%	<input type="checkbox"/> 40-59%	<input type="checkbox"/> 60-79%	<input type="checkbox"/> 80-99%	<input type="checkbox"/> 100%
	Feeding/Swallowing		<input type="checkbox"/> 1-19%	<input type="checkbox"/> 20-39%	<input type="checkbox"/> 40-59%	<input type="checkbox"/> 60-79%	<input type="checkbox"/> 80-99%	<input type="checkbox"/> 100%
	Expressive Language		<input type="checkbox"/> 1-19%	<input type="checkbox"/> 20-39%	<input type="checkbox"/> 40-59%	<input type="checkbox"/> 60-79%	<input type="checkbox"/> 80-99%	<input type="checkbox"/> 100%
	Receptive Language		<input type="checkbox"/> 1-19%	<input type="checkbox"/> 20-39%	<input type="checkbox"/> 40-59%	<input type="checkbox"/> 60-79%	<input type="checkbox"/> 80-99%	<input type="checkbox"/> 100%
	Pragmatics		<input type="checkbox"/> 1-19%	<input type="checkbox"/> 20-39%	<input type="checkbox"/> 40-59%	<input type="checkbox"/> 60-79%	<input type="checkbox"/> 80-99%	<input type="checkbox"/> 100%
	Cognitive Communication		<input type="checkbox"/> 1-19%	<input type="checkbox"/> 20-39%	<input type="checkbox"/> 40-59%	<input type="checkbox"/> 60-79%	<input type="checkbox"/> 80-99%	<input type="checkbox"/> 100%
	Voice		<input type="checkbox"/> 1-19%	<input type="checkbox"/> 20-39%	<input type="checkbox"/> 40-59%	<input type="checkbox"/> 60-79%	<input type="checkbox"/> 80-99%	<input type="checkbox"/> 100%
	Fluency		<input type="checkbox"/> 1-19%	<input type="checkbox"/> 20-39%	<input type="checkbox"/> 40-59%	<input type="checkbox"/> 60-79%	<input type="checkbox"/> 80-99%	<input type="checkbox"/> 100%
	Oral Motor		<input type="checkbox"/> 1-19%	<input type="checkbox"/> 20-39%	<input type="checkbox"/> 40-59%	<input type="checkbox"/> 60-79%	<input type="checkbox"/> 80-99%	<input type="checkbox"/> 100%
	Written Language		<input type="checkbox"/> 1-19%	<input type="checkbox"/> 20-39%	<input type="checkbox"/> 40-59%	<input type="checkbox"/> 60-79%	<input type="checkbox"/> 80-99%	<input type="checkbox"/> 100%

If this is an ONGOING request, please submit medical records that include the most recent examination findings, test results and goals with current objective measures that can support a request for ongoing care.

Has the patient responded as expected?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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