Clinical Speech Therapy QRG

Implementation website – www.evicore.com/healthplan
In addition to the main website, implementation websites tailored to a specific health plan are available. The websites include the CPT code list (list of codes that require prior authorization for the specific health plan), Frequently Asked Questions (FAQ), Quick Reference Guides (QRG), links to clinical worksheets, and links to eviCore's evidence-based guidelines.

Clinical consultation – Visit www.evicore.com and select "Request a Clinical Consult" in the *Provider Shortcuts Menu* in the top right-hand corner of your browser.

Date extension
A date extension can be granted for a therapy case in which a provider was authorized visits, but was unable to perform those visits within the amount of time given. You can request a date extension via our Web Portal or telephonically. A one-time date extension will be granted for up to 30 days. The extension must be requested before the authorization expires.

How do I submit documents for review for prior authorization (PA)?
The preferred method of submission is via the Web Portal. However, you can also call eviCore or fax your request; the fax number is (855) 744-1319. While eviCore discourages submission by fax, if you must fax your request, include a completed eviCore clinical worksheet for initial requests. For continuation of care requests, additional clinical information is needed.

What information is needed to request prior authorization of Speech Therapy services?
eviCore requires clinical information to determine if services are medically necessary. Submitted cases lacking complete clinical information often take longer to process and may result in a reduction of services or a denial. To minimize the time needed to create a case on the web or phone, have the following information available:

- Member information, including Name, Date of Birth, Address, Phone #, Health Plan ID
- Provider information, including Name, NPI #, TIN, Phone #, Fax #, Address, Specialty Type
- Current Clinical information
    - For initial requests, please submit only the ST corePath worksheet or answer the key clinical pathway questions. Initial requests have the ability for a real time decision. The ST corePath worksheet is located on evicore.com- resources-clinical worksheets.
    - For continuation-of-care requests, 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.
    - Refer to the eviCore Speech Therapy Prior Authorization Clinical Checklist for detailed information regarding the required documents.
    - For specialty evaluation (for example, TEP refitting, MBS, or AAC Assessment) requests should include a physician order or other clinical documentation that supports the need for the evaluation. If the specialty evaluation has already been completed, the report can be submitted for review as long as it is submitted within the 7-day timeframe for requests
- Requested start date – this is the date you would like the authorization to begin.

How soon can I request additional visits? In order to prevent interruption in care, **submit requests for additional visits as early as 7 days prior to the requested start date.**

What will eviCore approve?
Depending on the health plan, eviCore will approve visits, units, or visits and units for use within an approved period.

Visits/units should be evenly distributed over the approved period to prevent a gap in care.
If eviCore reduces or denies a request (also known as an adverse determination), the letter will include clinical rationale to explain why. The rationale is written in language a member can understand, to comply with regulatory standards. If there has been an adverse determination, the letter will include directions for reconsiderations, clinical consultation (Peer to Peer), or the appeal process.

What documentation should be submitted for a Retrospective Authorization Request? (not sure if we need this for Security since we don't do retros)

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If the health plan allows retrospective requests, eviCore must review clinical information to determine if the services provided were medically necessary. Please include the following with any retrospective request:

- Dates of service you are requesting authorization for; include visits and units.
- The initial evaluation and progress reports/reevaluation.
- Clinical records (including daily treatment notes, attendance logs) for each date of service you are requesting authorization for.

What is a skilled intervention? What does not constitute a skilled intervention?
Services that do **not** require the skills of a speech language pathologist (SLP) include: Treatments that maintain function using routine, repetitious, or reinforced procedures (e.g., practicing word drills for developmental articulation errors); procedures that can be carried out effectively by the individual, family, or caregivers; or cases where further functional progress is not supported by treatment notes or when therapy progress has plateaued. **The treatment plan and notes must support continued improvement in attaining the specified functional speech therapy goals.**

How do I demonstrate medical necessity?
The diagnosis of the patient may not be the only factor in determining reasonable or necessary treatment. The patient's need for skilled services must be evident in the documentation. The amount, frequency, and duration of therapy must comply with accepted standards of care as documented by professional guidelines and literature. Definitions are as follows.

- **Reasonable**: provided with appropriate amount (length of session), frequency (number of times in a week the type of treatment is provided), duration (number of weeks or total treatment sessions), and accepted standards of practice.
- **Necessary:** treatment is appropriate for the medical and treatment diagnoses and prior level of function.
- **Specific**: targeted to a particular treatment goal(s).
- **Effective**: expectation is for functional improvement within a reasonable amount of time.
- **Skilled**: requires skills of a speech-language pathologist.

Source: http://www.asha.org/uploadedFiles/SLP-Medical-Review-Guidelines.pdf

For additional information, please refer to p. 5 of eviCore's *Speech Therapy Guidelines*, which can be accessed via: https://www.evicore.com/ReferenceGuidelines/Speech%20Therapy%20Guidelines.pdf

What are S.M.A.R.T. goals?
Goals that are specific, measurable, attainable, relevant, and timely. Please refer to the *S.M.A.R.T. Goals Overview, Writing Tips, and Resources* document for additional information.

How is progress defined/substantiated as medically necessary for continuation of care?
Progress reflects a meaningful change that enables an individual to function more independently in a reasonable amount of time.

Progress noted during the prior approval period which reflects:

- Meaningful improvement in function
- Achievement of a majority of long- and short-term goals
- The individual has gained mastery of a skill that now results in less caregiver support and/or independence.

Consider that learning has occurred when the individual consistently makes a response in the presence of a specific, discriminative stimulus, which is called *stimulus control*. Stimulus control is the goal: the patient responds independently to a discriminative stimulus, vs. requiring a prompt to respond.

With regard to therapy, functional outcomes will comprise targeting and achieving communicative goals that improve/increase the patient's ability to effectively and independently participate in real-life communicative situations. The data collected and provided by the SLP during treatment should show positive changes in the patient's independent, functional communication skills.