



## Speech Therapy Prior Authorization Clinical Checklist: Pediatric

**\*For initial requests- please fill out the ST corePath worksheet or complete the pathway questions for the ability to get a real time decision.**

**Continuation of care/On-going requests:**

Required Document/Items	Required Information #1	Required Information #2	Required Information #3
<b>Progress Report that includes:</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Baseline measures = level of performance at the beginning of the reporting period, with regard to the targeted short-term goals</li> <li><input type="checkbox"/> Current objective measures = level of achievement/change since start of care toward targeted short-term goals</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Progress report documentation may include a short narrative, as well as the objective information presented in a clear, concise manner</li> <li><input type="checkbox"/> Include progress made in meeting the plan of treatment, along with any changes in the goals or the treatment plan</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Dated within the health plan requirements for this current request</li> <li><input type="checkbox"/> Caregiver program/maintenance program plan, as applicable for long-term needs</li> <li><input type="checkbox"/> Rationale for continued care requiring the skills of a therapist</li> <li><input type="checkbox"/> The review of the plan of care (POC) must include:               <ol style="list-style-type: none"> <li>1. Progress report evaluating recipient's accomplishments toward a stated goal</li> <li>2. Description of recipient's attitudes and behaviors toward therapy</li> <li>3. Assessment of effectiveness of service provided</li> <li>4. Assessment of recipient's rehabilitation potential</li> <li>5. Modifications to the POC</li> </ol> </li> </ul>
<b>Reports from Recommended Additional Assessments.</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Diagnostic test results</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> If recommended in the initial POC: Professional reports or instrumental evaluations performed (e.g., ENT, audiologist, etc.)</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Information that supports the medical necessity for treatment and follow-up of recommended procedures</li> </ul>