



# 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](http://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**

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

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

<b>ADMINISTRATIVE</b>	<b>Diagnoses - Medical and SLP Diagnoses Relevant to Your Patient:</b>			
	<i>Code</i>	<i>Description</i>	<i>Code</i>	<i>Description</i>
	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	
<input type="checkbox"/> Auditory Processing Evaluation		<input type="checkbox"/> None of the Above		
<b>Start Date for this Request:</b>		<b>This is an:</b>	<input type="checkbox"/> <b>INITIAL:</b> New condition not previously treated within past 60 days <input type="checkbox"/> <b>ONGOING:</b> Same/previous condition <input type="checkbox"/> <b>UNKNOWN</b>	
Date of most recent evaluation:		Date of Onset of Condition:	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.

Is the request for Speech Therapy related to a neurological condition?  Yes  No

**PLEASE COMPLETE THE FOLLOWING AS APPROPRIATE**

Test	Standard Score	Impairment Rating: Check the level that best represents the impairment					
		Minimally Impaired = 1-19%			Maximally Impaired = 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.