PEHP Health & Benefits

PRIOR AUTHORIZATION for COGNITIVE, SPEECH, and VOICE THERAPY

For authorization, please complete this form, include patient chart notes to document information and FAX to the PEHP Prior Authorization Department at (801) 366-7449 or mail to: 560 East 200 South Salt Lake City, UT 84102. If you have prior authorization or benefit questions, please call PEHP Customer Service at (801) 366-7555 or toll free at (800) 753-7490.

Section I: PATIENT INFORMATION

Name (Last, First MI):	DOB:	Age:	PEHP ID #:

Section II: PROVIDER INFORMATION

Date Requested:		Service Provider Name:
Service Provider NPI #:	Service Provider Tax ID #:	Service Provider Address:

Contact Person:	Phone: ( )	Facsimile: ( )

Section III: PRE-AUTHORIZATION REQUEST

Nature of Request: *Please check.* ☐ Auth Extension ☐ Pre-Auth ☐ Retro Auth ☐ Urgent	**Requested Authorization Period:**
Number of visits used in lifetime:	**Number of visits being requested:**
Primary Medical Diagnosis/ICD-10 Code:	**Secondary Medical Diagnosis/ICD-10 Code:**
Primary Treatment Diagnosis/ICD-10 Code:	**Secondary Treatment Diagnosis/ICD-10 Code:**

Service (s) Requested:

Procedure/Service: _____ CPT/HCPCS code: _____

Procedure/Service: _____ CPT/HCPCS code: _____

Procedure/Service: _____ CPT/HCPCS code: _____

(Please check service being requested.) **QUESTION**	**YES**	**NO**	**COMMENTS/NOTES**
A. ☐ **Cognitive Therapy:** 1. Is cognitive therapy being ordered for any of the following? *Please check all that apply.* ☐ Brain injury due to stroke, aneurysm, anoxia, encephalitis, brain tumor, or brain toxins ☐ Moderate to severe traumatic brain injury/TBI ☐ Stroke/Cerebral Infarction	☐	☐	
1. a. Does the patient have a compromised functional status related to the cognitive impairment?	☐	☐	
1. b. Is a significant cognitive improvement with improved related functional status expected?	☐	☐	
1. c. Is the patient willing and able to actively participate in the program (e.g. unresponsive)?	☐	☐	
1. d. Does the treatment regimen include specific interventions for functional communication deficits, including pragmatic conversational skills?	☐	☐	
1. e. Does the treatment regimen include compensatory memory strategy training?	☐	☐	
2. Is cognitive therapy being ordered to improve academic or work performance?	☐	☐	
3. Is cognitive therapy being ordered for any of the following conditions? *Please check all that apply.* ☐ Alzheimer's Disease ☐ Attention Deficit Disorder/ADD ☐ Attention Deficit Hyperactivity Disorder/ADHD ☐ Autism Spectrum Disorder ☐ Cerebral Palsy ☐ Dementia ☐ Developmental Delay ☐ Down Syndrome ☐ Human Immunodeficiency Virus (HIV) Dementia ☐ Learning Disability ☐ Parkinson's Disease ☐ Mild (Traumatic Brain Injury (TBI), including concussion and post-concussion syndrome. ☐ Pervasive Developmental Disorder ☐ Schizophrenia ☐ Wernicke Encephalopathy	☐	☐	

Speech & Voice Therapy: see page 2

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Name (Last, First MI):	DOB:	Age:	PEHP ID #:

(Please check service being requested.) **QUESTION** *(cont'd)*	YES	NO	COMMENTS/NOTES
B. ☐ Speech Therapy:			
1. Is speech delay associated with a specifically diagnosable disease, injury, or congenital defect (e.g. cleft palate, cleft lip, congenital deafness, etc.)?	☐	☐	
2. Is the speech-language disorder the result of a non-chronic disease or acute injury?	☐	☐	
3. Is therapy treatment for a congenital oral/pharyngeal anomaly, such as cleft lip, cleft palate, ankyloglossia (tongue-tie), and macroglossia (large tongue)?	☐	☐	
4. Is the patient receiving treatment for any of the following injuries that have affected speech? ☐ Cerebral Palsy ☐ History of chronic otitis media in infancy that caused damage resulting in hearing loss ☐ Static Encephalopathy ☐ Stroke/CVA (Cerebrovascular Accident) ☐ Trauma ☐ Vocal cord injury (e. g., edema, nodules)	☐	☐	
5. Is speech therapy being requested for mixed receptive-expressive language disorder?	☐	☐	
6. Did the patient have implantation of a cochlear implant? Date: _____	☐	☐	
7. Is the patient receiving both occupational and speech therapy, but the therapies are providing different treatments and do not duplicate the same treatment?	☐	☐	
8. Has the patient achieved therapeutic goals of the treatment plan and no further functional progress is expected to occur, but therapy is to continue as part of a maintenance program?	☐	☐	
9. Can therapy, such as treatment to maintain function by using routine, repetitious, & reinforced procedures be carried out effectively by the patient, family, or caregivers at home on their own instead of a qualified provider of speech therapy services?	☐	☐	
10. Does the patient have a speech dysfunction that is self-correcting (i.e. natural dysfluency, developmental articulation error)?	☐	☐	
11. Is speech therapy primarily educational in nature (such as treatment of pervasive developmental disorders or mental retardation)?	☐	☐	
12. Does the patient have idiopathic delays in speech development and is less than 18 months old?	☐	☐	
13. Does the patient have any of the following conditions? *Please check all that apply.* ☐ Attention Disorder ☐ Behavioral problem ☐ Conceptual handicap ☐ Idiopathic speech delay ☐ Mental Retardation ☐ Psychosocial speech delay ☐ Stuttering/Stammering ☐ Verbal Apraxia	☐	☐	
C. ☐ Voice Therapy:			
1. Does the patient have any of the following conditions? *Please check all that apply.* ☐ History of nodules or polyps with abnormalities present on current laryngostroboscopy ☐ Paradoxical vocal cord motion disorder (PVCM) ☐ *Severe* muscle tension dysphonia ☐ Spastic (spasmodic) dysphonia ☐ Status post-surgery on the vocal cords ☐ Status post treatment for laryngeal (glottic) carcinoma ☐ Traumatic injury to vocal cords ☐ Vocal cord paralysis ☐ Vocal cord nodules or polyps currently present	☐	☐	
2. Is voice therapy being ordered for any of the following conditions? *Please check all that apply.* ☐ Essential voice tremor ☐ Improvement of voice quality ☐ Laryngeal hyperadduction ☐ Laryngitis ☐ Occupational or Recreational purposes (e.g. public speaking, singing, etc.) ☐ Supraglottic vocal hyperfunction	☐	☐	

Additional Comments:

Please fax completed form and medical records to 801-366-7449.