



Next Generation Solutions

Detailed Request Checklists for Speech-Language Therapy Services

Updated 4/8/2025

Getting ready to place a request

Knowing what information, you will need for each request saves time. Our speech-language services request checklist can help you identify and collect the information you need to have available when entering a request. We recommend that you print a copy or save it to your computer to keep it handy when you are preparing to submit a request.

Place of Services: Speech-Language services performed in the following settings require pre-authorization from Carelton Medical Benefits Management:

- ✓ Office
- ✓ Outpatient Hospital (On-campus or Off-campus)
- ✓ Independent Clinic
- ✓ Outpatient Telehealth

Other settings (e.g., Inpatient Hospital, Inpatient rehabilitation facilities, school, etc.) are not managed by Carelton. Please refer back to the health plan.

INFORMATION YOU WILL NEED FOR SPEECH THERAPY SERVICES REQUESTS

For all speech therapy services requests, you will need:

Member Details

- Member first name
- Member last name
- Member date of birth
- Member ID number

Clinical Details

- Primary ICD-10 Diagnosis Code
 - One primary ICD-10 diagnosis code per request, recommend using the primary treating diagnosis unless required by your state to use referring physician's diagnosis
 - Confirmation whether treatment is related to an Autism Spectrum Disorder, Pervasive Developmental Delay diagnosis, or a confirmed diagnosis of Amyotrophic Lateral Sclerosis (ALS).
- CPT Code(s) Requested
 - Refer to the Rehabilitation Program CPT Code list for the codes that require prior authorization
 - Main grouper treatment CPT Codes can be found in white on the CPT Code list
 - Adjunctive CPT Codes can be found in blue on the CPT Code list and must be entered individually into the request.
 - The adjunctive codes are subject to additional medical necessity review and may or may not be considered medically necessary based on clinically significant net benefit above and beyond conventional therapies and/or considered as a non-skilled service.
- Category of treatment (e.g. speech-language, swallowing, and/or cognitive-communication-hearing)
- Level of impairment and/or level of cueing related to the primary functional goal (**required** except in some pediatric cases when not applicable)
 - Level of cueing (e.g. maximum, moderate to maximum, moderate, minimum to moderate, minimum, independent)
 - Level of impairment (e.g. severe, moderate to severe, moderate, mild to moderate, mild, minimum to mild, minimum, within functional limits)

- Updated level of severity and/or level of cueing for subsequent requests
- Date of initial evaluation
 - The initial evaluation date should remain consistent throughout the member's episode of care at each subsequent therapy request
- Functional Outcome Tool(s) (patient-reported or therapist-reported, diagnostic assessments (see list of included, common tools in **Appendix A**)
 - Example: OWLS- Oral and Written Language Scales
 - No score required
- Number of short and/or long term functional goals established by the evaluating provider asked on subsequent requests
 - Number of short and/or long term functional goals met
 - Objective progression on functional goals
 - Examples of appropriate goals:
 - Patient will tolerate safest yet least restrictive po diet without signs or symptoms of aspiration at 95% with use of compensatory strategies and minimal cues provided. (To be achieved in 12 weeks)
 - Patient will use fifteen 2-3 word phrases to express wants and needs independently within a play activity. (8 weeks)
 - Patient will independently use trained compensatory speech strategies to improve functional communication at conversational speech level with > 90% accuracy. (Expected in 4 weeks)
 - Examples of inappropriate goals:
 - Improved swallow function
 - Will increase expressive output to communicate needs (8 weeks)
 - Will increase utterance level to 2-3 words
 - Patient will improve speech intelligibility
- Mitigating factors impeding progress
 - There is little to no demonstrable progress; however, there are acceptable mitigating factors and a treatment plan has been revised accordingly
- Changes to the plan of care as a result of factors limiting progress or poor objective progression on functional goals.
- Ordering (Referring) Provider Details *May be therapist based on state specific direct access laws
 - Ordering (referring) provider first name
 - Ordering (referring) provider last name
 - Ordering (referring) provider TIN
 - Ordering (referring) provider NPI
 - If you have difficulty finding the provider, please manually enter the record or call the Carelon call center to initiate the pre-authorization request. Note manually entering a provider may cause additional sanctioning review of the record.
- Servicing Facility Details
 - Servicing facility name
 - Servicing facility TIN
 - Servicing facility NPI
- Place of service type, this should match the place of service setting your facility utilizes on claims
 - Office, Outpatient Hospital, Independent Clinic and Telehealth
- Treating Therapist Details (Required if the servicing facility group record is not billing for the request)
 - Treating therapist TIN
 - Treating therapist NPI

- Treating therapist first name (if known)
 - Treating therapist last name (if known)
- Primary purpose of therapy
 - (e.g., rehabilitation, habilitation, maintenance, massage, taping)
 - Please refer to [Carelton clinical guidelines](#) for specific definitions.
 - There is confirmation of functional status being maintained in cases in which the appropriate purpose of therapy is to prevent loss of function that is at risk of being lost (habilitation)
- Primary treatments utilized, some of the below treatments may not have medical necessity support if chosen as a primary treatment
 - Elastic therapeutic taping
 - Dynamic method of Kinetic Stimulation (MEDEK®)
 - Therapeutic Magnetic Resonance (TMR)
 - Whirlpool or Hydrotherapy
 - Massage Therapy
- Confirmation of the complexity level of the initial evaluation or E&M equivalent that was completed for the request.
 - Low, moderate, high, or unknown
- Confirmation of a surgical procedure in the last three months related to the condition for which services are being requested
- Conditions that may impact treatment or comorbidities for the member
 - (e.g., cognitive impairment, cancer treatment or psychiatric disorders)
 - See **APPENDIX B** for a more complete list.
- Confirmation that a complete plan of care is documented.
- Confirmation of expectation of achievable functional improvement in a reasonable timeframe
 - There is attainment of functional goals established on initial evaluation or otherwise qualitative and sustained functional progress
 - Examples of functional progress:
 - Patient has improved recalled info from 2 to 4 items within a 3-5 sentence paragraph information
 - Patient has improved overall intelligibility from 75% to 95% from conversational speech level with use of strategies
 - Patient demonstrating problem solving with functional solutions evidenced by requiring moderate cueing from initial max cueing
 - Patient has maintained 10-15 mins attention to conversation or task or structured activity vs prior 5-10 mins
 - Examples of non-functional progress:
 - Patient has improved problem solving
 - Patient using external memory aide more consistently
 - Patient has improved conversational attention
- Confirmation of expectation of achievable functional improvement in a reasonable timeframe
- Confirmation that services require the skills and training of a qualified provider of therapy services and is clearly denoted within the documentation.

Referencing the above clinical details and documentation during requests may be necessary and possibly requested for upload, at the time of request submission (i.e., Initial evaluation, progress notes, last three daily notes and re-evaluation).

Additionally, for Pediatric Habilitative service requests, in addition to the above information you will need:

Clinical Details

- Confirmation of developmental delay or other chronic disability. The therapist's assessment and/ or treatment plan for this patient indicate a delay in development or chronic disability. *Note: A learning disability alone does not constitute chronic disability for the purpose of this request.
 - This can be obtained from a physician diagnosis or therapist evaluation using standardized assessments.
- **Pediatric Functional Outcome Tool(s)** (patient-reported or therapist-reported, diagnostic assessments (see list of included, common tools in **Appendix A**)
 - Example: OWLS- Oral and Written Language Scales
 - No score required

Referencing the above clinical details and documentation during requests may be necessary and possibly requested for upload, at the time of request submission (I.e., Initial evaluation, progress notes, last three daily notes and re-evaluation)

Appendix A – Functional Tools

Functional Tool Name & Abbreviation	Scoring Scale (if grey – no score will be required for input)
ALSFERS- R- The Amyotrophic Lateral Sclerosis Functional Rating Scale	
BADS -Behavioral Assessment of the Dysexecutive Syndrome	
BDAE3- Boston Diagnostic Aphasia Examination-3	
BNT - Boston Naming Test	
CADL- Communicative Abilities of Daily Living	
CASL - Comprehensive Assessment of Spoken Language	
CLQT - Cognitive Linguistic Quick Test	
Cognistat	
FCM/ NOMS - Functional Communication Measures / National Outcomes Measurement System	
FIM - Functional Independence measure	18 - 126
G- Code Functional Reporting: G8996 Swallow, G8999 Motor Speech, G9159 Spoken Language Comprehension, G9165 Attention, G9168 Memory, G9171 Voice, G9174 Other speech-language pathology	0 - 100 percentage or corresponding modifier
GFTA - Goldman Fristoe Test of Articulation	
Goldman Fristoe Test of Articulation 3rd edition	
JFSS – Jaw Functional Status Scale	0 – 100 percentage
MMSE- Mini mental state examination	0 - 30
MOCA - Montreal Cognitive Assessment	
NOMS - National Outcome Measurement System	
RBANS- The Repeatable Battery for the Assessment of Neuropsychological Status Update	
RBMT3 -Rivermead Behavioral Memory Test Third Edition	
REEL - Receptive Expressive Emergent Language Test	
RIPA-P - Ross Information Processing Assessment	
SLUMS - Saint Louis University Mental Status	
SSI- Stuttering Severity Instrument	
TOPS - Test of Problem Solving	

Pediatric functional tools and milestone assessments	
ADOS-2 - Autism Diagnostic Observation Schedule, Second Edition	
Arizona-4 - Arizona Articulation and Phonology Scale	
Batelle Developmental Inventory Scoring	
BBTOP- Bankson-Bernthal Test of Phonology	
CAAP- Comprehensive Assessment of Articulation/ Phonology	
CCC-2 Children's Communication Checklist-2	
CELF- Clinical Evaluation of Language Fundamentals 4th Edition, 5 th edition, Pediatrics	
CFCS- Communication Function Classification System	
DAYC- 2- Developmental Assessment of Young Children-2	
DP-3 - Developmental Profile-3	
EASIC-3- Evaluation of Acquired Skills in Communication, 3rd Edition	
EDACS- Eating and Drinking Ability Classification System	
EOWPT- Expressive One-Word Picture Vocabulary Test	

EVT- Expressive Vocabulary Test	
KLPA-3- Khan-Lewis Phonological Analysis, 3rd edition	
LPT- Language Processing Test	
MacArthur-Bates Communication Development Inventories	
MCHAT- Modified Checklist for Autism in Toddlers, Revised	
OWLS- Oral and Written Language Scales	
Pediatric Test of Brain Injury	
PLS-5 - Preschool Language Scale	
PPVT - Peabody Picture Vocabulary Test	
Rossetti Infant Toddler Language Scale	
ROWPVT- Receptive One-Word Picture Vocabulary Test	
SLDT- Social Language Development Test-Elementary/ Adolescent	
Slosson Oral Reading Profile	
SPAT-D- Structured Photographic Articulation Test	
SRS-2- Social Responsiveness Scale, Second Edition	
SSIS- Social Skills Improvement System Rating Scales	
TAPS- Test of Auditory Processing	
TASP- Test of Aided-Communication Symbol Performance	
TECEL- Test of Early Communication and Emerging Language	
TILLS- Test of Integrated Language and Literacy Skills	
TNL-2- Test of Narrative Language- 2nd edition	
TOAL-4- Test of Adolescent and Adult Language-4	
TOLD-P/I- Test of Language Development Primary or Intermediate	
TOPL- Test of Pragmatic Language	
TOPS - Test of Problem Solving	
Vineland Adaptive Behavior Scale	
WABC- Wiig Assessment of Basic Concepts	

Appendix B - Comorbidities / Associated health conditions

Depending on the clinical scenario of the individual patient, the following comorbidities may be listed. Please be prepared with any that impact your patient therapy services.

Adults and Pediatrics:

- Social determinants of health (E.g. nutrition, housing, education, transportation)
- Respiratory disorder (E.g. asthma, COPD, pulmonary fibrosis, oxygen use)
- Cognitive or intellectual impairment (E.g. brain injury, learning disability, concussion, aphasia)
- Active major medical treatment (E.g. radiation, chemotherapy, hemodialysis)
- Neurological condition (E.g. prior stroke, Parkinson's, MS, seizures)
- Current medical devices (E.g. PEG tube, catheter, shunt, tracheostomy)
- Psychological disorder (E.g., bipolar, ADHD, schizophrenia)
- Non-developmental impairment (E.g. uncorrected hearing or vision loss)
- Sensory processing disorder (E.g., apraxia, hemi-neglect)
- Gastrointestinal disorder (E.g., GERD, diverticulum)
- Structural or anatomic abnormality (E.g., cleft palate, stricture)
- Substance abuse (E.g., alcohol, illicit drugs, heavy smoking)
- Dysphagia
- Flaccid Dysarthria
- Head or neck cancer