

## **Provider Checklist-Outpatient –Rehab ST**

### **Checklist: ST, Outpatient Rehabilitation & Chiropractic: Initial/Ongoing after Evaluation**

Initial Requests after evaluations (**initial authorization period = 1st 4 weeks**)

Describe the Speech / Language / Voice impairment presentation including symptoms & findings from initial evaluation of an injury, surgery, or an exacerbation of a pre-existing condition when there has been no prior outpatient treatment. Secondary (physician) review is indicated for a reoccurrence of a previously treated condition.

Describe the rehab potential **with** expectation for clinical / functional improvement

Describe Speech / Language / Voice progressive therapy program including the following:

Therapeutic exercise

Instruction and continued home Rx program

Goals including **All** the following:

Reduce intensity **and** frequency of Sx / findings

Gain independence in home exercise program

Maximize functional independence **with** Speech / Language / Voice  
Impairment

Describe functional status including the following:

Symptoms frequency and intensity re: receptive language / comprehension;  
Expressive language; and, Vocal quality

Functional limitations

Ongoing Requests: (**next 8 weeks after the initial visits have been completed**).

Describe the **subsequent** Speech / Language / Voice impairment presentation including symptoms & findings of the injury, surgery, or an exacerbation of a condition **since the initial evaluation**

Describe the **continued** rehab potential **with continued** expectation for clinical / functional improvement

Describe Speech / Language / Voice therapy progressive therapy program **needing to be continued** including the following:



Therapeutic exercise

Continued teaching/instruction and evaluation results of knowledge retention for home Rx program

Partial progress made in meeting treatment goals including **All** the following:

Improvement in function **and** reduction in limitations

Document patient's adherence to home exercise program

Functional independence **with** Speech / Language / Voice Impairment

Describe **continued** functional status including the following:

Symptoms frequency and intensity re: receptive language / comprehension;

Expressive language; and, Vocal quality

Functional limitations