**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