



Speech Utilization Review Program

Questions

January 24, 2019

1. What are the requirements for PAR?
 - This information is located in the [Speech Therapy Billing Manual](#) under documentation requirements.
2. Will there be a hard max for visits similar to CHP+ authorizations?
 - Per the billing manual, speech therapy was limited to 5 service units per day. Habilitative and rehabilitative therapy cannot be rendered on the same date of service.
3. Is an authorization needed for ALL procedure codes or just specific ones?
 - Utilization Review request are required for all Speech Therapy units except the initial evaluation. CPT codes you will be entering: 92507, 92508, 92526, 92609
4. Are there any procedures or visits that do not need authorization?
 - The evaluation does not require prior authorization.
5. Is a doctor referral still required?
 - All Outpatient Speech Therapy services must have a written order/prescription/referral by any of the following:
 - a. Physician (M.D. or D.O.)
 - b. Physician Assistant
 - c. Nurse Practitioner
 - d. An approved Individualized Family Service Plan (IFSP) for Early Intervention Speech Therapy. (Senate bill 07-004 states the IFSP “shall qualify as meeting the standard for medically necessary services.” Therefore, no physician is required to sign a work order for the IFSP.)
6. Regarding current patients, will they also need authorization? Do we need to stop seeing them while putting in the authorization and wait until we receive it?
 - All claims for outpatient speech therapy will require a PAR to be reimbursed. Therefore, all patients, whether new or current, will require a PAR. For the



- initial PAR you should enter the PAR and continue services until a medical necessity determination is made.
7. With new patients can we see them right away or do we need to wait until authorization and put in and received?
 - All claims for outpatient speech therapy will require a PAR to be reimbursed. Therefore, all patients, whether new or current, will require a PAR. For the initial PAR you should enter the PAR and continue services until a medical necessity determination is made.
 8. How long does it take to receive authorization?
 - If all documentation has been provided and no other information is needed, your request will receive a determination in 4 days.
 9. Are authorization requests retroactive for current or new patients? If so, what are the guidelines for being retroactive?
 - All claims for outpatient speech therapy will require a PAR to be reimbursed. Therefore, all patients, whether new or current, will require a PAR. For the initial PAR you should enter the PAR and continue services until a medical necessity determination is made.
 10. Par Lengths? 6 months

If you continue to have any questions, please refer to the [Colorado Medical Assistance Program Outpatient Speech Therapy Fee Services Provider Reference Manual](#).