

# IDAHO MEDICAID SPEECH-LANGUAGE PATHOLOGY PRIOR AUTHORIZATION

*Please Post!*

- Every eligible Medicaid participant has a benefit of 40 medically necessary speech-language pathology visits per calendar year.
- Additional visits must receive prior authorization from Medicaid.
- To find out if a client has previous visits at another location, contact the Idaho Medicaid billing contractor at: (800) 685-3757.

**To receive prior authorization for more than 40 visits, please fax the following documents to Idaho Medicaid, Attn: Speech-Language Pathology Prior Authorization at: (208) 332-7280:**

1. Patient's Medicaid ID number, your provider number, and the Healthy Connections referral number.
2. A current signed/dated physician's order, identifying his/her plan of care and why the additional therapy is medically necessary, including the frequency of the additional speech-language pathology. Physician's orders are good for 30 days authorization unless the patient is being treated for a chronic medical condition, in which case they are good for up to six months.
3. A current speech-language pathology evaluation and progress report.
4. Copies of any therapy notes within the last 30 days indicating the participant's progress towards their individualized goals.
5. Treatment plan.
6. Expected amount of additional visits needed, to include dates of service (start and end date and how many days per week) to be covered.
7. Please indicate the date you wish the prior authorization to begin.
8. If the participant also receives therapy through school based services, please submit the IEP (Individualized Education Program) or IFSP (Individualized Family Service Plan) if applicable.

Once we receive these materials we will fax you with a prior authorization number within 24 hours. For questions please call (208) 364-1989.

*Thank you!*