Prior Authorization Request
5802 Benjamin Center Dr., Suite 105
Tampa, FL 33634

ColoradoPAR Program
Medical Review Department

Phone: 1-888-801-9355
Fax: 1-866-940-4288

QUESTIONNAIRE #13
SPEECH GENERATING DEVICES

Client Name:		Colorado Medicaid ID #:	

Length of Need:	

This form, a speech and language evaluation, and an evaluation of the client's ability to utilize the requested device effectively must accompany all Prior Authorization Requests (PARs). The questionnaire may be completed by a speech therapist or other medical professional familiar with the medical communication needs of the client. Two ACD assessment tools must be completed by two separate speech therapists (questionnaire is not an assessment tool). The information requested below is required to determine medical necessity. After you have completed this form, attach it to the completed Prior Authorization Request (PAR).

1) What is the complete diagnosis with complicating factors:	
2) Is the client's speech understood less than 25% of the time by an unfamiliar listener?	☐Yes ☐No
3) Is lack of speech: a.) Is improvement expected without the aid of an ACD? b.) If yes, how soon?	☐Permanent ☐Temporary ☐Yes ☐No
4) Does client have ability to effectively use a communication device (including tablet): a.) Explain.	☐With caregiver help ☐Without caregiver help
5) Has the client had a course of speech therapy? a.) If yes, notate length of time and frequency. b.) Explain	☐Yes ☐No **Length of time:** **Frequency:**
6) Is this request for the initial 2 month trial period?	☐Yes ☐No
7) Is this request post 2 month trial period? a.) If yes, what devices were trialed?	☐Yes ☐No
8) Please supply any additional information that will assist us in determining **medical necessity** for your request:	
Note: A separate PAR must be submitted for each trial period and purchase.	

Print name of Medical Professional completing this form:		Print title of Medical Professional completing this form:	
Address:		Telephone Number:	

Medical Professional Signature: _____ Date _____

Revision Date: 09/15