

May 29, 2024

COMMUNITY REQUIREMENT OF TMPPM CRITERIA FOR REVIEW OF SPEECH THERAPY SERVICES

KEY DETAILS

Community Health Choice will require prior authorization of Speech Therapy services (effective 8/1/24), utilizing established TMPPM criteria as a reference for the review of Speech Therapy services for the determination of medical necessity.

REFERENCES

- [Texas Medicaid Provider Procedures Manual](#)
- [Texas Medicaid Provider Procedures Manual: Vol. 2 May 2024 Physical Therapy, Occupational Therapy, And Speech Therapy Services Handbook](#)
- [Texas Medicaid Provider Procedures Manual: Vol. 2 May 2024 Children's Services Handbook](#)