



<b>Magellan Healthcare</b>	
<b>Clinical guidelines</b> <b>APOLLO GUIDELINES</b>	<b>Original Date:</b> November 2015 <b>Page 1 of 1</b>
<b>Physical Medicine – Clinical Decision Making</b>	<b>Last Review Date:</b>
<b>Guideline Number: NIA_CG_600</b>	<b>Last Revised Date:</b>
<b>Responsible Department:</b> <b>Clinical Operations</b>	<b>Implementation Date: January 2016</b>

Magellan Healthcare has licensed nationally recognized criteria and guidelines which will be utilized for clinical decision making of Physical Medicine services which include: physical therapy, occupational therapy and speech-language therapy.

Apollo review criteria and guidelines are continuously updated and made available on a real-time basis via the Apollo Managed Care web portal and the peer reviewed literature is continuously scanned for new information that pertains to Apollo criteria.

The specific Apollo guideline/s utilized for clinical decision making of a therapy case is made available upon request.

Click on the link to access: [www.apollomanagedcare.com](http://www.apollomanagedcare.com)

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