

# Absolute Total Care Physical Medicine Request Tip Sheet/Checklist

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Evaluation Date: \_\_\_\_\_ Surgery Date: \_\_\_\_\_

1. ICD10 Code: a) \_\_\_\_\_ b) \_\_\_\_\_ c) \_\_\_\_\_ d) \_\_\_\_\_
2. Cause for therapy: Traumatic, Repetitive, Work-Related, Motor Vehicle, Unspecified (choose one)
3. Select the type of service being rendered.
  - a. Physical Therapy (PT)
  - b. Occupational Therapy (OT)
  - c. Speech Therapy (ST)
4. Type of therapy being rendered:            Rehabilitative | Habilitative | Neuro Rehabilitative
5. Authorization start date (if different from the evaluation date)
6. Date of onset/injury
7. Planned number of sessions: 1, 2, or 3+ visits
8. Body regions being treated, quantity: 1, 2, or 3+
9. Body regions being treated, location(s): Head/neck, Upper Extremity, Spine, Lower Extremity, Wound, Vestibular, Balance/Falls
10. Functional Tool used to assess the patient and score expressed as a percent of function (25% disability = 75% functional)

Questions will vary depending on the condition being treated. As you proceed to the additional clinical questions, here are some general guidelines.

## Additional Clinical Questions:

- Identify the level of functional deficit the patient exhibits and objective findings:
  - Functional deficits being addressed in therapy
    - Type: Mobility, Language, Memory, Feeding, etc.
    - Severity: Mild, Moderate, or Severe functional limitations
  - Location of symptoms (focal vs. disperse, proximal vs. distal)
  - Objective findings (ROM limitation, pain, strength, etc.)
  - Is there a fall risk?
  - Are there equipment needs? What level of assistance is required?
  - Has there been a decline in status?
  - Do home programs need to be updated?
- Habilitative Care
  - Standardized testing scores (percentiles, and/or standard deviations below the norm)
  - Has there been a functional decline? To what extent?
  - Recent medical interventions such as Botox injections, surgeries, etc.
  - Are there equipment needs?
  - Functional deficits being addressed in therapy – Type, Severity, and Impact on Ability to Perform Activities of Daily Living (ADLs)

## Recommended Documentation

If the case pends for clinical information during the initial submission of a request for authorization, submit the initial evaluation for clinical review. Once an authorization has been obtained and you are pursuing additional authorization (subsequent requests), then follow the below guidelines concerning what to submit relative to the time from the initial authorization request.

Rehabilitative Cases				
	0 - 9 Visits	10 Visits or greater than 30 Days	Comments	
Initial Evaluation	X	X	Include if not part of initial submission	
Outcome Measure	X	X	Please send updated outcome measures with the progress note and/or at appropriate times	
Daily Note	X	X	After IE, please send two most recent	
Progress Note		X		

  

Habilitative Cases					
	0 - 30 Days	30 - 90 Days	3 - 11 Months	12 Months or Greater	Comments
Initial Evaluation	X	X	X		Include if not part of initial submission
Standardized Testing	X			X	Updated at least once yearly Consider a different test if deficits not shown on original test
Daily Notes	X	X	X	X	After IE, please send two most recent
Progress Notes		X	X	X	
Re-evaluation				X	

### Documentation should include the following details:

- Initial Evaluation
  - ✓ Subjective history (Date of injury, Mechanism of injury, Chronicity, Patient perceived deficit)
  - ✓ Objective measures, functional outcome scores or standardized testing scores
  - ✓ Assessment (Detailed clinician interpretation of findings and expected progress of care)
  - ✓ Detailed Plan of Care
    - Include treatment interventions intended to utilize
    - Frequency of visits intended for care
  - ✓ Goals
    - Functional goals matched to identified deficits
    - Time frame on goals helps authorization match needs
- Progress Note
  - ✓ Update on objective measures, functional outcome scores
  - ✓ Update to Plan of Care, and goals if appropriate
- Re-Evaluation
  - ✓ Should demonstrate level of improvements through repeating testing from Initial evaluation
  - ✓ Updated Treatment plan noting interventions intended to utilize for care
  - ✓ If change in Plan of Care then documentation should support this change in patient presentation

**Note: Non-therapy providers (MD, DO, DPM, DC, etc.) are exempt from the NIA program and authorization requests are managed by Absolute Total Care.**