



Physical Medicine Request Tip Sheet/Checklist

Patient Name: _____ DOB: _____ Evaluation Date: _____ Surgery Date: _____

1. ICD10: a) _____ b) _____ c) _____ d) _____
2. Cause for therapy:
3. Type of service being rendered:
4. Type of therapy being rendered:
5. Authorization start date (if different from the evaluation date):
6. Date of onset/injury:
7. Planned number of sessions:
8. Body regions being treated, quantity:
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 is pended for clinical information after submitting an initial request for authorization, you must submit the initial evaluation for clinical review. In addition, if you currently have an approved authorization and need to add/update your request follow the below guidelines according to the time you submitted your initial request.

Rehabilitative Cases			
	0 - 9 Visits	10 Visits or greater than 30 Days	Comments
Initial Evaluation (IE)	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 2 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	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 2 most recent
Progress Notes		X	X	X	
Re-evaluation				X	

Documentation should include the following details:

➤ **Initial Evaluation**

- ✓ Subjective History (mechanism of injury/illness/disability, date of onset and/or exacerbation of condition, prior and current level of function as well as underlying impairments)
- ✓ Objective measures, standardized test scores and/or functional outcome scores
- ✓ Individualized assessment (detailed clinical interpretation of findings and expected progress of care)
- ✓ Detailed plan of care
 - Include evidence-based treatment selections
 - Frequency and duration commensurate with level of disability
 - Specific, measurable, and time-oriented goals targeting identified functional deficits
 - Anticipated discharge recommendations

➤ **Progress Note**

- ✓ Any updated objective measures and overall functional progress toward goals
- ✓ Summary of the patient's response to treatment (or lack thereof and why)
- ✓ An explanation of any changes in the plan of care

➤ **Daily Notes**

- ✓ Evidence of skilled treatment interventions that cannot be performed by a layperson.
- ✓ *Non-therapy providers (MD, DO, DPM, DC, etc.) are exempt from the NIA program and authorization requests are managed by Health Plan.