



Next Generation Solutions

# Detailed Request Checklists for Physical Therapy Services

Updated 4/08/2024

---

## Getting ready to place a request

Knowing what information, you will need for each request saves time. Our physical therapy services request checklist can help you identify and collect the information you need to have available when entering a request. **We recommend that you print a copy or save it to your computer to keep it handy when you are preparing to submit a request.**

Place of Services: Physical therapy services performed in the following settings require pre-authorization from Carelon Medical Benefits Management:

- ✓ Office
- ✓ Outpatient hospital (off-campus or on-campus)
- ✓ Independent clinic
- ✓ Outpatient Telehealth

Other settings (e.g., inpatient hospital, inpatient rehabilitation facilities, school, etc.) are not managed by Carelon. Please refer to the health plan.

### INFORMATION YOU WILL NEED FOR PHYSICAL THERAPY SERVICES REQUESTS

For all physical therapy services requests, you will need:

#### Member Details

- Member first name
- Member last name
- Member date of birth
- Member ID number

#### Clinical Details

- Primary ICD-10 Diagnosis Code
  - One primary ICD-10 diagnosis code per request, recommend using the primary treating diagnosis unless required by your state to use referring physician's diagnosis.
  - Confirmation whether the treatment is related to an Autism Spectrum Disorder, Pervasive Developmental Delay diagnosis, or a confirmed diagnosis of Amyotrophic Lateral Sclerosis (ALS).
- CPT Code(s) Requested
  - Refer to the Rehabilitation Program CPT Code list for the codes that require prior authorization.
  - Main grouper treatment CPT Codes can be found in white on the CPT Code list.
  - Adjunctive CPT Codes can be found in blue on the CPT Code list and must be entered individually into the request.
    - The adjunctive codes are subject to additional medical necessity review and may or may not be considered medically necessary based on clinically significant net benefit above and beyond conventional therapies and/or considered as a non-skilled service.
- Request type as some CPT service codes overlap between disciplines.
  - Physical Therapy or Occupational Therapy
- Date of initial evaluation
  - The initial evaluation date should remain consistent throughout the member's episode of care at each subsequent therapy request.
- Functional Outcome Tool(s) (patient-reported or therapist-reported) and initial or baseline score for the tool.

- The associated score(s) should be updated for each request within an episode of care.
  - Scores may not be required for some pediatric requests.
  - Ensure consistent tool usage where applicable to the member's plan of care.
  - See list of included common tools in **Appendix A**
  - Example: Quick disabilities of arm, shoulder, hand (Quick DASH) and disability score of 50%
- Number of short and/or long-term functional goals established by the evaluating provider asked on subsequent requests.
  - Number of short and/or long-term functional goals met.
  - Objective progression on functional goals
  - **Examples of appropriate goals:**
    - Increase knee ROM to 100 degrees to allow safe, independent toilet transfers (to be achieved in 4 weeks)
    - Patient to do 8 steps with minimum assist and one handrail (8 weeks)
    - Patient will ambulate on level surface without AFO for 50 ft without loss of balance (estimated time 12 weeks)
    - Patient will be able to lift 20# with neutral C-spine and 0/10 pain to improve ability to lift feed bags at her ranch (LTG 6 weeks)
  - **Examples of inappropriate goals:**
    - Increase knee ROM to 100 degrees (acceptable as an additional goal but not as the required functional, time-limited goal)
    - Patient to go up/downstairs (to be achieved in 8 weeks)
    - Normalize gait.
    - Patient to lift heavy load without discomfort.
    - LEFS score of 60.
- If no goals have been met, confirmation of goals in the established plan of care with partial demonstrable progress (E.g., may be expressed as a percentage towards any goals achieved).
- Mitigating factors impeding progress
  - There is little to no demonstrable progress; however, there are acceptable mitigating factors, and a treatment plan has been revised accordingly.
- A new body part or condition is being added to the current plan of care.
- Changes to the plan of care as a result of factors limiting progress or poor objective progression on functional goals.
- Ordering (Referring) Provider Details \*May be therapist based on state specific direct access laws.
  - Ordering (referring) provider first name.
  - Ordering (referring) provider last name.
  - Ordering (referring) provider TIN.
  - Ordering (referring) provider NPI.
  - If you have difficulty finding the provider, please manually enter the record or call the Carelon call center to initiate the pre-authorization request. Note manually entering a provider may cause additional sanctioning review of the record.
- Servicing Facility Details
  - Servicing facility name
  - Servicing facility TIN
  - Servicing facility NPI
- Place of service type, this should match the place of service setting your facility utilizes on claims.
  - Office, Outpatient Hospital, Independent Clinic and Telehealth
- Treating Therapist Details (Required if the servicing facility group record is not billing for the request)
  - Treating therapist TIN
  - Treating therapist NPI
  - Treating therapist first name (if known)
  - Treating therapist last name (if known)
- Primary purpose of therapy

- (e.g., rehabilitation, habilitation, maintenance, massage, taping)
- Please refer to [Carelon clinical guidelines](#) for specific definitions.
- There is confirmation of functional status being maintained in cases in which the appropriate purpose of therapy is to prevent loss of function that is at risk of being lost (habilitation)
- Primary treatments utilized, some of the below treatments may not have medical necessity support if chosen as a primary treatment.
  - Elastic therapeutic taping
  - Therapeutic Magnetic Resonance (TMR)
  - Whirlpool or Hydrotherapy
  - Massage Therapy
- Confirmation of the complexity level of the initial evaluation or E&M equivalent that was completed for the request.
  - Low, moderate, high, or unknown
  - Confirmation of a complex neurological, medical, or multi-trauma condition (i.e., VA with deficits, spinal cord injury, brain injury, Guillain-Barre syndrome, extensive burns, multiple fractures, severe deconditioning, etc.).
  - Confirmation of the acuity, the expected duration of the plan of care, and the member's rehabilitation potential
- Confirmation of a surgical procedure in the last three months related to the condition for which services are being requested.
- Conditions that may impact treatment or comorbidities for the member.
  - (e.g., cognitive impairment, cancer treatment or psychiatric disorders)
  - See **APPENDIX B** for a more complete list.
- Confirmation that a complete plan of care is documented.
- Confirmation of expectation of achievable functional improvement in a reasonable timeframe
  - There is attainment of functional goals established on initial evaluation or otherwise qualitative and sustained functional progress.
    - **Examples of functional progress:**
      - Patient able to do three 4-inch steps with step-up pattern and no assistance before fatiguing.
      - Patient able to get off toilet with minimal assistance using only one-hand push-off.
      - Patient knee flexion ROM now 60 degrees (*when documented as progress towards specific functional goal such as "Increase knee ROM to 100 degrees for safe toilet transfer." Such progress might then also reasonably be documented as "ROM 60% met" if applied to this same functional goal*)
    - **Examples of non-functional progress:**
      - Stairs ongoing
      - Toilet transfers partially met.
      - Goal 60% met (without clear indication of what parameter 60% reflects and what functional goal it applies to)
      - Strength improved to 3/5
      - Shoulder ROM increased 20 degrees.
- Confirmation that therapy has produced clinically meaningful improvement on reassessment of one or more of the therapist-rated or patient centered outcome measures documented on initial evaluation.
  - **Example of clinically meaningful improvement on outcome measure**
    - Statistically significant improvement in outcome tool score with improvement in at least one of the functional parameters of the outcome measure (e.g., walking parameter in the Oswestry Disability Index)
  - **Examples of non-clinically meaningful improvement on outcome measure**

- Improvements only in non-specific, non-functional parameters of the functional tool (e.g., pain parameter in the Oswestry Disability Index)
  - Statistically insignificant improvement in outcome tool score
- Confirmation that services are being delivered by a licensed provider of therapy services.
- Confirmation that services require the skills and training of a qualified provider of therapy services and is clearly denoted within the documentation.
  - **Examples of skilled intervention documentation:**
    - Skilled passive ROM to shoulder needed to maintain post-op restrictions and due to high risk of dislocation.
    - Advancing strengthening exercises requires skilled monitoring of patient's HR response and activity tolerance due to CHF risk.

Referencing the above clinical details and documentation during requests may be necessary and possibly requested for upload, at the time of request submission (i.e., Initial evaluation, progress notes, last three daily notes and re-evaluation).

Additionally, for Pediatric Habilitative service requests, in addition to the above information you will need:

#### Clinical Details

- Confirmation of developmental delay or other chronic disability. The therapist's assessment and/ or treatment plan for this patient indicate a delay in development or chronic disability. \*Note: A learning disability alone does not constitute chronic disability for the purpose of this request.
  - This can be obtained from a physician diagnosis or therapist evaluation using standardized assessments.
- Confirmation of level of severity
  - e.g., mild, mild to moderate, moderate, moderate to severe and severe
  - This can be obtained from a physician diagnosis or therapist evaluation using standardized assessments.
- Pediatric functional outcome tool(s) or milestone assessment (patient-reported or therapist-reported) and initial or baseline score for the tool.
  - The associated score(s) should be updated for each request within an episode of care.
  - Scores may not be required for some pediatric requests.
  - See list of included common tools in **Appendix A**
  - Example: Batelle Developmental Inventory

Referencing the above clinical details and documentation during requests may be necessary and possibly requested for upload, at the time of request submission (i.e., Initial evaluation, progress notes, last three daily notes and re-evaluation).

## Appendix A – Functional Tools

Functional Tool Name & Abbreviation	Scoring Scale (if grey – no score will be required for input)
10MWT - 10-meter walk test	0 - 5 meters/sec
12 Item MS Walking Scale	0 - 100 percent
2MWT - 2 Minute walk test	0 - 500 meters/sec
6MWT - 6 Minute Walk Test	0 - 1000 meters/sec
Activities Specific Balance Confidence Scale	0 – 100 percentage
ALSFRS- R- The Amyotrophic Lateral Sclerosis Functional Rating Scale	
AM-PAC/6 clicks	6 - 24
Australian Pelvic Floor Questionnaire	0 – 40
Barthel Index Get Test	0 - 20 points
BBS - Berg Balance Scale Short Form	0 - 28 points
BBS - Berg Balance Scale Long Form	0 - 56 points
BWAT - Bates Jenson Wound Assessment Tool	13 - 65 points
Chronic Respiratory Disease Questionnaire	7 - 140 points
Cognistat	
DASH - Disabilities of Arm, Shoulder, Hand	0 - 100 percentage
Dizziness Handicap Inventory	0 - 100 points
Dynamic Gait Index	0 - 24 points
FIM - Functional Independence measure	18 - 126 points
Foot and Ankle Ability Measure	0 - 100 percentage
FOTO Ankle / Foot	0 - 100
FOTO Balance Confidence	0 - 100
FOTO Elbow / Wrist / Hand	3 - 100
FOTO General Orthopedic	0 - 100
FOTO General physical functioning	0 - 100
FOTO Hip	1 - 100
FOTO Knee	0 - 100
FOTO Low Back	0 - 100
FOTO Shoulder	3 - 100
FOTO Vestibular	0 - 100
FSS Fatigue Severity Scale	9 – 63 points
Functional Gait Assessment	0 - 30 points
G- Code Functional Reporting: G8978 Mobility, G8981 Changing Maintaining Body Position, G8984 Carrying Moving Objects, G8987 Self Care, G8990 Primary Function Limitation	0 - 100 percentage or corresponding modifier
HOOS JR -Hip Disabilities and Osteoarthritis Score Junior	0 - 24 points
ICIQ-SF -International Consultation Incontinence Questionnaire- Short Form	0 - 100 points
IKDC- International Knee Documentation Committee	0 - 100 points
JFSS – Jaw Functional Status Scale	0 – 100 percentage
Keele StaRT Back Screening Tool	0 - 9
KOOS JR - Knee Disabilities and Osteoarthritis Score Junior	0 - 28 points
LEFS - Lower extremity functional scale	0 - 80 points
Lymphedema Life Impact Scale	0 - 90

<b>Functional Tool Name &amp; Abbreviation</b>	<b>Scoring Scale (if grey – no score will be required for input)</b>
MAM-20- Manual Ability Measure- 20 Musculoskeletal	0 - 100
MAM-20- Manual Ability Measure- 20 Neurologic	0 - 100
Mini Bestest	0 - 28 points
MMSE - Mini mental state examination	0 - 30
Modified Low back disability questionnaire	0 - 50 points
NDI - Neck Disability Index	0 - 50 points
NIH Prostatitis Symptom Index	0 - 43 points
ODI - Oswestry Low Back Pain Disability Questionnaire	0 - 50 points
PENN - Total Points, satisfaction, Pain, function	0 - 100 percentage
PFDI20 - Pelvic Floor Distress Inventory Summary Score	0 - 300 points
PFDI-20 - Pelvic Floor Distress Inventory-20	0 - 300 points
PFIQ-7 - Pelvic Floor Impact Questionnaire-7	0 - 300
PSFS - Patient Specific Functional Scale	0 - 10
PSFS - Patient Specific Functional Scale (Women's health conditions)	0 - 10
Quick DASH Disabilities of Arm, Shoulder, Hand	0 - 100 percentage
RBANS- The Repeatable Battery for the Assessment of Neuropsychological Status Update	
Roland Morris Low Back Pain and Disability Scale	0 - 24
SCI - Spinal Cord Injury Independence Measure III	0 - 100 points
SF-36 Questionnaire	0 - 100 percentage
SIS16 - Stroke Impact Scale- 16	16 - 80 points
SPADI - Shoulder Pain and Disability Index	0 - 100 percentage
Tinetti Balance Assessment	0 - 28
TMJ Disability Index	0 - 50
UDI-6 - Urogenital Distress Inventory-6	0 - 18
UEFI-15 - Upper Extremity Functional Index-15	0 - 100
UEFI-20 - Upper Extremity Functional Index-20	0 - 80
UEFS - Upper extremity functional scale	0 - 80 points
VSS- Vancouver Scar Scale	
<b>Pediatric functional tools and milestone assessments</b>	
AMCAMP- Adolescent Measure of Confidence and Musculoskeletal Performance	
Batelle Developmental Inventory	
Bayley Scales of Infant and Toddler Development-III (ed 3) (Bayley-III)	
BEERY VMI-21 -Beery-Buktenica Developmental Test of Visual Motor Intergration-21 (BEERY VMI-21)	
BOT2 - Bruninks Oseretsky Test of Motor Proficiency Complete Form and Short Form	
CAPE/PAC - Children's Assessment of Participation and Enjoyment/Preferences for Activities of Children	
DDST-II - Denver Developmental Screening Test II	
ESDM - Early Start Denver Model	
GMFM66 and GMFM88- - Gross Motor Function Measure	
PDMS2 - Peabody Developmental Motor Scales, Second Edition	
Pediatric Balance Scale	
PEDI - Pediatric Evaluation of Disability Inventory	

Functional Tool Name & Abbreviation	Scoring Scale (if grey – no score will be required for input)
Pedi-IKDC	
Quality of Upper Extremity Skills Test	
Sensory Profile - 2nd ed	
SPM - Sensory Processing Measure	
SPM-P - Sensory Processing Measure - Preschool	
Vineland II or Vineland III	

## Appendix B – Comorbidities / Associated health conditions

Depending on the clinical scenario of the individual patient, the following comorbidities may be listed. Please be prepared with any that impact your patient therapy services.

### **Adults:**

- Morbid obesity (BMI > 40)
- Diabetes Mellitus
- Social determinants of health (E.g., nutrition, housing, communication)
- Respiratory disorder (E.g., asthma, COPD, pulmonary fibrosis, sarcoidosis, oxygen-dependency)
- Musculoskeletal disorder (E.g., rheumatoid arthritis, contracture, fracture)
- Cognitive impairment (E.g., brain injury, intellectual disability, concussion)
- Active major medical treatment (E.g., radiation, chemotherapy, hemodialysis)
- Neurological condition (E.g., prior stroke, Parkinson's, MS)
- Medical devices (E.g., PEG tube, catheter, shunt, tracheostomy)
- Psychological disorder (E.g., bipolar, ADHD)
- Pregnancy or recently post-partum (within last 6 months)
- Non-developmental impairment (E.g., uncorrected hearing or vision loss)
- Sensory processing disorder (E.g., apraxia, hemi-sensory loss)
- Heart or lung transplant
- Coronary artery disease
- Amputation

### **Pediatrics:**

- Morbid obesity (BMI > 40)
- Diabetes Mellitus
- Social determinants of health (E.g., nutrition, housing, communication)
- Cognitive impairment (E.g., brain injury, intellectual disability, concussion)
- Language delay
- Neurological condition (E.g., spasticity, seizures, cerebral palsy)
- Musculoskeletal disorder (E.g., juvenile idiopathic arthritis, contracture, fracture)
- Psychological disorder (E.g., bipolar, ADHD)
- Genetic disorder (E.g., Down's syndrome, Fragile X)
- Active major medical treatment (E.g., radiation, chemotherapy, hemodialysis)
- Non-developmental impairment (E.g., uncorrected hearing or vision loss)
- Sensory processing disorder
- Current medical device (E.g., PEG tube, catheter, shunt, tracheostomy)