



Next Generation Solutions

Detailed Request Checklists for Physical Therapy Services

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 AIM Specialty Health:

- ✓ Office
- ✓ Off-campus outpatient hospital
- ✓ On-campus outpatient hospital
- ✓ Independent clinic

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

INFORMATION YOU WILL NEED FOR PHYSICAL THERAPY SERVICES REQUESTS

For ALL physical therapy services requests, you will need:

- Member first and last name, date of birth
- Ordering provider first and last name (May be a therapist based on state specific direct access laws)
- Servicing provider first and last name
- Servicing facility (including types such as outpatient hospital or office)
- Treating therapist first and last name (if known)
- CPT code(s) you are requesting
- ICD-10 diagnosis code associated with request
- Date of evaluation and related treatment sessions to this episode of care
- Functional outcome tool(s) (patient-reported or therapist-reported) and associated score(s) at every request (see list of common tools in **Appendix A**)
 - Example: Quick disabilities of arm, shoulder, hand (Quick DASH) and disability score of 50%
- Reason or medical necessity for the request
- Confirm that a complete plan of care is documented, the expectation of achievable function improvement in a reasonable timeframe, and services are being delivered by a licensed provider of physical therapy

Referencing the following documentation during requests will be necessary and possibly requested for upload at the time of review:

- Evaluation and Plan of Care
 - Complexity level of evaluation
 - Objective assessment including functional tool(s) and score(s)
 - Medical history of diagnosed conditions (comorbidities)
 - Surgical History or injury
 - Other treatments or previous therapy
 - Functional or activity limitations
 - Short and/or long term goals established
- Treatment daily documentation notes
- Progress notes
 - Objective assessment
 - Updated functional tool score
 - Status of goals
 - Factors impeding progress
 - Revisions to plan of care

Appendix A

Functional Tool Name & Abbreviation	Scoring Scale
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	0-28 points
Barthel Index Get Test	0-20 points
Bayley Scales of Infant and Toddler Development-III (ed 3) (Bayley-III)	
BBS - Berg Balance Scale	0-28 points
BOT2 - Bruninks Oseretsky Test of Motor Proficiency Complete Form and Short Form	
BWAT - Bates Jenson Wound Assessment Tool	13 to 65 points
CAPE/PAC - Children's Assessment of Participation and Enjoyment/Preferences for Activities of Children	
Chronic Respiratory Disease Questionnaire	7-140 points
DASH - Disabilities of Arm, Shoulder, Hand	0-100 percentage
Dizziness Handicap Inventory	0-24 points
Dynamic Gait Index	0-24 points
ESDM - Early Start Denver Model	
FIM - Functional Independence measure	0-30 points
Foot and Ankle Ability Measure	0-100 percentage
Functional Gait Assessment	18-126 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
GMFM66 and GMFM88 - - Gross Motor Function Measure	
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
KOOS JR - Knee Disabilities and Osteoarthritis Score Junior	0-28 points
LEFS - Lower extremity functional scale	0-100 percentage
Mini Bestest	0-28 points
Modified Low back disability questionnaire	0 to 50 points
NDI - Neck Disability Index	0 to 48 points
NIH Prostatic Symptom Index	0-43 points
ODI - Oswestry Low Back Pain Disability Questionnaire	0 to 50 points
PDMS2 - Peabody Developmental Motor Scales, Second Edition	
PEDI - Pediatric Evaluation of Disability Inventory	
PENN - Total Points, satisfaction, Pain, function	0-100 percentage
PFDI20 - Pelvic Floor Distress Inventory Summary Score	0-300 points
Quality of Upper Extremity Skills Test	0-80 points
Quick DASH Disabilities of Arm, Shoulder, Hand	0-100 percentage
SCI - Spinal Cord Injury Independence Measure III	0-100 points
SF-36 Questionnaire	0-100 percentage
SIS16 - Stroke Impact Scale- 16	16 to 80 points
UEFS - Upper extremity functional scale	0-80 points