Physical & Occupational Therapy Prior Authorization Clinical Checklist: Initial Request for Pediatric Care

Required Documents	Required Information for Developmental Care:	Required Information for Non-Developmental Care:	Additional Information for All requests:
Prior Authorization Form includes:	□ Number of visits and frequency of visits requested for the episode of care	□ Number of visits, units and frequency of visits requested for episode of care	□ Dates of service for authorization period
Initial Evaluation includes:	□ Subjective levels of current function □ Patient/Caregiver's Goal(s) for therapy (such as Goal Attainment Scale [GAS]) □ Patient/caregiver's stage of readiness for participation Test and Measures (choose one): □ *Standardized norm-referenced test* with *standard or scaled* scores for each area to be targeted in treatment plan goals (age-equivalents are not acceptable). May include objective measurements if test scores do not demonstrate a deficit. □ If standardized norm-referenced testing is unable to be completed, include all: 1. reason for lack of standardized testing 2. Criterion-referenced test scores 3. objective measures of impairments and impact on current function	□ Subjective levels of current function □ Patient/Caregiver's Goal(s) for therapy (such as Goal Attainment Scale [GAS]) □ Level of functioning prior to the acute incident or exacerbation of existing condition and onset date □ Objective measurements of impairments (such as ROM, strength, balance, coordination, etc.) and the impact on function □ Special test(s) for the condition as applicable □ Functional Outcome Measure (RMDQ, WOSI, WOMAC, IKDC, FAAM, LEFS, PSFS, etc.) □ Patient/caregiver's stage of readiness for participation	□ Dated within the health plan requirements for this current request □ Information must represent most current clinical findings □ Information supports medical necessity for treatment If applicable: □ Barriers or complicating factors that may affect progress □ Other therapies currently provided □ Past treatment history
Treatment Plan or Plan of Care includes:	□ Short- and long-term goals that lead to the patient's/caregiver's ultimate goal □ Definitive, reasonable and predictable timeline for reaching therapy goals related to patient/caregiver's goal (GAS) □ Expectation for progress and rehabilitation potential	□ Short- and long-term goals □ Definitive, reasonable and predictable timeline for reaching therapy goals related to the patient/caregiver's goal (GAS) □ Expectation for progress and rehabilitation potential	Each short-term goal includes: □ S.M.A.R.T. goals (Specific/Measureable/ Actionable/Realistic/Time bound) □ Goals must target delayed or impaired skills identified through interpretation of test results (avoid writing goals specific to standardized test items)

Physical & Occupational Therapy Prior Authorization Clinical Checklist: Request for Continuation of Pediatric Care

Required Documents	Required Information for Developmental Care:	Required Information for Non-Developmental Care:	Additional Information for All requests:
Prior Authorization Form includes:	□ Number of visits and frequency of visits requested for the episode of care	□ Number of visits, units and frequency of visits requested for the episode of care	□ Dates of service for authorization period (start/stop dates)
Progress Report and updated Plan of Care:	Analysis and interpretation of: □ Progress/plateau/regression toward patient/caregiver's goal(s) for therapy (GAS) □ Developmental milestones and/or accomplishments made towards both short and long term treatment goals (i.e. progress) □ Identification and rationale for unmet goals (i.e. lack of caregiver compliance, plateau, or regression due to illness, etc.) Note: Standardized developmental testing need not be repeated more than once a year (or every 6 months in Texas), unless clinically indicated	Analysis and interpretation of: □ Report of progress/plateau/regression toward patient/caregiver's goal(s) for therapy (GAS) □ Current objective measures and functional information related to goals. □ Include progress made in meeting short- and long- term goals, plan of treatment, along with any updates to the goals or treatment plan □ Identification and rationale of unmet goals (i.e. lack of progress, plateau, or regression)	□ Modifications to the POC and S.M.A.R.T. goals □ Information supports medical necessity for ongoing treatment □ Rationale for continued care requiring the unique skills of a therapist □ Description of patient/caregiver's participation, attitudes or behaviors toward therapy □ Assessment of effectiveness of service provided □ Coordination of services (school, outpatient, specialty care) to prevent duplication of services □ Dated within the health plan requirements for current request