Comagine Health

Alaska Medicaid Therapy Reviews Checklist

INCLUDE THE FOLLOWING INFORMATION WHEN SUBMITTING A REQUEST

1. The date benefit limit reached (date of the 30th unit for PT/OT or 15th unit of SLP)
2. Member name and 2 identifier on all attachment documents or WEB notes
3. Diagnosis / diagnosis code
4. Treating provider (the therapist) and their NPI number
5. Admitting provider (the facility or place of service) and their NPI number
6. Therapy services (Physical therapy (PT), occupational therapy (OT), speech language pathology (SLP) requested. **Pick only one per authorization request**:

Prior authorization rehabilitation PT for 21 years and older.	Retrospective authorization rehabilitation PT for 21 years and older.
Prior authorization rehabilitation OT for 21 years and older.	Retrospective authorization rehabilitation OT for 21 years and older.
Prior authorization rehabilitation ST for 21 years and older.	Retrospective authorization rehabilitation SLP for 21 years and older.
Prior authorization habilitation PT for age.	Retrospective authorization habilitation PT for any age.
Prior authorization habilitation OT for age.	Retrospective authorization habilitation OT for any age.
Prior authorization habilitation SLP for age.	Retrospective authorization habilitation SLP for any age.

7. Requested time frame – should match dates on treatment plan
8. Requested codes and units for each
9. Plan of Care (POC) is the Initial treatment plan
    - PT and ST treatment plan intervals is every 6 weeks.
    - OT treatment plans is every 4 weeks.
    - Dates of service (DOS) requested must be within POC dates.
    - Treatment start and stop times listed on all visit notes.
    - Frequency and duration of visits (example 2 times a week for 6 weeks).
    - Medical doctor, physician's assistant, or Advanced nurse practitioner (MD/PA/APRN) signature for oversight within 14 days of this evaluation.
    - Short and long term goals listed with included home exercise plan.
10. Targeted clinical progress/treatment notes supporting the request for continued services.
    - Dated notes to include any changes and progress details.
    - Start and stop times.
    - Progress toward goals including home exercise plan (HEP) and any new goals.
11. Signed Prescription for therapy (within 1 year)