



# Aetna Health Management, LLC

## Physical Medicine Services Checklist

To expedite the process, please have the following information ready before logging on to [www.RadMD.com](http://www.RadMD.com) or calling the National Imaging Associates, Inc. (NIA) Utilization Management staff. Medical necessity determinations are based on Aetna Health Management, LLC (Aetna)'s Benefit Guidelines, NIA Guidelines which are available on [www.RadMD.com](http://www.RadMD.com) and Apollo Managed Care clinical guidelines that are comprehensive, evidenced-based healthcare review criterion and are available upon request. Authorization is required for all outpatient Physical Medicine services. Aetna members receiving services on observation status or in the home are exempt.

### Initial Physical Medicine Request

- Name, office phone number, and fax number of referring provider
- Name of treating provider office or facility where the service will be performed, phone number and fax number
- Member name and ID number
- Cause of therapy (Traumatic, Repetitive, Work related, Motor Vehicle, Unspecified)
- Diagnosis (es) code used for treatment (ICD10 Code)
- Date of the initial evaluation (start of care)
- Requesting/rendering provider discipline (PT, OT, DO, DC, MD, etc.)
- Type of Therapy: Habilitative, Rehabilitative, Neuro Rehabilitative
- Surgery date and procedure performed (if applicable)
- Treatment Plan including interventions planned (by billable grouping category)
- Projected frequency and duration of treatment
- Treating Diagnosis and body region being treated (right, left), date of onset
- Brief medical history and summary of previous therapy (if any)
- Baseline evaluation including current and prior functional status
- Functional Outcome Assessment, score, and level of function (instead of disability)
  - Example: If a test rated them as having a 40% disability, then they are 60% functional.
- Objective tests and measures appropriate to the discipline
- Standardize test with raw score, standardized scores and interpretation (*for habilitative services*)
- School programs, including frequency and goals (*for habilitative services*)
- Documentation regarding home and community programs the patient is involved in (*for habilitative services*)
- Treatment prognosis and rehab potential
- Specific functional goals that are measurable, sustainable and time-specific
- Discharge plan

### Subsequent Requests

- Re-evaluations, progress notes and treatment plans since the last authorization
- Treatment documentation since last authorization
- Summary of patient status and updated discharge plan

*Clinical information must be documented in the treatment record and/or other medical record documentation, such as diagnostic imaging or testing reports, physician referral documentation. Handwritten notes on cover sheets, telephone calls, or other fax pages that are not reflected in therapy treatment record or other objective documents will be noted as such- "handwritten note on cover sheet (telephone call, etc.) without confirmation in treatment record"- but will not constitute actionable information for clinical decision making. Please be prepared to upload or fax medical records supporting the required information on the checklist.*