



SoonerCare PT/OT Prior Authorization Clinical Checklist

CHECKLIST FOR INITIAL REQUEST FOR CARE		
<input type="checkbox"/>	Completed authorization request form	Faxed submissions only
<input type="checkbox"/>	MD, DO, dentistry, chiropractic, podiatry, or PA referral/script	Date within a year
<input type="checkbox"/>	Parental consent form	Date within a year
<input type="checkbox"/>	Initial evaluation with plan of care that includes:	
<input type="checkbox"/>	<ul style="list-style-type: none"> Subjective measures of functioning 	
<input type="checkbox"/>	<ul style="list-style-type: none"> Objective measures of functioning 	
<input type="checkbox"/>	<ul style="list-style-type: none"> Diagnostic test results 	
<input type="checkbox"/>	<ul style="list-style-type: none"> Short/long term goals 	Short term goals written for the duration of care on the authorization
<input type="checkbox"/>	<ul style="list-style-type: none"> Length of time to reach goals 	
<input type="checkbox"/>	<ul style="list-style-type: none"> Requested treatment frequency & duration 	
<input type="checkbox"/>	<ul style="list-style-type: none"> Expectation for progress 	
CHECKLIST FOR CONTINUATION OF CARE		
<input type="checkbox"/>	Completed authorization request form	Faxed submissions only
<input type="checkbox"/>	Re-assessment with the following documented:	Completed by licensed PT/OT
<input type="checkbox"/>	<ul style="list-style-type: none"> Progress made to date 	
<input type="checkbox"/>	<ul style="list-style-type: none"> Status of goals met 	
<input type="checkbox"/>	<ul style="list-style-type: none"> Updated goals as applicable 	
<input type="checkbox"/>	<ul style="list-style-type: none"> Requested treatment frequency & duration 	
<input type="checkbox"/>	Current progress notes	As needed to support ongoing skilled services
<input type="checkbox"/>	Parental participation	Documentation of % of participation and the method used: phone, email, direct participation, homework log