

**Indiana Health Coverage Programs
Medicaid Therapy* Services Prior Authorization Checklist**

Patient Name:	Medicaid Member ID:		
Therapy Setting (e.g. outpatient facility, office, professional setting):			
	YES	NO	NOTES
1. Prior authorization (PA) requested prior to service initiation?			
2. If additional units or days are needed, has the request been submitted prior to initiation?			
3. PA request submitted on the IHCP Prior Authorization Request Form (or electronic equivalent) includes required elements: <ul style="list-style-type: none"> • Primary diagnosis • Service codes and units • Requesting provider name/NPI • Rendering provider name/NPI (if known) • Ordering provider NPI • Signature and date by a qualified practitioner 			
4. Physician evaluation present in documentation?			
5. Signed and dated therapy order by qualifying provider present in documentation?			
6. Current plan of treatment and progress notes attached to the request? Including:			
a) Indications of necessity and effectiveness of therapy?			
b) Frequency and duration of requested services in time/visit; visits/week; weeks requested? (Example: 1 hr/visit, 2 visits/wk for 13 weeks requested)			
c) Total requested units match the requested frequency and duration (calculated from 6b)?			
d) Measurable goals (SMART: Specific, Measurable, Achievable, Relevant, Time-Bound)?			
7. Is the patient under 21 years of age ? (If yes, answer the following questions. If no, skip to number 8.)			
a) Is the request for rehabilitative therapy services?			
b) Is the request for habilitative therapy services?			
8. Is the patient 21 years of age or older ? (If yes, answer the following questions. If no, skip to question 9.)			
a) Is the request for rehabilitative therapy services? <i>(Habilitative therapy is not a covered service for members 21 years of age and older.)</i>			
b) Is the request for no longer than two years' worth of therapy services? <i>(Rehabilitative therapy for members 21 years of age and older is covered for a maximum of two years, unless there is a significant change in medical condition. Respiratory therapy services can be prior authorized for a longer period on a case-by-case basis.)</i>			
9. Does the request include no more than one hour per day per type of therapy?			
10. Does one hour of billed therapy include at least 45 minutes of direct member care, with remaining balance of one hour spent in related patient services?			
11. Is the member receiving duplicative therapy services?			
12. Detailed documentation included to support level of services?			

* Applicable to occupational, physical and respiratory therapy and speech pathology services requiring PA and not subject to the PA exceptions listed in the [Therapy Services](#) IHCP provider reference module, available at in.gov/medicaid/providers.