



Next Generation Solutions

# Detailed Request Checklists for Occupational Therapy Services

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## Getting ready to place a request

Knowing what information, you will need for each therapy request saves time. Our occupational therapy services request checklist can help you identify and collect the information you need to have available when entering a request. **We recommend that you print a copy or save it to your computer to keep it handy when you are preparing to submit a request.**

Place of services: Occupational therapy services performed in the following settings require pre-authorization from Carelon Medical Benefits Management:

Place of service setting	All additional health plans	BCNC Commercial	Healthy Blue NC Medicaid
Telehealth provided other than in the patient's home – POS 02	✓	✓	✓
School - POS 03			✓
Telehealth provided in patient's home – POS 10		✓	✓
Office – POS 11	✓	✓	✓
Home - POS 12		✓	✓
Outpatient hospital – POS 22	✓	✓	✓
Independent clinic – POS 49	✓	✓	✓
Other - POS 99			✓

Healthy Blue NC Medicaid providers rendering therapy services in a setting that will vary throughout the episode of care, should select POS 99 - other.

Other settings (e.g., Inpatient hospital, Inpatient rehabilitation facilities, etc.) are not managed by Carelon. Please refer back to the health plan.

### **INFORMATION YOU WILL NEED FOR OCCUPATIONAL THERAPY SERVICES REQUESTS**

For all occupational therapy services requests, you will need:

#### Member Details

- Member first name
- Member last name
- Member date of birth
- Member ID number

#### Clinical Details

- Primary ICD-10 Diagnosis Code
  - One primary ICD-10 diagnosis code per request, recommend using the primary treating diagnosis unless required by your state to use referring physician's diagnosis
  - Confirmation of whether treatment is related to an Autism Spectrum Disorder, Pervasive Developmental Delay diagnosis, or a confirmed diagnosis of Amyotrophic Lateral Sclerosis (ALS).
- CPT Code(s) Requested
  - Refer to the Rehabilitation Program [CPT Code lists](#) for the codes that require prior authorization.
  - Main grouper treatment CPT Codes can be found in blue on the CPT Code list
  - Adjunctive CPT Codes can be found in purple on the CPT Code list and must be entered individually into the request.
    - The adjunctive codes are subject to additional medical necessity review and may or may not be considered medically necessary based on clinically significant net

benefit above and beyond conventional therapies and/or considered as a non-skilled service.

- Therapy type for the requested CPT service codes that overlap between disciplines.
  - Physical Therapy or Occupational Therapy
- Date of the initial evaluation
  - The initial evaluation date should remain consistent throughout the member's episode of care at each subsequent therapy request Note: Therapy plans of care lasting longer than one calendar year may update the initial evaluation date yearly as the plan of care is updated.
- Functional Outcome Tool(s) (patient-reported or therapist-reported) and initial or baseline score for the tool.
  - The associated score(s) should be updated for each request within an episode of care
  - Scores may not be required for some pediatric requests.
  - Ensure consistent tool usage where applicable to the member's plan of care.
  - See list of included common tools in **Appendix A**
  - Example: Quick disabilities of arm, shoulder, hand (Quick DASH) and disability score of 50%
- Number of short and/or long-term functional goals established by the evaluating provider asked on subsequent requests
  - Number of short and/or long-term functional goals met
  - Objective partial or full progression on functional goals
    - **Examples of appropriate goals:**
      - Patient to don button-down shirt with min assist using right hand and adaptive equipment (to be achieved in 4 weeks)
      - Decrease pain 2/10 to allow full left upper extremity weight-bearing and push-off for independent sit-stand transfer (8 weeks)
      - Patient to be independent 100% of time with toileting (estimated time 12 weeks)
      - Increase elbow extension ROM to 100 degrees to safely operate overhead machinery at work (LTG 6 weeks)
    - **Examples of inappropriate goals:**
      - Improve ADLS
      - Patient will improve RUE ROM 20 degrees to increase participation in upper body ADLs
      - Resume baseline work function (12 weeks)
      - Increase elbow ROM to 100 degrees (acceptable as an additional goal but not as the required functional, time-limited goal)
      - Quick DASH score less than 10%
- If no goals have been met, confirmation of goals in the established plan of care with partial demonstrable progress (E.g., may be expressed as a percentage towards any goals achieved).
- Mitigating factors impeding progress
  - There is little to no demonstrable progress; however, there are acceptable mitigating factors, and a treatment plan has been revised accordingly.
- A new body part or condition is being added to the current plan of care.
- Changes to the plan of care as a result of factors limiting progress or poor objective progression on functional goals.
- Ordering (Referring) Provider Details \*May be therapist based on state specific direct access laws
  - Ordering (referring) provider first name
  - Ordering (referring) provider last name
  - Ordering (referring) provider TIN
  - Ordering (referring) provider NPI
  - If you have difficulty finding the provider, please manually enter the record or call the Carelon call center to initiate the pre-authorization request. Note manually entering a provider may cause additional sanctioning review of the record.

- Billing entity for the request
  - Servicing facility group
  - Individual practitioner
- Servicing Facility Details
  - Servicing facility name
  - Servicing facility TIN
  - Servicing facility NPI
- Place of service type, this should match the place of service setting your facility utilizes on claims. Note place of service settings are market specific.
  - Office, Outpatient Hospital, Independent Clinic, Telehealth, Home, School and Other.
- Treating Therapist Details (Required if the servicing facility group record is not billing for the request)
  - Treating therapist TIN
  - Treating therapist NPI
  - Treating therapist first name (if known)
  - Treating therapist last name (if known)
- Rendering provider type
  - Physical, Occupational, or Speech Therapist, Chiropractor, MD/DO/NP/PA/Other
- Primary purpose of therapy
  - (e.g., rehabilitation, habilitation, maintenance, massage, taping)
  - Please refer to [Carelon clinical guidelines](#) for specific definitions.
  - There is confirmation of functional status being maintained in cases in which the appropriate purpose of therapy is to prevent loss of function that is at risk of being lost (habilitation)
    - Habilitative purposes of therapy have additional documentation requirements, see *Clinical Details* below.
- Primary treatments utilized, some of the below treatments may not have medical necessity support if chosen as a primary treatment
  - Elastic therapeutic taping
  - Therapeutic Magnetic Resonance (TMR)
  - Whirlpool or Hydrotherapy
  - Massage Therapy
- Confirmation of the complexity level of the initial evaluation or E&M equivalent that was completed for the request.
  - Low, moderate, high or unknown
  - Confirmation of a complex neurological, medical, or multi-trauma condition (i.e., VA with deficits, spinal cord injury, brain injury, Guillain-Barre syndrome, extensive burns, multiple fractures, severe deconditioning, etc.).
  - Confirmation of the acuity, the expected duration of the plan of care, and the member's rehabilitation potential.
- Confirmation of a surgical procedure in the last three months related to the condition for which services are being requested
- Conditions that may impact treatment or comorbidities for the member
  - (e.g. cognitive impairment, cancer treatment or psychiatric disorders)
  - See **APPENDIX B** for a more complete list.
- Confirmation that a complete plan of care is documented
- Confirmation of expectation of achievable functional improvement in a reasonable timeframe
  - There is attainment of functional goals established on initial evaluation or otherwise qualitative and sustained functional progress
    - **Examples of functional progress:**
      - Dexterity improved, now requiring only moderate assistance to manipulate buttons and don shirt with use of adaptive equipment
      - Shoulder pain decreased to 5/10 allowing patient to partial weight-bear on left upper extremity.
      - Able to toilet self with only stand-by assistance for donning pants 80% of

- the time
- Patient elbow flexion ROM now 60 degrees (when documented as progress towards specific functional goal of “Increase elbow ROM to 100 degrees to safely operate machinery at work.” Such progress might then also
  - reasonably be documented as “ROM 60% met” if applied to this same functional goal)
- **Examples of non-functional progress:**
  - Upper body dressing ongoing
  - Toileting partially met
  - Goal 60% met (without clear indication of what parameter 60% reflects and what functional goal it applies to)
  - Strength improved to 3/5
  - Shoulder ROM increased 20 degrees
- Confirmation that therapy has produced clinically meaningful improvement on reassessment of one or more of the therapist-rated or patient centered outcome measures documented on initial evaluation
  - **Example of clinically meaningful improvement on outcome measure**
    - Statistically significant improvement in outcome tool score with improvement in at least one of the functional parameters of the outcome measure (e.g., reading parameter in the Neck Disability Index)
  - **Examples of non-clinically meaningful improvement on outcome measure**
    - Improvements only in non-specific, non-functional parameters of the functional tool (e.g., pain parameter in the Neck Disability Index)
    - Statistically insignificant improvement in outcome tool score
- Confirmation that services are being delivered by a licensed provider of therapy services
- Confirmation that services require the skills and training of a qualified provider of therapy services and is clearly denoted within the documentation.
  - **Examples of skilled intervention documentation:**
    - Skilled passive ROM to shoulder needed to maintain post-op restrictions and due to high risk of dislocation
    - Advancing strengthening exercises, requires skilled monitoring of patient's HR response and activity tolerance due to CHF risk

Referencing the above clinical details and documentation during requests may be necessary and possibly requested for upload, at the time of request submission (i.e., Initial evaluation, progress notes, last three daily notes and re-evaluation).

Additionally, for Pediatric Habilitative service requests, in addition to the above information you will need:

#### Clinical Details

- Confirmation of developmental delay or other chronic disability. The therapist's assessment and/ or treatment plan for this patient indicate a delay in development or chronic disability. \*Note: A learning disability alone does not constitute chronic disability for the purpose of this request.
  - This can be obtained from a physician diagnosis or therapist evaluation using standardized assessments.
- Confirmation of level of severity
  - e.g., mild, mild to moderate, moderate, moderate to severe and severe
  - This can be obtained from a physician diagnosis or therapist evaluation using standardized assessments
- Pediatric functional outcome tool(s) or milestone assessment (patient-reported or therapist-reported) and initial or baseline score for the tool.
  - The associated score(s) should be updated for each request within an episode of care

- o Scores may not be required for some pediatric requests.
- o See list of included common tools in **Appendix A**
- o Example: Batelle Developmental Inventory

Referencing the above clinical details and documentation during requests may be necessary and possibly requested for upload, at the time of request submission (i.e., Initial evaluation, progress notes, last three daily notes and re-evaluation).

## Appendix A – Functional Tools

Functional Tool Name & Abbreviation	Scoring Scale (if grey – no score will be required for input)
ALSFRS- R- The Amyothrophic Lateral Sclerosis Functional Rating Scale	No score
AM-PAC/6 clicks	6 - 24
Barthel Index Get Test	0 – 20
Cognistat	
DASH - Disabilities of Arm, Shoulder, Hand	0 - 100 percentage
FIM - Functional Independence measure	18 - 126 points
FOTO Elbow / Wrist / Hand	3 – 100
FOTO General Orthopedic	0 – 100
FOTO Shoulder	3 – 100
FSS Fatigue Severity Scale	9 – 63 points
G- Code Functional Reporting: G8978 Mobility, G8981 Changing Maintaining Body Position, G8984 Carrying Moving Objects, G8987 Self Care, G8990 Primary Function Limitation, G8993 Sub PT/OT	0 - 100 percentage or corresponding modifier
JFSS – Jaw Functional Status Scale	0 – 100 percentage
Lymphedema Life Impact Scale	0 - 90
MAM-20- Manual Ability Measure- 20 Musculoskeletal	0 - 100
MAM-20- Manual Ability Measure- 20 Neurologic	0 - 100
Mini Bestest	0 - 28 points
MMSE - Mini mental state examination	0 - 30
Posture and Postural Ability Scale	
PROMIS – Physical Function T- Score	0 – 100
PROMIS – Upper Extremity T- Score	0 - 100
Quality of Upper Extremity Skills Test	
Quick DASH Disabilities of Arm, Shoulder, Hand	0 - 100 percentage
RBANS- The Repeatable Battery for the Assessment of Neuropsychological Status Update	
SCI - Spinal Cord Injury Independence Measure III	0 - 100 points
SF-36 Questionnaire	0 - 100 percentage
SIS16 - Stroke Impact Scale- 16	16 - 80 points
SPADI - Shoulder Pain and Disability Index	0 – 100 percentage
UEFI-15 - Upper Extremity Functional Index-15	0 - 100
UEFI-20 - Upper Extremity Functional Index-20	0 - 80
UEFS - Upper extremity functional scale	0 - 80 points
VSS- Vancouver Scar Scale	No score
WOMAC – Western Ontario and McMaster Universities Osteoarthritis Index – Function Score Only	0 – 85
Pediatric functional tools and milestone assessments	
Batelle Developmental Inventory	
Bayley Scales of Infant and Toddler Development-III (ed 3) (Bayley-III)	
BEERY VMI-21 -Beery-Buktenica Developmental Test of Visual Motor Intergration-21(BEERY VMI-21)	
BOT3- Bruninks Oseretsky Test of Motor Proficiency Complete Form and Short Form	
CAPE/PAC - Children's Assessment of Participation and Enjoyment/Preferences for Activities of Children	

Children's Kitchen Task Assessment	
DDST-II - Denver Developmental Screening Test II	
ESDM - Early Start Denver Model	
GMFM66 and GMFM88 - Gross Motor Function Measure	
PDMS2 - Peabody Developmental Motor Scales, Second Edition	
PEDI - Pediatric Evaluation of Disability Inventory	

Functional Tool Name & Abbreviation	Scoring Scale (if grey – no score will be required for input)
Sensory Profile - 2nd ed	
SPM - Sensory Processing Measure	
SPM-P - Sensory Processing Measure - Preschool	
Vineland II and Vineland III	

## Appendix B – Comorbidities / Associated health conditions

Depending on the clinical scenario of the individual patient, the following comorbidities may be listed. Please be prepared with any that impact your patient therapy services.

### **Adults:**

- Morbid obesity (BMI > 40)
- Diabetes Mellitus
- Social determinants of health (E.g., nutrition, housing, communication)
- Respiratory disorder (E.g., asthma, COPD, pulmonary fibrosis, sarcoidosis, oxygen-dependency)
- Musculoskeletal disorder (E.g., rheumatoid arthritis, contracture, fracture)
- Cognitive impairment (E.g., brain injury, intellectual disability, concussion)
- Active major medical treatment (E.g. radiation, chemotherapy, hemodialysis)
- Neurological condition (E.g. prior stroke, Parkinson's, MS)
- Current medical devices (E.g. PEG tube, catheter, shunt, tracheostomy)
- Psychological disorder (E.g., bipolar, ADHD)
- Pregnancy or recently post-partum (within last 6 months)
- Non-developmental impairment (E.g. uncorrected hearing or vision loss)
- Sensory processing disorder (E.g. apraxia, hemi-sensory loss)
- Heart or lung transplant
- Coronary artery disease
- Amputation

### **Pediatrics:**

- Morbid obesity (BMI > 40)
- Diabetes Mellitus
- Social determinants of health (E.g., nutrition, housing, communication)
- Cognitive impairment (E.g., brain injury, intellectual disability, concussion)
- Language delay
- Neurological condition (E.g., spasticity, seizures, cerebral palsy)
- Musculoskeletal disorder (E.g., juvenile idiopathic arthritis, contracture, fracture)
- Psychological disorder (E.g., bipolar, ADHD)
- Genetic disorder (E.g., Down's syndrome, Fragile X)
- Active major medical treatment (E.g., radiation, chemotherapy, hemodialysis)
- Non-developmental impairment (E.g., uncorrected hearing or vision loss)
- Sensory processing disorder
- Current medical device (E.g., PEG tube, catheter, shunt, tracheostomy)