North Dakota Workforce Safety & Insurance
WSI
To us, it's personal.

UTILIZATION REVIEW GUIDE

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Fax Numbers: (701) 328-3765 1-866-356-6433
Claims Department: (701) 328-3800 1-800-777-5033
Forms for UR request can be found on the web site at
www.WorkforceSafety.com
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GENERAL INFORMATION

Utilization Review will review prior authorization requests only on claims that WSI has accepted liability for.

- Certain treatment procedures require prior authorization. Requests for prior authorization must include:
  1. a statement of the condition diagnosed;
  2. their relationship to the compensable injury;
  3. the medical documentation supporting medical necessity;
  4. an outline of the proposed treatment program, including length and components, and;
  5. expected prognosis.
- Requesting prior authorization is the responsibility of the medical provider who provides or prescribes medical treatment, equipment, or supplies requiring prior authorization.
- The Utilization Review Department makes recommendations based on WSI practice or treatment guidelines. **Final liability and payment decisions are the responsibility of the claims adjuster handling the claim and bills will be paid per WSI fee schedule.**
- PRIOR AUTHORIZATION for services must be obtained from the utilization review department at least 24 hours or the next business day in advance of providing certain medical treatment, equipment, or supplies.
- EMERGENCY means a medical condition that manifests itself by symptoms of sufficient severity, which may include severe pain, to cause a prudent layperson possessing an average knowledge of health and medicine to reasonably conclude that immediate medical treatment is required to avoid serious impairment of a bodily function, or serious dysfunction of any body part, or jeopardizing the person's life.
- EMERGENCY MEDICAL SERVICES may be provided without prior authorization, but notification is required within twenty-four hours of, or by the end of the next business day following, initiation of emergency treatment. Reimbursement may be withheld, or recovery of prior payments made, if utilization review does not confirm the medical necessity of emergency medical services.

The utilization review department has 24 hours to complete a review upon receiving the request and medical notes. Authorizations not utilized within 3 months (6 months for elective fusions) must be re-submitted with updated medical information for additional review.

- RETROSPECTIVE REVIEW is a review by WSI of a medical service for medical necessity, appropriateness, and efficiency after treatment has occurred. WSI may conduct retrospective reviews of medical services and subsequently reimburse medical providers only: 1) If pre-service review or prior authorization of a medical service is requested by a provider and a claimant's claim status in the adjudication process is pending or closed; or 2) If pre-service review or prior authorization of a medical service is not requested by a provider, and the provider can prove by a preponderance of the evidence, that the injured employee did not inform the provider, and the provider did not know that the condition was, or likely would be, covered under workers' compensation. All medical service providers are required to cooperate with the managed care vendor for retrospective review and are required to provide, without additional charge to WSI or managed care vendor, the medical information requested in relation to the reviewed service.

INPATIENT: MEDICAL / SURGICAL

1. All inpatient medical / surgical procedures require prior authorization by the WSI UR Department. Examples include but are not limited to:
   - acute inpatient
   - inpatient rehab
   - swing bed
   - TCU
   - subacute
   - inpatient psychiatric
   - long term acute care
2. Acute patient hospital admission greater than 14 days need to be reviewed for continued stay.
3. For nonemergent major surgery, the attending doctor or the consulting doctor with the approval of the attending doctor shall give the utilization review department actual notice at least twenty-four hours prior to the proposed

surgery. Notice must give the medical information that substantiates the need for surgery, an estimate of the surgical date and the postsurgical recovery period, and the hospital where surgery is to be performed.

4. CONCURRENT REVIEW of emergency admissions or services is required within 24 hours of entering the facility or the next business day after entering the facility, whichever comes first.

5. The following procedures require prior authorization by the WSI claims adjuster:
   - Chronic pain program
   - Chemical dependency
   - Detoxification

OUTPATIENT SURGERY

All outpatient surgery requires prior authorization by the Utilization Review Department **except** for:

- Carpal tunnel release
- Hardware removal
- Hernia repairs
- Wound I & D
- Scar revisions
- Open or closed reductions*
- de Quervain's release
+ (dorsal compartment release)
- Skin grafts
- Ganglion cyst removal
- Heart catheterizations
- Trigger finger release
- Neuroma excision
- Foreign Body Removal
- Acute digital and hand tendon repair
- Acute digital and hand nerve repair
- Acute digital and hand artery repair
- Acute digital amputation repairs
- Acute bone grafting with ORIF
- Acute digital and hand laceration repair

*Any non-union or mal-union surgery requires prior authorization.

THERAPEUTIC INJECTIONS

The following procedures require prior authorization by the Utilization Review Department:

- Trigger point injections exceeding 3 visits in a 2-month period
- Nerve root blocks
- Peripheral nerve blocks
- Epidural steroid injections
- SI joint injections
- Facet joint injections
- Botox injections
- Facet nerve blocks
- Stellate ganglion blocks
- Sympathetic nerve blocks
- Nerve injections
- Piriformis injections
+ Plasma rich injections

OTHER PROCEDURES

The following procedures require prior authorization by the Utilization Review Department:

+ CAT/CT scans
- MRI's
- Myelograms
- Discograms
- Bonescans
- Arthrograms
- electrodiagnostic studies
- thermography
- Vax-D treatment
- IDET
- Cryoablation
- radio frequency
- lesioning
- facet rhizotomy
- prolotherapy
- implantation of stimulators and pumps

- Tomograms (unless ordered in conjunction with other imaging) and plain x-rays do not require prior authorization.
- Electrodiagnostic studies, which may only be performed by board-certified or board-eligible electromyographers. Nerve conduction study reports must include normal values in addition to the test values.

PHYSICAL AND OCCUPATIONAL THERAPY

1. Physical and occupational therapy require prior authorization by the Utilization Review Department:
   - Upon completion of 10 treatments or 30 days of care, whichever comes first for new injuries or upon direction of the claims adjuster if an additional window is granted for an old / existing injury.
   - After an inpatient surgery, outpatient surgery, or ambulatory surgery, upon completion of the first 10 treatments or beyond 30 days after therapy services are originally prescribed, whichever occurs first. WSI

may waive this requirement in conjunction with programs designed to ensure the ongoing evolution of managed care to meet the needs of injured claimants or providers.

- Post operative physical therapy and occupational therapy window must be started within 90 days after surgery date.

2. Whirlpool burn debridements and dressing changes do not require prior authorization.

3. The following procedures require prior authorization by the WSI claims adjuster:
   - Initial evaluation for chronic pain programs
   - Health club memberships
   - Specialized rehab
   - Endurance testing (Med-X, Biodex, Cybex, B200)
   - Biofeedback
   + Neuro biofeedback
   - FCA & FCE
   - Work hardening
   - Stand-alone pool therapy
   - Strength evaluations
   - Initial evaluation for low back rehabilitation program
   - Independent exercise program

CHIROPRACTIC CARE

1. Chiropractic care is reviewable after 12 treatments or 90 days of care, whichever comes first for new injuries or at the direction of the claims adjuster if an additional window is granted for old / existing injuries.
2. Chiropractors must contact Orthopedic Chiropractic Consultants at 1-877-211-1906 to request additional care. Palliative/supportive care requests also go to Orthopedic Chiropractic Consultants.

DURABLE MEDICAL EQUIPMENT (DME)

1. Durable medical equipment that costs $500 or more must have prior authorization by the claims adjuster. Reimbursement to the medical provider may be denied if prior authorization is not requested.
2. *EXCEPTIONS:* Electromedical devices such as TENS units, combination units, or muscle stimulators need pre-authorization. Please call WSI at (701) 328-3800 or 1-800-777-5033.

CHRONIC PAIN MANAGEMENT

1. Initial evaluation for chronic pain programs requires prior authorization by the WSI claims adjuster.
2. Chronic pain program requires prior authorization by the WSI claims adjuster.

OTHER TREATMENTS

The organization will not authorize or pay for the following treatment:

- Massage therapy or acupuncture unless specifically preapproved or otherwise authorized by WSI. Massage therapy must be provided by a licensed physical therapist, licensed occupational therapist, licensed chiropractor, or licensed massage therapist.
- Chemonucleolysis; acupressure; reflexology; rolfing; injections of colchicine except to treat an attack of gout precipitated by a compensable injury; injections of chymopapain; injections of fibrosing or scleorsing agents except where varicose veins are secondary to a compensable injury; synvisc injections; viscosupplementation injections; and injections of substances other than cortisone, anesthetic, or contrast into the subarachnoid space (intrathecal injections.)

EXAMPLES OF OUTPATIENT SERVICES NOT REQUIRING PRIOR AUTHORIZATION

- Angiogram
- Bronchoscopy
- Venogram
- Cystoscopy
- Echocardiogram
- Venous Doppler
- Hydrascan
+ MUGA Scan
- Colonscopy
- Endoscopy
- UGI
- CT angiogram
- Esophageal swallow studies
- Indium scan for pain pump
+ Stress test
- Indium scan for WBC check
- EEG
- EKG
- Crutch instruction
- Splint modification
+ Ultrasound
+ Ultrascan

+ Indicates recent changes

- WSI may use the American College of Occupational and Environmental Medicine's Occupational Medicine Practice Guidelines, the Official Disability Guidelines, Guide to Physical Therapy Practice, The Medical Disability Advisor, Diagnosis and Treatment of Physicians and Therapist Upper Extremity Rehabilitation, Treatment Guidelines of the American Society of Hand Therapists, or any other treatment and disability guidelines or standards it deems appropriate to administer claims.

Final liability and payment decisions are the responsibility of the claims adjuster handling the claim and bills will be paid per WSI fee schedule