

This document provides general information related to physical and occupational therapy treatment provided to an injured employee. For additional information, forms, and resources visit www.workforcesafety.com.

Treating Practitioners

The following practitioners may provide therapy treatment: PT, PTA, OT, COTA, ATC, MD, DO, and DC. Treatment by PTA, COTA, and ATC require therapist supervision. Treatment by PT Aide/Tech is not recognized.

Window Periods

A therapist may provide treatment without prior authorization during the initial and/or post-op window periods, which include:

- An initial evaluation or re-evaluation visit
- One initial window per claim, not per body part or diagnosis
- 10 visits or 60 days of care, whichever comes first
- Up to 2 modalities per visit
- Up to 4 units per visit, including timed and/or non-timed codes
- Separate window periods for PT/OT
- For a post-op window period, treatment must start within 90 days after surgery

A change in treating therapist does not initiate a new window period. Prior authorization is required for treatment extending beyond window periods.

Prior Authorization Process

To request prior authorization, as outlined in the Utilization Review (UR) Guide, a registered or non-registered user may complete the [UR Review Request \(UR-C\) form](#) online through the myWSI portal.

WSI will complete a review within 3 business days of receiving all required information. The UR department will provide notification of the recommendation via fax, phone, or the myWSI portal (if used for the request).

To request up to a 2-week extension on a previously approved service, call before the approval expires.

Approval of Exercise

The following are included in the approval of exercise:

- Therapeutic Exercise – CPT® 97110, CPT® 97113
- Neuromuscular Reeducation – CPT® 97112
- Gait Training – CPT® 97116
- Manual Therapy – CPT® 97140
- Therapeutic Activities – CPT® 97530
- Self-Care/Home Management – CPT® 97535

Work Hardening/Conditioning and Independent Exercise Programs

To request prior authorization:

- Complete the [Work Hardening or Conditioning Program Request \(C59b\)](#) or [Independent Exercise Request \(C59a\) form](#)
- Fax completed form with physician order and supporting documentation to the UR department
- A provider must bill Work Hardening/Conditioning with CPT® 97545 for the initial 2 hours and CPT® 97546 for each additional hour
- A provider must bill independent exercise with WSI-specific code W0555

Functional Capacity Evaluation/Functional Capabilities Assessment (FCE/FCA)

The following are WSI's requirements:

- Prior authorization by the claims adjuster
- Performed by a PT/OT certified in FCE/FCA
- Billed with WSI-specific code W0540

Bill Audit

WSI performs a prepayment audit of all medical bills and requires medical documentation to support each charge. A provider should refer to WSI's [Documentation Policies](#) for specific documentation requirements.

Bill Appeal

To appeal a denied or reduced charge, submit a [Medical Bill Appeal \(M6\) form](#) along with any information or documentation supporting the reason for appeal.

Utilization Review Contact Information

WSI's Utilization Review Department hours are 8:00 a.m. to 5:00 p.m., Monday through Friday.

- Phone numbers: 888-777-5871 or 701-328-5990
- Fax numbers: 866-356-6433 or 701-328-3765

Additional Resources

- [Quick Reference for New Providers](#)
- [Quick Reference for Physical Therapist as Primary Treating Provider](#)
- [Utilization Review Guide](#)
- [Durable Medical Equipment \(DME\) Guide](#)