

Utilization Review Guide

UR Department

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701-328-5990
888-777-5871

Fax:

701-328-3765
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Customer Service

(Claims & Billing)

Phone:

701-328-3800
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701-328-3820
888-786-8695

Address

1600 E Century Ave Ste 1
Bismarck ND 58503

Mailing Address

PO Box 5585
Bismarck, ND 58506

Website

www.workforcesafety.com

General Information

The Utilization Review (UR) department is responsible for determining the medical necessity of services based on an injured employee's clinical condition. WSI's staff utilizes evidence-based clinical guidelines from national and state authorities to guide utilization management involving prior authorization, concurrent review, and retrospective review.

- A medical provider who renders or prescribes medical treatment, equipment, or supplies must submit the request(s).
- Services are reimbursable per [WSI Fee Schedule](#).
- **Final liability and payment decisions are the responsibility of the claims adjuster managing the claim.**
- Billing information may be obtained by contacting Customer Service at 800-777-5033.

Submitting a Prior Authorization Request

- Access the WSI [Claim Lookup](#) to obtain the claim number or status.
- Review this guide to determine if prior authorization is required.
- Complete the [UR Review Request \(UR-C\)](#) form and fax it with supporting documentation to 866-356-6433 or 701-328-3765, or a registered user may complete the form online through the [myWSI portal](#). Upon receipt of the request and supporting documentation, WSI has 3 business days to complete the review.
- Re-submit the request with updated medical information for additional review if the authorized service is not utilized within 3 months from date of approval (6 months for elective spinal fusions).

Submitting a Retrospective Review

- WSI will allow a retrospective authorization review if the provider has received a denied charge and can demonstrate one of the following:
 - The provider was not aware the condition was a work-related injury, or
 - The injured employee's claim status at time of service was denied, presumed closed, or not filed.
- The ability to complete a retrospective review may not be based on the medical necessity of the service. Medical necessity does not waive the prior authorization requirements outlined in this guide.
- A retrospective authorization review may be requested by completing the [Medical Bill Appeal \(M6\) form](#) and faxing it with supporting documentation to 888-786-8695 or 701-328-3820.

UR Department Prior Authorization List

The following chart outlines services that require prior authorization by the UR department.

Service	Special Instructions
Admissions (Inpatient Medical/Surgical Procedures) – Non-Emergent <ul style="list-style-type: none"> • Inpatient Rehab • Inpatient Surgeries • Inpatient Psychiatric (non-emergent) • Long Term Acute Care • Subacute • Swing Bed • TCU 	<ul style="list-style-type: none"> • The UR-C form is required at least 24 hours prior to the proposed admission or surgery.
Ambulance – Air Transportation	<ul style="list-style-type: none"> • Non-Emergent: The Non-Emergent Air Ambulance Facility-to-Facility Request (M13) form the end of the next business day. • Emergent – No prior authorization is required.
Chiropractic Care <ul style="list-style-type: none"> • Acute • Subacute/Palliative 	<ul style="list-style-type: none"> • The UR-Chiro form is required after an initial window period of 10 visits or 60 days of care, whichever occurs first. <ul style="list-style-type: none"> ○ One initial window period is allowed per claim – not per body part or diagnosis. ○ A limit of 2 modalities per visit is allowed during a window period. • An evaluation/re-evaluation may be performed without prior authorization if there has been a lapse in chiropractic care. Submit the UR-Chiro form with the note to request continued services. • A provider may request a 2-week extension on a previously approved service by calling before the approval expires.
Chronic Pain Management	<ul style="list-style-type: none"> • Chronic pain program
External Bone Growth Stimulator (Includes Pulsed Electromagnetic Field Therapy)	
Hyperbaric Oxygen Treatment	
Imaging <ul style="list-style-type: none"> • Arthrogram • Bone Scan • CAT/CT Scan • Discogram • MRI • Myelogram • PET Scan • Thermography 	<ul style="list-style-type: none"> • CT Scans performed <i>within 30 days from the date of injury and</i> directly related to the work injury do not require prior authorization. • All MRIs require prior authorization unless the patient is admitted from the ER or is inpatient status.
Independent Exercise Program <ul style="list-style-type: none"> • Gym Memberships • Aquatic/Pool Facility Membership 	<ul style="list-style-type: none"> • The C59a form is required.

<p>Injections</p> <ul style="list-style-type: none"> • Botox • Cryoablation • Epidural Steroid Injection (ESI) • Facet Joint Injection • Facet Nerve Block (Medial Branch Blocks) • Facet Rhizotomy • Hyaluronic Acid Injection (Viscosupplementation) • Peripheral Nerve Block • Plasma Rich Injection • Radiofrequency Ablation (RFA) • SI Joint Injection • Spinal Nerve Block • Stellate Ganglion Block • Stem Cell Injection or Therapy • Sympathetic Nerve Block 	
<p>Outpatient Surgery</p>	<ul style="list-style-type: none"> • For exceptions to prior authorization, see page 5.
<p>Pain Pump Implant</p>	
<p>Physical and Occupational Therapy (Includes Home Health Care PT/OT)</p>	<ul style="list-style-type: none"> • The UR-C form is required after an initial or post-surgical window period of 10 visits or 60 days of care, whichever occurs first. <ul style="list-style-type: none"> ○ An initial evaluation or re-evaluation visit is included in window periods. ○ One initial window period is allowed per claim – not per body part or diagnosis. ○ A limit of 2 modalities per visit is allowed during a window period. ○ Time extensions do not apply to initial or post-surgical window periods. ○ Treatment must start within 90 days after the surgery date for a post-surgical window. • The UR-C form is required to request more than 4 units of timed and/or non-timed care per visit. • A provider may request a 2-week extension on a previously approved service by calling before the approval expires. • An evaluation/re-evaluation may be performed without prior authorization if there has been a lapse in therapy services. Submit the UR-C form with the note to request continued therapy services.
<p>Speech Therapy</p>	<ul style="list-style-type: none"> • The UR-C form is required after a provider completes an initial evaluation. • A provider may request a 2-week extension on a previously approved service by calling before the approval expires.
<p>Scrambler Therapy</p>	
<p>Spinal Stimulator Trials and Implants</p>	<ul style="list-style-type: none"> • No Post-OP therapy window is allowed.
<p>Work Hardening/Conditioning</p>	<ul style="list-style-type: none"> • The C59b form is required. • A provider may request a 2-week extension on a previously approved service by calling before the approval expires.

Claims Adjuster Prior Authorization List

The following chart outlines services that require prior authorization by the **Claims Adjuster**.

Service	Special Instructions
Admissions – Nursing Home	
Ambulance – Ground Transportation	<ul style="list-style-type: none"> • Non-emergent: A provider must call for prior authorization. • Emergent: No prior authorization is required.
Behavioral Health/Chemical Dependency <ul style="list-style-type: none"> • Chemical Dependency • Detoxification • Psychiatric Evaluations 	
Biofeedback	
Chronic Pain Management	<ul style="list-style-type: none"> • Initial evaluation
Dental Procedures	
DEXA Scan	
Durable Medical Equipment (DME)	<ul style="list-style-type: none"> • See DME Guide.
Endurance Testing (Biodex, Cybex, B200)	
Ergonomic Assessment	
Functional Capacity Evaluation/Assessment	<ul style="list-style-type: none"> • PTA, COTA, ATC are not allowed to perform an FCE.
Home Health Care	
<ul style="list-style-type: none"> • IV Therapy • Outpatient • Home Infusions 	<ul style="list-style-type: none"> • Includes antibiotic
Job Site Analysis	
Neuro Biofeedback	
Neuropsychology Evaluation and Testing	
Physician Consult or Referral	
Specialized Rehabilitation	
Workability Assessment	<ul style="list-style-type: none"> • One assessment is allowed every 2 weeks without prior authorization. • Assessment must be scheduled within 2 days of an office visit. <ul style="list-style-type: none"> ○ Utilized to accurately determine capabilities of the injured employee ○ Warranted only if the injury results in job restrictions ○ Requires a separate report, identifiable as the workability report, even if the assessment is completed on the same date as other therapy
Wound Vac	

Prior Authorization Not Required

Outpatient Services

- Acupuncture
 - No more than 18 treatments may be paid over the life of a claim
- Angiogram
- Bronchoscopy
- CT angiogram
- Colonoscopy
- Cystoscopy
- Echocardiogram
- Electrodiagnostic study (EMG)
 - Provider must be certified or eligible for certification by ABEM, ABPMR, AMNP
- EEG
- EKG
- Endoscopy
- Esophageal swallow study
- Hydrascan
- Indium scan for pain pump
- Indium scan for WBC check
- Joint injections
 - Refer to pages 2 and 3 for injections requiring review
- MUGA scan
- Sleep study
- Stress test
- Splint fabrication and modification
- Tomogram (Unless ordered in conjunction with other imaging)
- Trigger point injections (TPI)
 - No more than 20 injections may be paid over the life of a claim
- UGI
- Ultrasound
- Ultrascan
- Venogram
- Venous Doppler
- X-ray

Outpatient Surgeries:

- Acute bone grafting with ORIF (Includes 60 days from date of injury)
- Acute repairs (Includes 60 days from date of injury)
 - Digital amputation
 - Digital and hand laceration
 - Digital and hand tendon
 - Digital and hand nerve
 - Digital and hand artery
 - Open or closed reductions
- Biopsies
- Carpal tunnel release
- Cataract surgery
- Cyst removal
- De Quervain's release (dorsal compartment release)
- Detached retina repair
- Foreign body removal
- Hardware removal
- Heart catheterization
- Hernia repair
- Neuroma excision
- Scar revision (Includes laser)
- Skin graft
- Trigger finger release
- Vitrectomy repair
- Wound I and D (Does not receive post-op therapy window)

Physical and Occupational Therapy:

- Assistive device instruction (e.g., crutch care)
- Initial evaluation
- Isokinetic test (e.g., Biodex, Humac)
 - 2 allowed during an episode of care
- Wound debridement and dressing change

Services Not Covered

<ul style="list-style-type: none">• Acupressure• ARP wave accelerated recovery performance therapy• Athletic trainer services provided under agreement/contract• Brain mapping utilizing EEG for neurofeedback• Chemonucleolysis• Continuous-flow cryotherapy unit• Cupping• Dry needling• Extracorporeal shock-wave therapy• Injections:<ul style="list-style-type: none">○ Colchicine except to treat an attack of gout precipitated by a compensable injury○ Chymopapain○ Fibrosing or sclerosing agents, except where varicose veins are secondary to a compensable injury and injections of substances other than cortisone, anesthetic, or contrast into the subarachnoid space (intrathecal injections)	<ul style="list-style-type: none">• Intradiscal electrothermal annuloplasty (IDET)• Light therapy (cold laser therapy)• Massage therapy unless provided by PT/OT or chiropractor in an active therapy plan• NC stat and neurometric• Prolotherapy (sclerotherapy)• Reflexology• Rolfing• Spine strengthening program (e.g., Medx, Spinex)• Surface EMG• Vertebral axial decompression therapy (Vax-D treatment)
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