WSI
North Dakota Workforce Safety & Insurance

Medical Policy

Documentation Requirements for Prior Authorization of Therapeutic Injections

Effective Date: 08/27/2018 Revised Date: N/A

Responsible Department: Medical Services Reviewed Date: N/A

Purpose
The purpose of this policy is to establish the minimum elements of medical documentation Workforce Safety & Insurance (WSI) requires to initiate a medical review for prior authorization of therapeutic injections.

Background
WSI requires prior authorization for most therapeutic injections, as outlined in the Utilization Review Guide. For injection services requiring prior authorization, the WSI Utilization Review (UR) department completes a review of the medical documentation submitted to ensure criteria are present to establish medical necessity. WSI utilizes Work Loss Data Institute's Official Disability Guidelines (ODG) as the standard of care in this review process. North Dakota Administrative Code references that a request for prior authorization must include the medical documentation supporting medical necessity. Submission of appropriate and complete medical documentation decreases the need for repeated requests and improves turnaround time for reviews.

Policy
WSI requires a provider complete the Utilization Review Request (UR-C) form and submit along with supporting documentation relevant to each type of injection.

This policy applies to the following types of injections: Epidural Steroid Injections (ESI); Regional Sympathetic Block; Intra-articular Sacroiliac (SI) Joint Injection (Fluoroscopy or CT Guidance); Botox Injection; Viscosupplementation (Hyaluronic Acid) Injection; Facet Joint Intra-articular Block/Facet Medial Branch Block/Radiofrequency Medial Branch Neurotomy (Ablation).

See Appendix: Completing Injection Section of UR-C Form.

Procedure
The WSI UR Department will begin a prior authorization review upon receipt of the UR-C form. The first step in the prior authorization process is to ensure all required medical documentation is present. Below are the minimum elements of documentation WSI requires to establish medical necessity.

- Most current evaluation and management documentation, which must be current within 3 months prior to the planned injection(s) and include:
  - Patient history
  - Current pain scores (0-10)
  - Activities of daily living
  - Sleep status
  - Physical exam
  - Medical assessment
  - Medical necessity for the requested procedure
  - Patient functional capabilities and return to work status
  - Treatment plan
  - Medication management, including any new, continued, and discontinued medication(s)
- Injection order from the provider specifying the type, level, and location of requested injection
- Pre- & post- injection pain scores for previous injections, including duration of therapeutic relief*

Documentation Requirements for Prior Authorization of Therapeutic Injections (Continued)

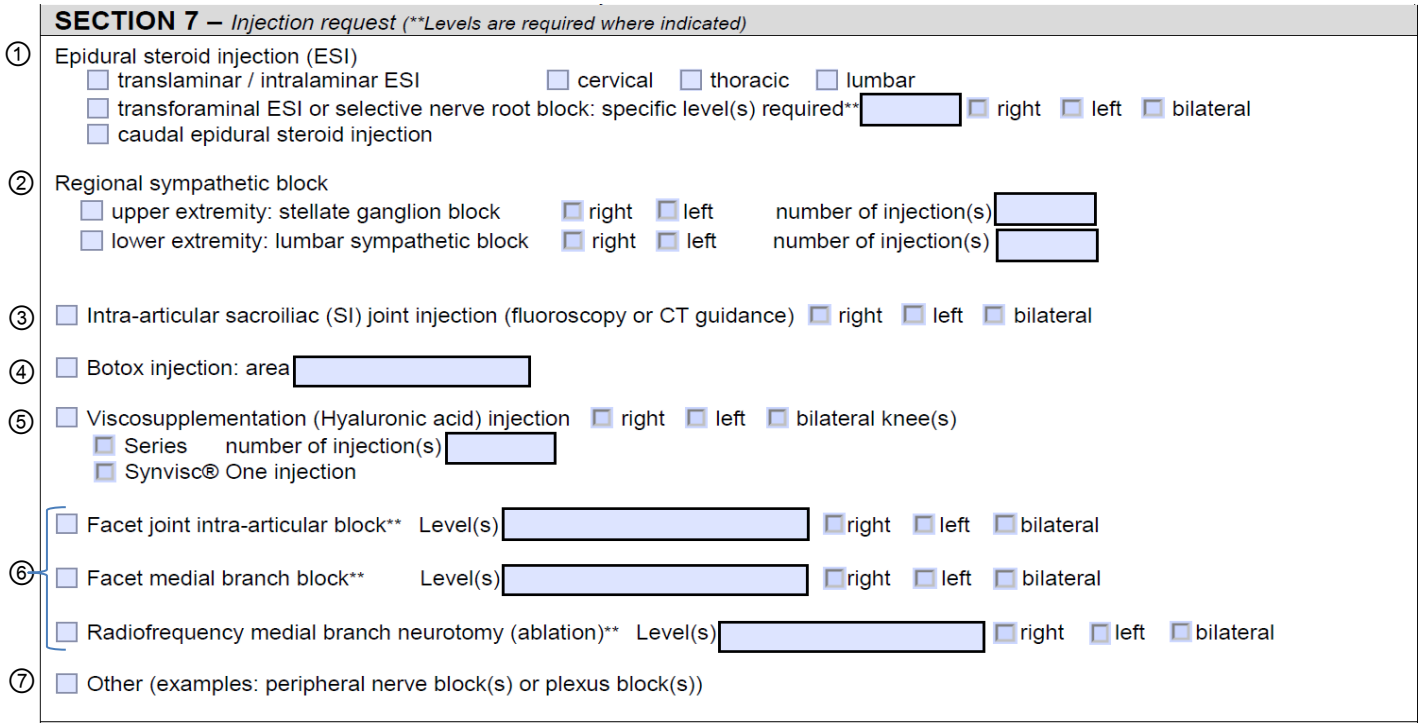
Procedure (Continued)

In the event WSI receives a request for prior authorization not meeting the documentation requirements, the UR Department will attempt to notify the requesting party. If the requested information is not received, WSI will deny the UR-C due to lack of information. WSI will notify the requesting party via letter.

*WSI developed the Post Injection Pain Response Note, which a provider may use to record pertinent information required for establishing the medical necessity of additional injections. The use of this form is not mandatory and does not replace the necessity of the UR-C form to request additional injections.

Appendix
Completing Injection Section of Utilization Review Request (UR-C)

The purpose of this document is to outline how to complete section 7 of the UR-C form.
Section 7 collects information specific to an injection request. See below for detailed instructions for each type of injection:



① **Epidural Steroid Injection (ESI)**
- Specify region for translaminar / intralaminar ESI
- Specify level and region for transforaminal ESI or selective nerve root block

② **Regional Sympathetic Block** – Check either upper or lower extremity, left, or right, and number of injection(s)

③ **Intra-articular Sacroiliac (SI) Joint Injection (Fluoroscopy or CT Guidance)** – Check left, right, or bilateral

④ **Botox Injection** – Specify area

⑤ **Viscosupplementation (Hyaluronic Acid) Injection** – Specify left, right, or bilateral

⑥ **Facet Joint Intra-articular Block / Facet Medial Branch Block / Radiofrequency Medial Branch Neurotomy (Ablation)** – Specify level(s) and right, left, or bilateral

⑦ **Other** – If other type of injection, provide detailed explanation on type, region and level being completed