

# Utilization Review Guide

## UR Department

**Phone:**

701-328-5990  
888-777-5871

**Fax:**

701-328-3765  
866-356-6433

## Customer Service

(Claims & Billing)

**Phone:**

701-328-3800  
800-777-5033

**Fax:**

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 for services based upon an injured worker's clinical condition. Our staff utilizes evidence-based clinical guidelines from national and state authorities to guide utilization management involving prior authorization, concurrent review, and retrospective review.

- The medical provider who provides or prescribes medical treatment, equipment, or supplies must submit the request(s).
- **Final liability and payment decisions are the responsibility of the claims adjuster managing the claim.**
- **Services are reimbursable per [WSI Fee Schedule](#).**
- For information on billing, contact 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 at least 3 business days prior to the requested service begin date to 866-356-6433 or 701-328-3765.
- Upon receipt of the request and supporting documentation, WSI has 3 business days to complete the review.
- If not utilized within 3 months (6 months for elective fusions), the request must be re-submitted with updated medical information for additional review.
- To request an extension on the timeframe for previously approved physical or occupational therapy, work hardening or conditioning, chiropractic care, and speech therapy, call the UR department before the approval expires.

## 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
  - The injured worker's claim status at time of service included: denied, presumed closed, or a claim not filed
- To initiate the retrospective authorization review process, complete the [Medical Bill Appeal \(M6\) form](#) and fax it with supporting documentation to 866-356-6433 or 701-328-3765.

## Prior Authorization List

The following chart outlines services that require prior authorization by the respective department: UR or Claims Adjuster.

Service	Requirements	UR	Claims
<b>Acupuncture</b>	<ul style="list-style-type: none"> <li>All acupuncture treatment requires prior authorization</li> <li>No more than 18 sessions may be paid over the life of a claim</li> </ul>	X	
<b>Admissions (Inpatient Medical/Surgical Procedures)</b> <ul style="list-style-type: none"> <li>Inpatient Rehab</li> <li>Inpatient Surgeries</li> <li>Inpatient Psychiatric (non-emergent)</li> <li>Long Term Acute Care</li> <li>Subacute</li> <li>Swing Bed</li> <li>TCU</li> </ul>	<ul style="list-style-type: none"> <li><b>Non-emergent admission</b> requires at least 24 hours notification prior to the proposed admission or surgery</li> <li><b>Emergency/Urgent:</b> no prior authorization required</li> </ul>	X	
<b>Admissions (Nursing Home)</b>			X
<b>Ambulance - Air Transportation</b>	<ul style="list-style-type: none"> <li><b>Emergent</b> – No prior authorization required</li> </ul>		
	<ul style="list-style-type: none"> <li><b>Non-Emergent</b> – Complete the Non-Emergent Air Ambulance Facility-to-Facility Request form. WSI will give notice within 24-hours or by the end of the next business day.</li> </ul>	X	
<b>Ambulance – Ground Transportation</b>	<ul style="list-style-type: none"> <li><b>Emergent</b> – No prior authorization required</li> </ul>		
	<ul style="list-style-type: none"> <li><b>Non-Emergent</b></li> </ul>		X
<b>Behavioral Health/Chemical Dependency</b> <ul style="list-style-type: none"> <li>Chemical Dependency</li> <li>Detoxification</li> <li>Psychiatric Evaluations</li> </ul>			X
<b>Biofeedback</b>			X
<b>Chiropractic</b> <ul style="list-style-type: none"> <li>Chiropractic Acute Care</li> <li>Chiropractic Palliative Care</li> <li>Acupuncture by Chiropractor</li> </ul>	<ul style="list-style-type: none"> <li>Reviewable after the window period of 6 visits or 60 days of care, whichever comes first</li> <li>One initial window period per claim, not per body part or diagnosis</li> <li>Limited to 2 modalities per visit during window period</li> <li>Complete the <a href="#">UR-Chiro form</a> for treatment outside the window period and palliative care</li> <li>Palliative care also requires completion of appropriate <a href="#">pain form(s)</a></li> <li>All acupuncture treatment requires prior authorization</li> <li><b>See page 1 for extension of timeframe</b></li> </ul>	X	
<b>Chronic Pain Management</b>	<ul style="list-style-type: none"> <li>Initial evaluation</li> <li>Chronic pain program</li> </ul>		X
<b>Dental Procedures</b>			X
<b>Driving Assessment</b>			X
<b>Durable Medical Equipment (DME)</b>	<ul style="list-style-type: none"> <li>Refer to <a href="#">DME Guide</a></li> </ul>		X
<b>Endurance Testing (Biodex, Cybex, B200)</b>			X
<b>Ergonomic Assessment</b>			X
<b>External bone growth stimulator</b>	<ul style="list-style-type: none"> <li>Complete <a href="#">UR-C form</a></li> </ul>	X	

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Service	Requirements	UR	Claims
<b>Functional Capacity Evaluation/Assessment</b>	<ul style="list-style-type: none"> <li>Billed using WSI specific code W0540</li> <li>PTA, COTA, ATC are not allowed to perform</li> </ul>		X
<b>Home Health Care</b>			X
<b>Home Health Care PT/OT</b>	<ul style="list-style-type: none"> <li>See PT/OT on page 4</li> </ul>	X	
<b>Imaging</b> <ul style="list-style-type: none"> <li>Arthrogram</li> <li>Bone Scan</li> <li>CAT/CT scan</li> <li>Discogram</li> <li>MRI</li> <li>Myelogram</li> <li>PET scan</li> <li>Thermography</li> </ul>	<ul style="list-style-type: none"> <li>CT scans performed <i>within 30 days from date of injury</i> and directly related to work injury No Prior Authorization required</li> </ul>	X	
<b>Independent Exercise Program</b>	<ul style="list-style-type: none"> <li>Gym memberships</li> <li>Aquatic/pool therapy</li> <li>Complete <a href="#">C59a form</a></li> <li>Billed using WSI specific code W0555</li> </ul>	X	
<b>Injections</b> <ul style="list-style-type: none"> <li>Botox</li> <li>Cryoablation</li> <li>Epidural steroid injection (ESI)</li> <li>Facet joint injection</li> <li>Facet nerve block (Medial Branch Blocks)</li> <li>Facet rhizotomy</li> <li>Hyaluronic acid injection (viscosupplementation)</li> <li>Peripheral nerve block</li> <li>Plasma rich injection</li> <li>Radiofrequency ablation (RFA)</li> <li>SI joint injection</li> <li>Spinal nerve block</li> <li>Stellate ganglion block</li> <li>Stem cell injection/therapy</li> <li>Sympathetic nerve block</li> <li>Trigger point injections (TPI) <b>exceeding 3 visits in a 2 month time frame requires review</b></li> </ul>	<ul style="list-style-type: none"> <li>No more than 20 TPIs may be paid over the life of a claim</li> </ul>	X	
<b>Job Site Analysis</b>			X
<b>Neuro biofeedback</b>			X
<b>Outpatient Surgery</b> Essentially all outpatient surgeries require prior authorization.	See Prior Authorization <i>NOT</i> Required chart on <b>Page 5</b>	X	
<b>Pain pump implant</b>		X	
<b>Physician Consult or Referral</b>			X
<b>Physical and Occupational Therapy</b>	<ul style="list-style-type: none"> <li>Reviewable after window period of 10 visits or 60 days of care, whichever comes first</li> </ul>	X	

## Prior Authorization List

The following chart outlines services that require prior authorization by the respective department: UR or Claims Adjuster

Service	Requirements	UR	Claims
<b>Physical and Occupational Therapy (continued from page 3)</b>	<ul style="list-style-type: none"> <li>• Initial evaluation or re-evaluation visit is included in the initial or post-surgical window periods</li> <li>• One initial window period per claim, not per body part or diagnosis</li> <li>• Window period expires 60 days from initial evaluation</li> <li>• Limited to 2 modalities per visit during window period</li> <li>• Time extensions do not apply to initial or post-surgical window period</li> <li>• Post-surgical (inpatient or outpatient) window is 10 visits or 60 days, whichever comes first</li> <li>• Treatment must start within 90 days after surgery date</li> <li>• Services may not exceed 4 units of timed and/or non-timed care per visit, unless otherwise approved</li> <li>• To request more than 4 units per visit, specify the number of units requested on the <a href="#">UR-C</a> form</li> <li>• Physical Therapist Assistant (PTA), Certified Occupational Therapist Assistant (COTA), Certified Athletic Trainers (ATC) may be reimbursed when providing treatment under direction and general supervision of PT or OT</li> <li>• PT/OTs are responsible for the providers under their direction and supervision</li> <li>• Examinations, evaluations, diagnosis, prognosis and outcomes are the sole responsibility of the PT/OT</li> <li>• PTA/COTA/ATC are responsible for following the plan of care established by the PT/OT with direct therapist intervention and assessment every sixth visit or 30 days, whichever comes first, during the episode of care</li> <li>• <b>See page 1 for extension of timeframe</b></li> </ul>	X	
<b>Specialized Rehabilitation</b>			X
<b>Speech Therapy</b>	<ul style="list-style-type: none"> <li>• All speech therapy requires review after initial evaluation is completed. Complete <a href="#">UR-C form</a></li> <li>• <b>See page 1 for extension of timeframe</b></li> </ul>	X	
<b>Spinal stimulator trials and implants</b>		X	
<b>Workability Assessment</b>	<ul style="list-style-type: none"> <li>• One assessment allowed every 2 weeks, without prior authorization</li> <li>• Scheduled within 2 days prior to a physician visit                             <ul style="list-style-type: none"> <li>○ Utilized to accurately determine capabilities of the injured worker</li> <li>○ Warranted only if the injury results in job restrictions</li> </ul> </li> <li>• Required separate report, identifiable as the workability report, even if the assessment is completed on the same day as other therapy</li> <li>• Billed using CPT® code 97750</li> <li>• Allowed maximum of 3 units (45 minutes)</li> </ul>		X

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Service	Requirements	UR	Claims
<b>Work Hardening/Conditioning</b>	<ul style="list-style-type: none"> <li>Complete <a href="#">C59b form</a></li> <li><b>See page 1 for extension of timeframe</b></li> <li>Billed using CPT® code 97545 (for initial 2 hours); CPT® code 97546 (add-on code, for each additional hour)</li> </ul>	X	
<b>Wound VAC Dressing</b>			X

## Prior Authorization Not Required

<u>Outpatient Services</u>	<u>Outpatient Surgeries:</u>
<ul style="list-style-type: none"> <li>Angiogram</li> <li>Bronchoscopy</li> <li>CT angiogram</li> <li>Colonoscopy</li> <li>Cystoscopy</li> <li>Echocardiogram</li> <li>Electrodiagnostic study                             <ul style="list-style-type: none"> <li>Provider must be certified or eligible for certification by ABEM, ABPMR, AMNP</li> </ul> </li> <li>EEG</li> <li>EKG</li> <li>Endoscopy</li> <li>Esophageal swallow study</li> <li>Hydrascan</li> <li>Indium scan for pain pump</li> <li>Indium scan for WBC check</li> <li>IV Therapy (outpatient)</li> <li>Joint injections                             <ul style="list-style-type: none"> <li>(refer to page 3 for injections that require review)</li> </ul> </li> <li>MUGA scan</li> <li>Sleep study</li> <li>Stress test</li> <li>Splint modification</li> <li>Tomogram (<i>unless</i> ordered in conjunction with other imaging)</li> <li>UGI</li> <li>Ultrasound</li> <li>Ultrascan</li> <li>Venogram</li> <li>Venous Doppler</li> <li>X-ray</li> </ul>	<ul style="list-style-type: none"> <li>Acute bone grafting with ORIF (includes 60 days from date of injury)</li> <li>Acute Repairs (includes 60 days from date of injury)                             <ul style="list-style-type: none"> <li>Digital amputation</li> <li>Digital and hand laceration</li> <li>Digital and hand tendon</li> <li>Digital and hand nerve</li> <li>Digital and hand artery</li> <li>Open or closed reductions</li> </ul> </li> <li>Carpal tunnel release</li> <li>Cataract surgery</li> <li>Cyst removal</li> <li>de Quervain's release (dorsal compartment release)</li> <li>Detached retina repair</li> <li>Foreign body removal</li> <li>Hardware removal</li> <li>Heart catheterization</li> <li>Hernia repair</li> <li>Neuroma excision</li> <li>Scar revision</li> <li>Skin graft</li> <li>Trigger finger release</li> <li>Vitreotomy repair</li> <li>Wound I &amp; D</li> </ul> <p><b><u>Physical and Occupational Therapy:</u></b></p> <ul style="list-style-type: none"> <li>Assistive device instruction (crutch care etc.)</li> <li>Initial evaluation</li> <li>Wound debridement and dressing change</li> </ul>

## Services Not Covered

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| <ul style="list-style-type: none"><li>• Acupressure</li><li>• ARP Wave Accelerated Recovery performance therapy</li><li>• Athletic trainer services provided under agreement/contract</li><li>• Chemonucleolysis</li><li>• Continuous-flow cryotherapy unit</li><li>• Dry Needling</li><li>• Injections:<ul style="list-style-type: none"><li>○ colchicine except to treat an attack of gout precipitated by a compensable injury</li><li>○ chymopapain</li><li>○ 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)</li></ul></li></ul> | <ul style="list-style-type: none"><li>• Intradiscal electrothermal annuloplasty (IDET)</li><li>• Massage therapy unless provided by PT/OT, or chiropractor in an active therapy plan</li><li>• NC Stat, Neurometric &amp; Surface EMG</li><li>• Prolotherapy (sclerotherapy)</li><li>• Reflexology</li><li>• Rolfing</li><li>• Spine strengthening program (e.g. Medx, Spinex)</li><li>• Surface EMG</li><li>• Therapies (speech, physical, occupational) by telemedicine</li><li>• Vertebral axial decompression therapy (Vax-D treatment)</li></ul> |
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