

# Prior Authorization Guide

## UR Department

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## Customer Service

(Claims & Billing)

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## Address

1600 E Century Ave Ste 1  
Bismarck ND 58503

## Mailing Address

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## Website

[www.workforcesafety.com](http://www.workforcesafety.com)

## Online Portal

[myws.workforcesafety.com](http://myws.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 guidelines from national and state authorities to guide utilization management involving prior authorization, concurrent review, and retrospective review.

A medical provider who renders treatment or prescribes equipment or supplies must submit a prior authorization request.

**Final liability and payment decisions are the responsibility of the WSI Claims Adjustor managing the claim.**

## Prior Authorization Request

To submit a prior authorization review request,

- Access the [Claim Lookup](#) application to obtain the claim number or status.
- Review this guide to determine if prior authorization is required.
- Submit the prior authorization request in [myWSI](#) or complete the appropriate paper form and include supporting documentation.

Upon receipt of all required information, WSI will complete the review within 3 business days.

If a provider does not perform the authorized service within 3 months from the date of approval (6 months for elective spinal fusions), resubmit the request with updated medical information for an additional review.

## Retrospective Review

WSI allows a retrospective authorization review if the provider has received a denied charge and can demonstrate one of the following conditions:

- The provider was not aware the condition was a work-related injury, or
- The injured employee's claim status at the time of the service was denied, presumed closed, or not filed.

If neither of the above conditions are present and a retrospective review request is based on the rationale of medical necessity alone, WSI will uphold the denial.

To request a retrospective authorization review, submit the request in [myWSI](#) or complete the [Medical Bill Appeal \(M6\) form](#) and include new, relevant information that supports either or both of the conditions listed above.

## UR Department Prior Authorization List

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

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

<p><b>Injections</b></p> <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 or Therapy</li> <li>• Sympathetic Nerve Block</li> </ul>	
<p><b>Outpatient Surgery</b></p>	<ul style="list-style-type: none"> <li>• For exceptions to prior authorization, see <a href="#">page 5</a>.</li> </ul>
<p><b>Pain Pump Implant</b></p>	
<p><b>Physical and Occupational Therapy (Includes Home Health Care PT/OT)</b></p>	<ul style="list-style-type: none"> <li>• Submit the prior authorization request in <a href="#">myWSI</a> or complete the <a href="#">Prior Authorization Request form</a> 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"> <li>○ An initial evaluation or re-evaluation visit is included in window periods.</li> <li>○ One initial window period is allowed per claim – not per body part or diagnosis.</li> <li>○ A limit of 2 modalities per visit is allowed during a window period.</li> <li>○ Time extensions do not apply to initial or post-surgical window periods.</li> <li>○ Treatment must start within <b>90 days</b> after the surgery date for a post-surgical window.</li> </ul> </li> <li>• To request more than 4 units of timed and/or non-timed care per visit, submit the prior authorization request in <a href="#">myWSI</a> or complete the <a href="#">Prior Authorization Request form</a>.</li> <li>• A provider may request a 2-week extension on a previously approved service by calling before the approval expires.</li> <li>• An evaluation/re-evaluation may be performed without prior authorization if there has been a lapse in therapy services. To request continued therapy services, submit the prior authorization request in <a href="#">myWSI</a> or complete the <a href="#">Prior Authorization Request form</a> and include the note.</li> </ul>
<p><b>Speech Therapy</b></p>	<ul style="list-style-type: none"> <li>• After an initial evaluation, submit the prior authorization request in <a href="#">myWSI</a> or complete the <a href="#">Prior Authorization Request form</a>.</li> <li>• A provider may request a 2-week extension on a previously approved service by calling before the approval expires.</li> </ul>
<p><b>Scrambler Therapy</b></p>	
<p><b>Spinal Stimulator Trials and Implants</b></p>	<ul style="list-style-type: none"> <li>• No Post-OP therapy window is allowed.</li> </ul>

**Work Hardening/Conditioning**

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

## 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"><li>• Acupressure</li><li>• ARP wave accelerated recovery performance therapy</li><li>• Athletic trainer services provided under agreement/contract</li><li>• Brain mapping utilizing EEG for neurofeedback</li><li>• Chemonucleolysis</li><li>• Continuous-flow cryotherapy unit</li><li>• Cupping</li><li>• Dry needling</li><li>• Extracorporeal shock-wave therapy</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>• Light therapy (cold laser therapy)</li><li>• Massage therapy unless provided by PT/OT or chiropractor in an active therapy plan</li><li>• NC stat and neurometric</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>• Vertebral axial decompression therapy (Vax-D treatment)</li></ul>
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