

This document provides general information related to chiropractic treatment of an injured employee. A chiropractor should be familiar with the following elements of care specific to working with Workforce Safety & Insurance (WSI). For additional information, forms, and resources visit www.workforcesafety.com.

Evaluation and Management (E&M)

WSI does not require prior authorization for a medically necessary E&M service and reimburses it separately from chiropractic treatment. WSI considers an E&M service medically necessary to:

- Complete an initial evaluation
- Assess an injured employee's functional capabilities (only applicable for a chiropractor who is the primary treating provider)
- Request prior authorization for additional visits
- Evaluate an injured employee with an exacerbated condition or condition failing to improve
- Evaluate an injured employee who has a lapse in care

Window Period

Each claim has one window period. A change in chiropractor during an established course of treatment does not initiate a new window period.

Each window period includes:

- 10 visits or 60 days of care, whichever occurs first
- Treatment of all parts of body accepted on a claim
- Up to two modalities per visit

Massage/manual therapy performed with manipulation to the same spinal region on the same visit during the window period is not reimbursable.

The myWSI online portal mywsi.workforcesafety.com is an easy, fast, and secure way for employers and medical providers to connect with WSI.

A provider can:

- Review bill status and processing information
- Obtain a remittance advice
- Submit a bill appeal
- Generate an overpayment recovery report
- Submit or appeal a prior authorization request
- Access documents regarding prior authorization, billing, or medical records
- Upload medical records
- Verify and update demographic information

Provider Registration

Prior to receiving reimbursement, a provider must complete a [Medical Provider Payee Registration](#) form for each group/billing National Provider Identifier (NPI) used to bill WSI. WSI sets up a single medical provider payee account for each group/billing NPI, regardless of the number of service locations sharing it.

Fee Schedule

A provider should review the [WSI Fee Schedule](#) for information on reimbursement rates. For pricing methodology, payment parameters, billing requirements and reimbursement procedures, a provider may review the [Fee Schedule Guidelines](#).

Bill Audit

WSI performs a prepayment audit of all medical bills and requires medical documentation to support each charge. For additional information, refer to [WSI's Treatment and Documentation Policies](#).

Prior Authorization Request

WSI requires prior authorization for chiropractic treatment beyond the window period. This includes:

- Manipulations
- Therapeutic Procedures
- Modalities

In addition to the services listed above, a chiropractor must obtain prior authorization for other medical services as outlined in the [Prior Authorization Guide](#).

A provider must submit the prior authorization request in myWSI or complete the [UR Chiropractic Review Request \(UR-Chiro\)](#) form. Orthopedic Chiropractic Consultants will review each plan for medical necessity.

To request up to a 2-week extension on an approved service, call the Utilization Review department before the approval expires at 888-777-5871 or 701-328-5990.

Prior Authorization Appeal

A provider must submit the prior authorization request in myWSI or complete the [UR-Chiro](#) form and check **Appeal**. Submit the appeal with new, relevant medical information that disputes the rationale provided in the prior authorization decision letter.

Bill Appeal

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

For a denial for no prior authorization, a provider must demonstrate one of the following:

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

Utilization Review Contact Information

Hours are 8 a.m. to 5 p.m., Monday through Friday.

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