

Quick Reference

PHYSICAL & OCCUPATIONAL THERAPISTS



This document provides general information related to physical and occupational therapy treatment provided to an injured employee. A therapist 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.

Treating Practitioners

The following practitioners may provide therapy treatment: PT, PTA, OT, COTA, ATC, MD, DO, and DC. Treatment by PTA, COTA, and ATC require therapist supervision. Treatment by a PT Aide/Tech is not recognized.

Window Periods

A therapist may provide treatment without prior authorization during the initial and/or post-operative window periods, which include:

- Initial evaluation or re-evaluation visit
- 10 visits or 60 days of care, whichever comes first
- Treatment of all parts of body accepted on a claim
- Up to 2 modalities per visit
- Up to 4 units per visit, including timed and/or non-timed codes

Other information regarding window periods:

- One initial window per claim, not per part of body or diagnosis
- Separate window periods for PT/OT
- For a post-operative window period, treatment must start within 90 days after surgery
- A change in treating therapist does not initiate a new window period.

myWSI

The [myWSI](http://mywsi.workforcesafety.com) online portal (mywsi.workforcesafety.com) is an easy, fast, and secure way medical providers 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

Prior Authorization Request

WSI requires prior authorization for any therapy treatment extending beyond the window period. A provider must submit the prior authorization request in myWSI or via paper. To request up to a 2-week extension on a previously approved service, contact the UR Department before the approval expires.

For additional information, refer to WSI's [Prior Authorization Guide](#).

Prior Authorization Appeal

A provider must submit the prior authorization request in myWSI or via paper by checking **Appeal** in Section 2. Submit the appeal with new, relevant medical information that disputes the rationale provided in the prior authorization decision letter.

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For over 100 years, we've cared for injured employees and promoted safe workplaces.

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Approval of Exercise

The following are included in the approval of exercise:

- Therapeutic Exercise – CPT® 97110, CPT® 97113
- Neuromuscular Reeducation – CPT® 97112
- Gait Training – CPT® 97116
- Manual Therapy – CPT® 97140
- Therapeutic Activities – CPT® 97530
- Self-Care/Home Management – CPT® 97535

Work Hardening/Conditioning and Independent Exercise Programs

To request prior authorization:

- Submit the request online in myWSI, or
- Complete the [Prior Authorization Review Request form](#) for work hardening/conditioning, or
- Complete the [Independent Exercise Request \(C59a\) form](#).

Bill work hardening/conditioning with CPT® 97545 for the initial 2 hours and CPT® 97546 for each additional hour. Bill independent exercise with WSI-specific code W0555.

Functional Capacity Evaluation/Functional Capabilities Assessment (FCE/FCA)

- Requires prior authorization by the claims adjuster
- Performed by a PT/OT certified in FCE/FCA
- Billed with WSI-specific code W0540

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](#).

Bill Appeal and Retrospective Review

To appeal a payment reduction or denial, or to request retrospective review of a service denied for no prior authorization, submit the request in [myWSI](#) or complete the [Medical Bill Appeal \(M6\) form](#).

For a retrospective review, 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 8:00 a.m. to 5:00 p.m., Monday through Friday.

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