Quick Reference for Chiropractors

WSI
North Dakota Workforce Safety & Insurance

This document provides general information related to chiropractic treatment of an injured employee. For additional information, forms, and resources visit www.workforcesafety.com.

Evaluation and Management (E&M)

Workforce Safety & Insurance (WSI) does not require prior authorization for medically necessary E&M services and reimburses them separately from chiropractic treatment. WSI considers E&M services 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, which encompasses all body parts accepted on a claim. 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 body parts accepted on a claim
- Up to two modalities per visit

WSI does not reimburse for massage/manual therapy performed with a manipulation to the same spinal region on the same visit during the window period.

Acute/Subacute Chiropractic Care

WSI requires prior authorization for treatment extending 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 Utilization Review (UR) Guide.

Palliative Care

Palliative care for an injured employee who has reached maximum medical improvement requires prior authorization. A request for palliative care must include the appropriate palliative care questionnaire form(s).

Prior Authorization Request and Appeal

To request prior authorization or appeal a previously modified or denied request:

- Complete the Utilization Review Chiropractic Request (UR-Chiro) form
- Attach the proposed treatment plan and supporting medical documentation. Orthopedic Chiropractic Consultants will review each plan for medical necessity
- Fax the UR-Chiro form and documentation to the UR department at 866-356-6433 or 701-328-3765
- The UR department will respond to the request within 3 business days of receiving all required information

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

Bill Audit

WSI performs a prepayment audit of all medical bills and requires medical documentation support each charge. A provider should refer to WSI's Documentation Policies for specific documentation requirements.

Chiropractic Treatment Reimbursement

Prior to receiving reimbursement, a chiropractor must complete the Medical Provider Payee Registration form.

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 Medical Provider Fee Schedule Guideline.

Bill Appeal and Retrospective Review

To submit an appeal for a payment reduction or denial, or to request retrospective review of a service denied for no prior authorization (RC 80):

- Complete the Medical Bill Appeal (M6) form
- Attach supporting information or documentation
- Fax the M6 form and documentation to WSI

For a retrospective review, a provider must also demonstrate one of the following:

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