

## 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 employee'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 renders or prescribes medical treatment, equipment, or supplies must submit the request(s).
- Services are reimbursable per [WSI Fee Schedule](#).
- **Final liability and payment decisions are the responsibility of the claims adjuster managing the claim.**
- For billing information, 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.
- At least 3 business days prior to the requested service begin date, complete the [UR Review Request \(UR-C\)](#) form and fax it with supporting documentation 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 the authorized service is not utilized within 3 months (6 months for elective fusions), the request must be re-submitted with updated medical information for additional review.

## 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 employee'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.

## 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 UR request 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> Complete the <a href="#">Non-Emergent Air Ambulance Facility-to-Facility Request</a> form. WSI will give notice within 24-hours or by the end of the next business day</li> <li>• <b>Emergent</b> – No prior authorization required</li> </ul>
<b>Chiropractic Care</b> <ul style="list-style-type: none"> <li>• Acute</li> <li>• Palliative</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">UR-Chiro form</a> required after 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 per claim – not per body part or diagnosis</li> <li>○ Limit of 2 modalities per visit during window period</li> </ul> </li> <li>• Palliative care requires completion of the <a href="#">UR-Chiro form</a> and appropriate <a href="#">pain form</a>(s)</li> <li>• To request up to a 2-week extension on a previously approved service, call 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>• Arthogram</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> </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>• Complete <a href="#">C59a form</a></li> <li>• Bill using WSI Specific Code W0555</li> </ul>
<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> </ul>	

<b>Injections (Continued from page 2)</b> <ul style="list-style-type: none"> <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>	
<b>Outpatient Surgery</b>	<ul style="list-style-type: none"> <li>• For exceptions to prior authorization, see <b>page 5</b></li> </ul>
<b>Pain Pump Implant</b>	
<b>Physical and Occupational Therapy (Includes Home Health Care PT/OT)</b>	<ul style="list-style-type: none"> <li>• <a href="#">UR-C form</a> required after initial or post-surgical window periods of 10 visits or 60 days of care, whichever occurs first <ul style="list-style-type: none"> <li>○ Initial evaluation or re-evaluation visit included in window periods</li> <li>○ One initial window period per claim – not per body part or diagnosis</li> <li>○ 2 modality limit per visit during window period</li> <li>○ Time extensions do not apply to initial or post-surgical window periods</li> <li>○ For a post-surgical window, treatment must start within <b>90 days</b> after surgery date</li> </ul> </li> <li>• <a href="#">UR-C form</a> required to request more than 4 units of timed and/or non-timed care per visit</li> <li>• To request up to a 2-week extension on a previously approved service, call before the approval expires</li> <li>• Physical Therapist Assistant (PTA), Certified Occupational Therapist Assistant (COTA), and Certified Athletic Trainers (ATC) may be reimbursed for treatment provided under the direction of a PT/OT <ul style="list-style-type: none"> <li>○ PT/OTs are responsible for any providers under their direction and supervision</li> <li>○ PT/OTs are solely responsible for examinations, evaluations, diagnoses, prognoses and outcomes.</li> <li>○ PTA/COTA/ATCs are responsible for following the established care plan of the PT/OT.</li> <li>○ Direct therapist intervention and assessment is required every 6<sup>th</sup> visit or 30 days, whichever comes first</li> </ul> </li> </ul>
<b>Speech Therapy</b>	<ul style="list-style-type: none"> <li>• <a href="#">UR-C form</a> required after initial evaluation completed</li> <li>• To request up to a 2-week extension on a previously approved service, call the UR department before the current approval expires</li> </ul>
<b>Scrambler Therapy</b>	
<b>Spinal Stimulator Trials and Implants</b>	<ul style="list-style-type: none"> <li>• No Post-OP therapy window allowed</li> </ul>
<b>Work Hardening/Conditioning</b>	<ul style="list-style-type: none"> <li>• Complete <a href="#">C59b form</a></li> <li>• Bill using CPT® code 97545 for initial 2 hours and CPT® code 97546 for each additional hour</li> <li>• To request up to a 2-week extension on a previously approved service, call before the approval expires</li> </ul>

## 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> Call for prior authorization</li> <li>• <b>Emergent:</b> No prior authorization 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</li> <li>• Bill using WSI Specific Code W0555</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>Physician Consult or Referral</b>	
<b>Specialized Rehabilitation</b>	
<b>Workability Assessment</b>	<ul style="list-style-type: none"> <li>• One assessment allowed every 2 weeks without prior authorization</li> <li>• Must be scheduled within the 2 days prior to a physician 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> </ul> </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> <li>• Bill using CPT® code 97750</li> <li>• Maximum of 3 units (45 minutes) allowed</li> </ul>
<b>Wound Vac</b>	

## Prior Authorization Not Required

<b><u>Outpatient Services</u></b>	<b><u>Outpatient Surgeries:</u></b>
<ul style="list-style-type: none"> <li>• Acupuncture               <ul style="list-style-type: none"> <li>○ No more than 18 treatments may be paid over the life of a claim</li> </ul> </li> <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>• Joint injections               <ul style="list-style-type: none"> <li>○ Refer to pages 2 and 3 for injections requiring review</li> </ul> </li> <li>• MUGA scan</li> <li>• Sleep study</li> <li>• Stress test</li> <li>• Splint fabrication and modification</li> <li>• Tomogram (Unless ordered in conjunction with other imaging)</li> <li>• Trigger point injections (TPI)               <ul style="list-style-type: none"> <li>○ No more than 20 injections may be paid over the life of a claim</li> </ul> </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>• Biopsies</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 (Includes laser)</li> <li>• Skin graft</li> <li>• Trigger finger release</li> <li>• Vitrectomy repair</li> <li>• Wound I &amp; D (Does not receive Post-OP therapy window)</li> </ul> <p><b><u>Physical and Occupational Therapy:</u></b></p> <ul style="list-style-type: none"> <li>• Assistive device instruction (e.g., crutch care)</li> <li>• Initial evaluation</li> <li>• Wound debridement and dressing change</li> </ul>

## 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>• 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>• Light Therapy (cold laser therapy)</li><li>• NC Stat &amp; 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>• Speech, physical or occupational therapies by telemedicine</li><li>• Vertebral axial decompression therapy (Vax-D treatment)</li></ul>
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