

What the Division Preauthorization nurse will do with the request

1. Once the preauthorization nurse receives a request for review, the nurse will compare the clinical information provided by the requesting Health Care Provider to the Division's *Treatment Guidelines*.
2. If the clinical information provided meets the *Treatment Guideline's* criteria and the proposed surgery or procedure is a medically necessary care related to the accepted workers' compensation injury, the preauthorization nurse will grant approval.
3. If the Clinical information provided with the request does not meet the *Treatment Guidelines* and/or the *Treatment Guidelines* recommend a required physician review, the Division Preauthorization Nurse will issue appropriate letters indicating to the Health Care Provider a reason for the delay:
 - a. Notification letter;
 - b. 7-150p Initial review preauthorization letter;
 - c. Additional information request;
 1. a peer review may be requested;
 2. the injured worker may be scheduled for an IME; or
 3. the analyst may have compensability or administrative concerns.
4. If a denial is issued due to compensability issues, the claim's analyst will send in writing a final determination letter regarding denial of request for preauthorization to the injured worker, employer, and Health Care Provider.
If a denial is issued due to Peer Review recommendations, the preauthorization nurse will issue a final determination letter regarding denial of request for preauthorization to the injured worker, employer, and Health Care Provider.
5. The timeframe for Health Care Providers and injured workers to expect a preauthorization decision is within 60 calendar days.