

PROVIDER BULLETIN

TOPIC: PreauthorizationInformation

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The purpose of this Bulletin is to provide general tips regarding preauthorization, screening steps utilized to review your request, and to update you on the status of the treatment guidelines.

GENERAL TIPS

- Preauthorization is voluntary for the Health Care Provider (HCP).
- Preauthorization, if approved, is a guarantee of payment for the Health Care Provider.
- A denial of the preauthorization request means payment is not guaranteed to the Health Care Provider for the surgery. A denial of the preauthorization request is not a denial of medical care or other benefits for the injured worker.
- Emergency care: Please proceed with any emergency care the injured worker requires.
- Preauthorization is not needed for: Radiology services such as Arthrograms, MRI'S, Myelograms, Bone Scans, CT's, EMG's, or Discograms.
- It is not necessary to complete the Health Care Provider request form if you have already performed the surgery.

SCREENING STEPS

- The analyst must open the case. They have multiple procedural steps and timeframes to follow.
- A registered nurse will review the Health Care Provider request when received. The nurse will confer with the analyst for any case concerns. Some concerns could include issues such as the case is not opened, questions of relatedness of treatment to the work injury, or there may be an employer objection. If any of these occur, a preauthorization status letter will be sent to the injured worker, employer, and Health Care Provider. If you receive this type of letter, please contact the analyst or injured worker to obtain a case status before submitting another Health Care Provider request form.
- Until the Workers' Safety and Compensation's preauthorization treatment guidelines are completed and adopted, the preauthorization nurse is utilizing other states guidelines as reference.
- If the nurse identifies any medical questions at the first level of review, the case is sent for specialty Health Care Provider review. Usually two (2) Health Care Provider's review the case. A copy of the medical report will be available upon request or you may request to contact the specialty Health Care Provider to discuss the review.
- If the specialty Health Care Provider review results in a recommendation to deny preauthorization of surgery, a denial letter is sent to the injured worker, employer and Health Care Provider. Remember this denial is for guaranteed payment to the Health Care Provider; not denial of care.

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☐If the specialty Health Care Provider review results in a recommendation to approve, the preauthorization request, an approval letter is sent to the injured worker, employer, and Health Care Provider. The Health Care Provider will receive an authorization number, which guarantees payment.

*****To prevent any delays in screening your request for surgery, please submit any medical notes or reports relevant to the surgery with your completed form. Many times we do not have the current medical notes or radiographics. *******

TREATMENT GUIDELINES

- ☐The Division’s Medical Commission has adopted spinal fusion treatment guidelines and they have been posted on our web site. The preauthorization nurse is currently using these for screening spinal fusion requests. We encourage you to view them and use as a guide in the decision-making process for spinal fusion procedures.**
- ☐Charite disc procedures are reviewed using a specialized check sheet. Please contact the Division to obtain a copy if you are considering performing this procedure.**
- ☐Shoulder and Knee guidelines are currently being developed and will be available next.**
- ☐Treatment guideline criteria will be applied on retrospective reviews.**

As you are aware, new programs take time to fine tune and develop. We welcome any feedback or suggestions to improve the process. We wish to thank everyone for all of the assistance and support provided to Workers’ Safety and Compensation Division Administration and staff to date.