



Deep Dive Into UR: Sink or Swim!

Moderator:

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12-1pm ET**



MA Utilization Review

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Why Do We Need/Have Utilization Review (UR) for MA Workers' Compensation Claims?

Created by statute in 1991

- MGL Ch. 152
- 452 C.M.R. 6.00

Purpose of UR:

- Ensure reasonable, necessary, and appropriate care
- Monitor proper costs for services
- Efficiency

Brief Overview of Massachusetts UR Regulations

FIRST 12 WEEKS POST-INJURY

UR Not Required for APPROVALS

AFTER 12 WEEKS POST-INJURY

UR must be performed by AGENT certified by Office of Health Policy (OHP)

- ✓ Insurers provide UR Card
- ✓ UR Agent confirms Compensability with Insurer
- ✓ UR Agent may approve TREATMENT PLAN

UR Turn Around Times

Prospective - 2 Business Days

Concurrent - 5 Business Days

Retrospective - 20 Business Days

Requests for Additional Information:

Information Due: 7 Business Days Prospective/Concurrent Reviews
30 Business Days Retrospective Reviews

Send Medical Requests with Supporting Medicals Directly to UR Agent

UR Determination Letters

Must contain the following information:

- Specific treatment/test approved or denied
- Clinical rationale to support the determination
- Treatment Guideline referenced
- Contact information for the UR Company
- Identification of the reviewer
- Start and End dates for the approved treatment/test
- Appeal Procedure

Only same school reviewers may deny treatment

Appeals

- APPEALS – 30 Calendar Days
Different Same School Reviewer
Request to Speak to Reviewer
- After 2nd Denial – File Claim at DIA

MA Treatment Guidelines

Health Care Services Board (HCSB)

- Board members represent specific types of stakeholders designated by Statute
- Statutory duty to develop and maintain Treatment Guidelines
- DIA Director adopts HCSB endorsed Treatment Guidelines

Guidelines – Not Mandates

10% RULE

- ✓ MA Treatment Guidelines
- ✓ State Treatment Guidelines
- ✓ Other Proprietary Guidelines recognized by OHP



What Can a Treatment Provider Do to Expedite the UR Process

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The Adjuster: Gateway to your UR Approval

- Adjuster of an **insured program** may have more than their own level of authority for approval of treatment, approval of claims is subject to policy
- Adjuster of a **self insured program** may have direct authority for approval or makes recommendation to Employer who may decide final approval.

Things to Know

- All medical testing, procedures and therapies must be reviewed via Utilization Review Guidelines
- Employers/Insurers may opt out of Utilization Review in first 12 weeks of injury/illness
- Workers Compensation Programs may have an in-house Utilization Review Department or Third-Party Utilization Review Program.
- Utilization Review is a commentary of Medical Necessity for treatment requested but does not review for causal relationship of treatment relating to work injury or compensability of reported injury. Utilization Review may approve treatment, but treatment may be denied by adjuster for other reasons.



Most Common Utilization Review Approval Delays

Question of Claim Compensability

- Call Adjuster prior to submitting request to confirm claim compensability (if claim is denied or determination pending UR will return request unreviewed)
- Send all narrative office notes to adjuster once dictated, if able include opinion regarding cause of symptoms and rationale for procedure request
- Respond quickly to adjuster requests for additional information

Missing Information

- With authorization request include office note or evaluation that includes the rationale for request
- If a request is for therapy include gain of function measurements. Lack of documentation of gains made since last approval is common denial reason
- Always include your direct contact information: phone, email and fax so that nurse can reach you with any questions (UR Nurses have strict timelines to complete review they may return request unreviewed if unable to obtain needed information.

Recommended Treatment Not Addressed in Established Guidelines

- As medical treatment advances have been made since guidelines were created, there are treatments that are not addressed by the guidelines.
- Treatment request may be sent for a peer review with a reviewer of same specialty.



2024

Workers Comp Care
Webinars

Utilization Review
Adverse Determination,
Now What?

Review Letter in Entirety

- Letter will give your reason for detailed reason for determination, call and speak to reviewer if what is needed is unclear
- Letter is a determination based on information received at time of review, it is NOT a denial of treatment.
- UR Adverse Determinations are often reversed after appeal process, if detailed information is provided at initial request you may avoid appeal process

Final Thoughts

- If a request is a time sensitive or emergency request be sure to clearly mark cover letter of request.
- An adjuster is not typically medically trained, we rely on medical provider treatment notes and UR guidelines to guide our claims decisions-if you disagree with UR decision PLEASE FILE APPEAL

OUR GOAL IS THE SAME AS YOURS:

Timely approval of medical treatment to restore injured workers medical condition and capabilities.



UR Process: Frustrations of the Treating MD

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**#1 FRUSTRATION =
TIME DELAYS**



Frustrations of the Treating MD

UR – NO TIME TO WASTE

- Approval needed for:
 - Imaging
 - Tests
 - Surgeries
- Turnover time on each adds up ++++++

Frustrations of the Treating MD

UR DELAYS ON ACUTE INJURIES TIME IS OF THE ESSENCE!

- Traumatic Fractures
- Ligament/Tendon Tears
- Dislocations
- Disc Herniation with Cauda Equina or myelopathy
- Massive subscapularis tears

Frustrations of the Treating MD

UR - IMEs

- Cause Extensive Delays
- Communication VIP

Frustrations of the Treating MD

UR - NEGOTIATIONS

- Waiting until UR approved to negotiate
- Negotiate and Note
 “Pending UR Approval”
- Standing Letters of Agreement

Frustrations of the Treating MD

UR DELAYS IN STARTING P/T

- Pre and Post Surgical P/T
- Delays = Problems



#2 FRUSTRATION = UR CHANGES MD SURGICAL PLAN

ch-ch-ch-changes

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Frustrations of the Treating MD

UR SURGICAL PLAN CHANGES

- Changing surgical plan MD has outlined
- UR Reviewer has not examined patient

Frustrations of the Treating MD

Boston Neurosurgeon

“My biggest challenge is the sheer length of the process. It prolongs the agony and pain for the injured worker, builds resentment and this delay directly contributes to a poor outcome and poor motivation for the worker.”



SOLUTIONS



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UR PROCESS SOLUTIONS

Frustrations of Treating MD



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- Expedite!
- Acute injury ACCELERATED PROCESS!
- Override UR
- RELATIONSHIPS



Panel Discussion

What Happens in the Real World: Frustrating Situations

Michael Kelley, AIC, ARM
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Q & A