

### How to Manage the Utilization Review Process

Chairperson: Michael Kelley, AIC, ARM

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### What is UR and How is it Supposed to Work

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#### Brief History of MA Utilization Review in Workers Comp

- Developed by statute in 1991
  - MGL Ch. 152 § 13
  - 452 C.M.R. 6.00
- Balance Stakeholder Interests
  - Outcome
  - Cost
  - Care Choice increasing new & complex treatments
  - Efficiency
- Goal
  - Provide payor process for identifying "reasonable and necessary" medical care



#### Development of MA Utilization Review Guidelines

- Health Care Services Board (HCSB)
  - Varied Stakeholders Represented
  - Statutory duty: develop/maintain UR guidelines
- Process:

#### HCSB Initial Draft and revisions:

- Consensus Decision Making
- Evidenced-Based Rationale

Public Comment Period for Draft HCSB Review of Comments

- Revision
- Endorsement of Final Draft



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#### Brief Overview of applying Massachusetts UR Guidelines

- Not necessary for first 12 weeks from DOI
- Must apply guidelines after 12 weeks
  - UR agents approved by DIA office of Health policy
  - · Only a UR agent can deny treatment
  - If no Massachusetts UR applies, agent may reference other evidence-based guidelines
  - 30 day right to appeal
- Not Mandatory
  - Recognition that everything can't be captured in a written guideline
  - Deference to medical providers in care determinations
  - 10% rule allows for deviation of care from UR guidelines





# What Can a Treating Physician do to Expedite the UR Process

Leslie Giroux Claims Team Lead FutureComp

## The Adjuster; Gateway to your UR approval

• 2 kinds of Workers Compensation Insurance Programs

Insured vs Self Insured

 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



 Regardless of type of workers compensation policy, medical testing, procedures and therapies must be reviewed via UR Guidelines

 Insurance Carrier may have in house Utilization Review Department or Third Party Utilization Review Program

 Utilization Review is commentary on Medical Necessity of treatment requested, not causal relationship. Utilization Review may be approved, but treatment denied as not compensable to work injury





# Most Common Utilization Review Approval Delays

#### Question of Claim Compensability

Workers Compensation is first payor to be ruled in or out when injured at the workplace

Respond quickly to adjuster request for office notes or information

 Fax all office visit notes after each visit to adjuster, include in each office note detailed history since last visited and commentary regarding cause of symptoms and need for treatment

 Call Adjuster to determine prior to submitting UR Request to be sure claim compensability has been determined (if claim is denied or determination pending UR will return request unreviewed)



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#### Incomplete Information

- With request for authorization, include office visit note where treatment was discussed, include rationale for request
- Include office visit note including rational for request with every
- If request is for a treatment modality-such as PT or Chiropractic care include gain of function measurements, lack of documentation of gains made since last approval is common reason for therapy denial
- Always include your direct contact information, phone, email and fax so that nurse can reach out with questions that my be needed prior to review, UR Nurses have strict timelines to complete review, they will return unreviewed if unable to obtain information.



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# **Utilization Review Denied Request-Now What?**

#### Read Denial Letter in its Entirety

All information regarding reason for denial and appeal process is contained within this letter

#### Actual Denial appeal language:

The Injured employee, representative, or provider has the right to appeal of the adverse determ Requests for an appeal level review should be made in writing and received by the UR agent than thirty (30) days from the date of receipt of the notice of adverse determination.

An expedited appeal, for prospective and concurrent requests, must be completed within 2 busi days of receipt of the request for appeal. Please see attachment "Appeal Procedure". The injur employee and/or ordering practitioner has the right to request to speak to the appeal level pra on an expedited basis. However, all communication must be completed within two (2) business from the date of receipt of the appeal request. PLEASE indicate if you wish to speak to the practitioner. Please be sure when filing for an appeal that the provider will be available for ph that you may exercise your right to talk with the reviewer within the 2 day period, if you wis exercise this right. A standard appeal is available for an adverse determination related to a ret review. The adjudication of a retrospective review shall be no later than twenty (20) business



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#### Provide Missing or Additional Information Expeditiously

 Denial letter will give your reason for detailed reason for denial, call and speak to reviewer if what is needed is unclear

 Peer Review can be a quick, effective way to communicate providers rationale for request

 UR Denials are reversed often after appeal process, if detailed information is provided at initial request you may avoid appeal process



#### Things to think about:

 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 support our claims decisions

- 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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President

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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



## Frustrations of the Treating MD UR - NEGOTIATIONS

Waiting until UR approved to negotiate

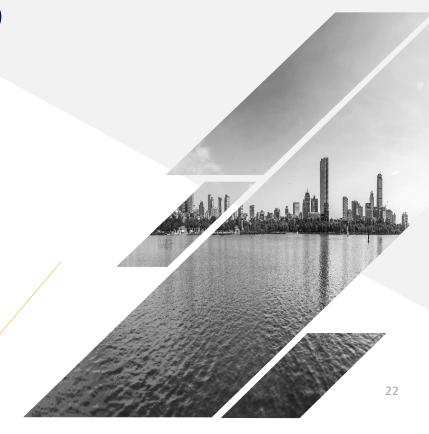
Negotiate and Note"Pending UR Approval"

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."

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2.



#### **SOLUTIONS**



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#### **UR PROCESS SOLUTIONS Frustrations of Treating MD**



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



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