

Utilization Review in Workers' Compensation Billing & Coding in WC!

Objectives: Upon completion of this course, participants should be able to:

1. Understand how to apply mandated medical treatment guidelines (ACOEM, MTUS/ODG) based on diagnoses to obtain UR approvals, that will ensure treatment reimbursement.
2. Be able to submit treatment requests that will be approved by UR through objective evidence (outcome measure tools, diagnosis related to guideline requirements, functional improvement, improved ADLs, diagnostics, and so forth).
3. "I have reached the maximum visits allowed. What's so important about 'functional improvement'?" Understand why effectively substantiating functional improvement allows for additional treatment.
4. Be able to procedurally code (CPT) your treatment requests to optimize payment reimbursement (OMFS; attended vs. non-attendant modalities)
5. Understand the regulatory requirements of each URO & the Utilization Review Process.
6. Understand the major UR Regulatory changes associated with SB863.
7. Understand recent case law that affects UR decisions and timeliness (Dubon I & II)
8. Understand who can deny your treatment requests.
9. The regulatory requirement on how a UR determination must be delivered and what constitutes timeliness (receiving a verbal determination vs. the UR report).
10. Penalties subject to UR (out of scope denial, not in MTUS, responding late, not including IMR application form, etc.)
11. How to properly include the DWC form RFA with your treatment request (CCR 9792.9.1(t)).
12. How your request for treatment may be marked incomplete without review (CCR 9792.9.1(C)(B)).
13. Understand how to contest all denied/modified treatment requests (voluntary appeal, peer to peer & IMR) independently or concurrently.
14. Is my UR denial really valid for 12 months? What is a Duplicate treatment request & what is "Material Change?"
15. Does IMR cost anything to the provider?
16. Understand what the criteria is for an Expedited Request for Authorization; Imminent & Serious Threat to His or Her Health (CCR 9792.9.1(C)(4)).

17. Understand the importance of diagnoses and procedural coding and how it relates to increased payment between UR and Bill Review integration, or lack thereof.
18. Bill within the certification for authorization date ranges and understand how it may affect your billing reimbursement.
19. Understand what to do if your bill is not paid (even though you have UR approval).
20. Understand 2nd Bill Review and IBR options; when does the provider need to pay?
21. Understand the forms required to file for 2nd Bill Review (DWC form SBR-1) and IBR (DWC form IBR-1).
22. Review algorithm of UR-IBR process.
23. ICD-9 vs. ICD-10
24. Basic coding structure for ICD-10
25. Sites to convert ICD-9 to ICD-10
26. Common chiropractic diagnoses; converting ICD-9 to ICD-10 (Cross-Walk)
27. Sample DWC form RFA & PR-2 Treatment Request with Coding
28. Interpreting UR Authorization Timeliness, Quantity, Service Type & Date Range
29. Sample WC CPT Billing
30. Number of Attended vs. Unattended Modalities/Billing allowed in WC
31. MRI CPT Coding Guide
32. Modifier -25 How & When to use it
33. Modifier -59 How & when to use it
34. 97250 vs. 97140 What's the difference & which is valid?
35. Interpreting the EOR and PPO Penetration/Reductions to OMFS/Cascading
36. The importance of a W-9 with new vendors

Hourly Breakdown:

Hours	Topic
1	<ul style="list-style-type: none"> A. Be able to apply specific chiropractic Mandated Treatment Guidelines (ACOEM/MTUS) in association with the specific diagnoses. B. Understand “Functional Improvement” and identify tools to support functional gains; outcome measure tools, ADLs, Physical Examination. C. Procedural coding (CPT) in correlation with the diagnosis and recommended guideline treatments allowed. D. Attended vs. Non-Attendant modalities billed (OMFS). E. UR regulatory requirements that affect your treatment requests. F. Review major changes with SB 863 G. Discuss recent case law (Dubon I & II); Timeliness & Relevant Records
2	<ul style="list-style-type: none"> A. Who is qualified to deny or modify your treatment request/RFA? B. Common treatments approved/denied by UR C. What makes a UR decision timely? D. Penalties subject to UR (out of scope, not in MTUS, late decision, no IMR application) E. Why it's important to include the DWC form RFA with every treatment request. F. How to avoid having your treatment request marked "incomplete" and not reviewed. G. Understand how to contest all denied/modified UR decisions (appeal, peer to peer, IMR) H. Can a UR denial really stand for 12 months? I. Why is “Material Change in Fact” so important?
3	<ul style="list-style-type: none"> A. Are there any fees for IMR or IBR the provider must pay? B. Is your RFA an expedited/medically urgent request? C. UR is diagnosis driven. Understand the importance of diagnoses and procedural coding and how it relates to increased payment between UR and Bill Review. D. Billing within certification for authorization date ranges. E. What can you do if your bill is not paid (even if you have prior UR approval)? F. Understand 2nd Review & IBR options. G. Review forms for 2nd Review & IBR; fees associated with each. H. Review UR-IBR algorithms
4	<ul style="list-style-type: none"> A. ICD-9 vs. ICD-10 B. Basic coding structure for ICD-10 C. Sites to convert ICD-9 to ICD-10 D. Common chiropractic diagnoses; converting ICD-9 to ICD-10 (Cross-Walk) E. Sample DWC form RFA & PR-2 Treatment Request with Coding F. Interpreting UR Authorization Timeliness, Qty, Service Type & Date Range G. Sample WC CPT Billing H. Attended vs. Unattended Modalities/Billing I. MRI CPT Coding Guide J. Modifier -25 How & When to use it K. Modifier -59 How & when to use it L. 97250 vs. 97140 What's the difference & which is valid? M. Interpreting the EOR and PPO Penetration/Reductions to OMFS/Cascading N. The importance of a W-9 with new vendors