

Utilization Review in Workers' Compensation

From UR TO BR – How to get paid in Workers' Compensation

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.
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. Identify and define the types of reviews (prospective, concurrent, retrospective, expedited, reconsiderations, extensions, and appeals) and the mandatory timeframes for each to receive a determination.
7. Understand the major UR Regulatory changes associated with SB863.
8. Understand recent case law that affects UR decisions and timeliness (Dubon I & II)
9. Understand the Qualifications of Physician Reviewers vs. Claims Examiners & First Level Reviewer Health care Professionals (Nurses/PTs). Understand who can deny your treatment requests.
10. Common treatments approved and denied by UR.
11. The regulatory requirement on how a UR determination must be delivered and what constitutes timeliness (receiving a verbal determination vs. the UR report).
12. Penalties subject to UR (out of scope denial, not in MTUS, responding late, not including IMR application form, etc.)
13. How to properly include the DWC form RFA with your treatment request (CCR 9792.9.1(t)).

14. How your request for treatment may be marked incomplete without review (CCR 9792.9.1(C)(B)).
15. Understand how to contest all denied/modified treatment requests (voluntary appeal, peer to peer & IMR) independently or concurrently.
16. Is my UR denial really valid for 12 months? What is a Duplicate treatment request & what is "Material Change?"
17. Does IMR cost anything to the injured worker, doctor, or claims administrator?
18. 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)).
19. Understand the importance of diagnoses and procedural coding and how it relates to increased payment between UR and Bill Review integration, or lack thereof.
20. Understand certification for authorization date ranges and how it affects your billing reimbursement.
21. Understand what to do if your bill is not paid (even though you have UR approval).
22. Understand 2nd Bill Review and IBR options.
23. Understand fees to the doctor associated with 2nd Bill Review vs. IBR.
24. Understand the forms required to file for 2nd Bill Review (DWC form SBR-1) and IBR (DWC form IBR-1).
25. Review algorithm of UR-IBR process.

Hourly Breakdown:

Hours	Topic
1	<ul style="list-style-type: none"> A. Application of Mandated Treatment Guidelines (ACOEM/MTUS) in association with the specific diagnoses. B. Define “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. F. Identify all UR service types of review (prospective, retrospective, concurrent, expedited, appeals, reconsiderations, extensions, etc.)
2	<ul style="list-style-type: none"> A. Review major changes with SB 863 B. Discuss recent case law (Dubon I & II); Timeliness & Relevant Records C. Who is qualified to be a UR physician reviewer vs. a non-physician first level reviewer (adjustor/nurse) D. Common treatments approved/denied by UR E. What makes a UR decision timely? F. Penalties subject to UR (out of scope, not in MTUS, late decision, no IMR application)
3	<ul style="list-style-type: none"> A. Why it's important to include the DWC form RFA with every treatment request. B. How to avoid having your treatment request marked "incomplete" and not reviewed. C. Understand how to contest all denied/modified UR decisions (appeal, peer to peer, IMR) D. Can a UR denial really stand for 12 months? E. Why is “Material Change in Fact” so important? F. Are there any fees for IMR? G. What is an expedited request?
4	<ul style="list-style-type: none"> A. Discuss importance of diagnoses and procedural coding and how it relates to increased payment between UR and Bill Review. B. Understand certification authorization date ranges. C. What can you do if your bill is not paid (even if you have prior UR approval)? D. Understand 2nd Review & IBR options. E. Review forms for 2nd Review & IBR; fees associated with each. F. Review UR-IBR algorithms