DATE: April 26, 2018

TO: Alliance contracted providers

FROM: Jennifer Hoff, Alliance Executive Director

RE: Changes to preauthorization requirements

As a contracted provider with the Political Subdivision Workers' Compensation Alliance (the Alliance), we are notifying you that ***APPENDIX A—List of Health Care Services that Require Preauthorization*** is changing. The changes, which will become effective on July 1, 2018, are summarized as follows:

- All work hardening or work conditioning programs will require preauthorization (III.D.)
- The first 6 visits of occupational therapy (OT) within 90 days of date of injury do not require preauthorization (III.E.3.)
- The first 6 visits of physical therapy (PT) within 90 days of date of injury do not require preauthorization (III.E.4.)
- All drugs created through compounding require preauthorization (III.L.2.)

This summary of the changes is provided as a convenience to you; please refer to the enclosed **Appendix A** for the exact requirements. You can also find the new list on our website at http://pswca.org/provider-manual.html . It is important to recognize that, as a directly contracted provider panel under Labor Code Chapter 504.053, the Alliance's preauthorization requirements are different than those adopted by the Division of Workers' Compensation or by other networks.

We mailed this notification to the mailing address on file with the Alliance. If you have participating practitioners working at other locations, you are responsible for notifying them of these changes. Please share this information with them as soon as possible to avoid any delays in care.

If you have questions about these changes, please contact us by email at contracts@pswca.org. We appreciate your participation in the Alliance.

Sincerely,

Jennifer Hoff, MHP, ARM
Executive Director

APPENDIX A

LIST OF HEALTH CARE SERVICES THAT REQUIRE PREAUTHORIZATION

July 1, 2018

NOTE: THIS PREAUTHORIZATION LIST IS NOT THE SAME AS THE DIVISION OF WORKERS' COMPENSATION PREAUTHORIZATION LIST (ADMINISTRATIVE RULE 134.600)

I. General Information

The Alliance may modify this list from time to time. The Alliance will notify Contract Providers of changes to this list by posting changes on the Alliance website, or through other notifications.

II. Emergency Treatments

POST-STABILIZATION TREATMENT, AND TREATMENTS AND SERVICES FOR AN EMERGENCY OR A LIFE-THREATENING CONDITION DO NOT REQUIRE PREAUTHORIZATION.

III. Non-emergency health care that requires preauthorization includes:

A. Inpatient hospital admissions, including the principal scheduled procedure(s) and the length of stay;

B. Outpatient surgical or ambulatory surgical services to the spine only including all injections to the spine;

C. Spinal surgery;

D. All work hardening or work conditioning programs;

E. Physical and occupational therapy services, which includes those services listed in the Healthcare Common Procedure Coding System (HCPCS) at the following levels:

1. Level I code range for Physical Medicine and Rehabilitation, but limited to:

   (a) Modalities, both supervised and constant attendance;

   (b) Therapeutic procedures, excluding work hardening and work conditioning;

   (c) Orthotics/Prosthetics Management;

   (d) Other procedures, limited to the unlisted physical medicine and rehabilitation procedure code; and

(e) Stimulator devices (including but not limited to TENS Units, Interferential Units, Neuromuscular Stimulators, Dual Units, Spinal Cord Stimulator, Peripheral Nerve Stimulator, Brain Stimulator).

(f) Physical therapy treatment modalities and/or procedural units per visit in excess of CMS and ODG guidelines (typically 4 modalities and/or procedural units).

2. Level II temporary code(s) for physical and occupational therapy services provided in a home setting;

3. Except for the first six visits of occupational therapy following the evaluation when such treatment is rendered within the first 90 days immediately following:

(a) The date of injury, or

(b) A surgical intervention previously preauthorized by the Responsible Pool or their designated utilization review agent (URA);

4. Physical therapy exceeding six (6) regular sessions within the first 90 days of the date of injury and six (6) post-op sessions within the first 6 months post-surgery. Notwithstanding this provision, if a provider requests preauthorization during the initial 90 days or 6 months post-surgery, the preauthorization decision supersedes and will determine the number of sessions.

F. Any investigational or experimental service or device for which there is early, developing scientific or clinical evidence demonstrating the potential efficacy of the treatment, service, or device but that is not yet broadly accepted as the prevailing standard of care;

G. Psychotherapy exceeding six (6) visits or cognitive therapy exceeding six (6) visits, repeat psychotherapy interviews, and biofeedback, except when any service is part of a preauthorized or Division exempted return-to-work rehabilitation program;

H. Psychological testing exceeding 3 hours with no more than 4 tests (MMPI-2, BDI, BAI, P-3), all repeat psychological testing.

I. Unless otherwise specified in this subsection, a repeat individual diagnostic study:

1. With a reimbursement rate of greater than $350 as established in the current Medical Fee Guideline, or

2. Without a reimbursement rate established in the current Medical

Fee Guideline;

J. All durable medical equipment (DME) in excess of $500 billed charges per item (either purchase or expected cumulative rental);

K. Chronic pain management/interdisciplinary pain rehabilitation;

L. Drugs:

1. Identified with a status of "N" in the current edition of the *ODG Treatment in Workers' Comp;*

2. Any drug created through compounding;

3. Any investigational or experimental drug for which there is early, developing scientific or clinical evidence demonstrating potential efficacy of the treatment, but which is not broadly accepted as the prevailing standard of care as defined in Labor Code 413.014 (a);

4. An intrathecal drug delivery system;

M. Treatments and services that exceed or are not addressed by the Alliance adopted treatment guidelines or protocols and are not contained in a treatment plan preauthorized by the Responsible Pool or their designated URA.

N. Any treatment for an injury or diagnosis that is not accepted by the Responsible Pool or their designated URA pursuant to Labor Code §408.0042 and §126.14 of this title (relating to Treating Doctor Examination to Define the Compensable Injury).

O. The health care requiring concurrent review for an extension for previously approved services includes:

1. Inpatient length of stay;

2. All work hardening or work conditioning programs;

3. Physical and occupational therapy services as referenced in section E above;

4. Investigational or experimental services or use of devices;

5. Chronic pain management/interdisciplinary pain rehabilitation; and

6. Required treatment plans.

---END OF REQUIRED PREAUTHORIZATION LIST---