Mitchell International, Inc.
Workers' Compensation Solutions
Medical Management Services (MMS)

North Carolina
Preauthorization Review Policy

Updated June 2019

Preauthorization Review Policy

Number: **NC Definitions 1**

Subject: **Definitions**

Policy: **Definitions of frequently used terms are helpful in understanding Mitchell's North Carolina workers' compensation preauthorization review process for inpatient admissions and surgical requests.**

Acute phase	12 weeks of treatment for pain following an injury by accident, occupational disease, surgery for an injury by accident or occupational disease, or subsequent aggravation of an injury by accident or occupational disease. There may be more than one acute phase during treatment for an injury of occupational disease.
Appeal Peer Review Physician	a) Holds professional qualifications, certifications, and fellowship training in a like specialty that is at least equal to that of the treating provider who is requesting preauthorization of surgery or inpatient treatment; b) Holds an active, unrestricted license issued by North Carolina, South Carolina, Georgia, Tennessee, or Virginia to practice medicine or a health profession; c) Is board certified (if applicable) by: • a specialty board approved by *the American Board of Medical Specialties* (doctor of medicine); • the *Advisory Board of Osteopathic Specialists* from the major areas of clinical services (doctors of osteopathic medicine); d) Is neither the individual who made the original denial nor the subordinate of such an individual.
Appeal Process	An appeal may be requested within thirty (30) days of receipt of the initial denial via mail, email or fax from the provider, the facility rendering service, the claimant, or the claimant's attorney. An Appeal Peer Review Physician will review the same medical documentation reviewed by the original Peer Review Physician and any additional information submitted by the requesting party. An appeal decision will be issued within thirty (30) days after receipt of the appeal request.
Chronic Phase	Continued treatment for pain immediately following a 12-week period of treatment for pain using a targeted controlled substance.
Clinical Review Criteria	The medical practice guidelines approved by the MMS Medical Director for use by Mitchell staff to evaluate the medical necessity of requests for preauthorization of inpatient treatment and surgery.
Confirmatory urine drug test	A definitive urine drug test that verifies the results of a presumptive urine drug test. A confirmatory urine drug test identifies individual drugs and drug metabolites. Health care providers shall use a confirmatory drug test for the lowest number of drug classes necessary based on the results of the presumptive urine drug test, not to exceed 21 drug classes.

CSRS Controlled Substances Reporting System as established by the North Carolina Controlled Substances Reporting System Act, Article 5E of Chapter 90 of the North Carolina General Statutes.

Denial A decision by a Peer Review Physician that the requested treatment or service is not preauthorized as medically necessary.

Initial Clinical Review Clinical review conducted by appropriately licensed or certified health professionals (registered nurses, licensed vocational nurses, certified case managers, etc.). Initial clinical review staff may approve requests for admissions and surgeries that meet clinical review criteria, but must refer requests that do not meet clinical review criteria to a Peer Review Physician.

Initial Clinical Reviewer An individual who:
a) has undergone formal training in a health care field;
b) holds an active professional relevant license in a health care field issued by a state or holds an associate or higher degree in a health care field;
c) has professional experience in direct patient care;
d) continues their clinical education in order to maintain licensure;
e) keeps abreast of current changes in workers' compensation law; and
f) only makes authorization/approval of medical necessity decisions.

Insurer As defined by the North Carolina Industrial Commission preauthorization rules, it is an insurance carrier, self-insured administrator, managed care organization, employer, or any other entity that conducts preauthorization review. The insurer that requires preauthorization must establish a preauthorization review policy that describes the process for requesting preauthorization review. The policy must be publicly available on the insurer's website.

Long-acting opioid or extended release opioid Any targeted controlled substance that is formulated to release the drug gradually into the bloodstream or have a long half-life for prolonged activity with an analgesic effect of 8 to 72 hours or longer.

Medical Director The Medical Director of the Mitchell MMS North Carolina preauthorization review plan holds the following qualifications:
(a) Has a current, unrestricted clinical license to practice medicine in any state in the United States;
(b) Does not issue medical necessity determinations under this plan unless he/she holds the appropriate state license;
(c) Has post-graduate experience in direct patient care;
(d) Holds Board certification in a relevant specialty;
(e) Has periodic consultation with practitioners in the field;
(f) Is a member of the Mitchell MMS Quality Committee.

Morphine equivalent dose The conversion of various opioids to an equivalent morphine dose by using the most current conversion guidelines provided by the Centers for Disease Control and Prevention

("CDC"). The CDC Opioid Prescribing Guideline Mobile App and the CDC's guidelines for Calculating Total Daily Dose of Opioids for Safer Dosage are hereby incorporated by reference, including any subsequent amendments or editions. These materials are available online at no cost at https://www.cdc.gov/drugoverdose/pdf/calculating_total_daily_dose-a.pdf and https://www.cdc.gov/drugoverdose/pdf/App_Opioid_Prescribing_Guideline-a.pdf .

Opioid antagonist — Naloxone hydrochloride approved by the federal Food and Drug Administration for the treatment of a drug overdose. The term as defined in G.S. 90-12.7 (a)

Peer Review Physician

a) Holds professional qualifications, certifications, and fellowship training in a like specialty that is at least equal to that of the treating provider who is requesting preauthorization of surgery or inpatient treatment;
b) Holds an active, unrestricted license issued by North Carolina, South Carolina, Georgia, Tennessee, or Virginia to practice medicine or a health profession;

Preauthorization — The determination by an insurer that proposed surgical or inpatient treatment is medically necessary.

Preauthorization Agent — An entity that conducts preauthorization review.

Preauthorization review — A prospective review process conducted by an insurer* to determine whether a proposed surgical or inpatient treatment is medically necessary. *Definition of insurer includes an insurance carrier, self-insured administrator, managed care organization, employer, or any other entity that conducts preauthorization review.

Preauthorization review policy (also Preauthorization Plan) — The policy must be publicly available on the insurer's website and shall list in detail each surgical procedure and each inpatient service for which preauthorization review is required. It shall include:

(1) procedures for
- requesting preauthorization,
- responding to and approving requests for preauthorization, and
- appealing a denial of preauthorization;

(2) procedures via telephone, fax and email for communicating with the preauthorization agent with decision-making powers on a pending request for preauthorization (including Peer Review Physicians) on a continuous basis on every business day (which excludes weekends and holidays) between the hours of 8:00 AM and 8:00 PM EST;

(3) methods by which the insurer shall respond to requests for preauthorization and methods by which a health care provider, claimant, person, or entity requesting preauthorization may respond to inquiries or determinations by the insurer;

(4) a statement that the insurer shall provide a statement with supporting documentation of the substantive clinical justification for a denial of preauthorization, including the relevant clinical criteria upon which the denial is based. Denials based upon lack of information shall specify what information is needed to make a determination;

(5) an outline of the appeal rights and procedures with instructions on how to submit appeals by mail, email or fax;

(6) a statement that advises the appealing party of the right to seek authorization for any denied treatment from the Commission; and

(7) the name, title, address, telephone number, fax number, email address and other contact information for the person with authority over all decision-making for preauthorization determinations (in addition to the claims adjuster), and the normal business hours and time zone of this contact person.

Presumptive urine drug test

An initial urine drug test that identifies negative specimens and presumptive positive specimens, and is interpreted through visual examination. Examples include dipstick tests and drug test cups. A health care provider who is providing pain management treatment in the chronic phase to an employee may administer a presumptive urine drug test that is qualitative and interpreted or analyzed with instrumental or chemical assistance if the health care provider believes, in his or her medical opinion, that a more sensitive presumptive urine drug test is appropriate and is likely to reduce the need for a confirmatory urine drug test.

Prospective review

Medical necessity review conducted prior to the delivery of the requested medical services.

Re-Review (Reconsideration)

A request to review a denial decision issued by a Peer Review Physician because the information reasonably necessary to make a decision was requested but not received prior to the deadline to make the initial preauthorization decision. Denials based upon lack of information shall specify what information is needed to make a determination. Receipt of additional information may result in approval of the preauthorization request by an Initial Level Clinical Reviewer or approval or denial of the requested services by a Peer Review Physician.

Request for preauthorization

All requests for preauthorization by health care providers, claimant's attorneys, or unrepresented claimants and all preauthorization determinations made by insurers on the preauthorization requests shall be submitted on Industrial Commission Form 25PR. The Preauthorization Agent shall be responsible for providing the preauthorization review (PR) claim number and for forwarding medical records, communications, and preauthorization review determinations to the proper entities upon receipt, unless the insurer's Preauthorization Plan designates and identifies another person to perform this requirement.

Retrospective Review

Medical necessity review conducted after the delivery of the medical service(s).

Short-Acting opioid

Any targeted controlled substance with a quick onset of action and short duration of analgesic activity that is formulated for dosing at intervals of two to six hours.

Targeted controlled substance"

Any controlled substance included in G.S. 90-90(1) or (2) or G.S. 90-91(d)
G.S. 90-90(1)
1. Any of the following substances whether produced directly or indirectly by extraction from substances of vegetable origin, or independently by means of chemical synthesis, or by a combination of extraction and chemical synthesis, unless specifically excepted or unless listed in another schedule:

a. Opium, opiate, or opioid and any salt, compound, derivative, or preparation of opium and opiate, excluding apomorphine, nalbuphine, dextrorphan, naloxone, naltrexone and nalmefene, and their respective salts, but including the following:

1. Raw opium.
2. Opium extracts.
3. Opium fluid extracts.
4. Powdered opium.
5. Granulated opium.
6. Tincture of opium.
7. Codeine.
8. Ethylmorphine.
9. Etorphine hydrochloride.
10. Any material, compound, mixture, or preparation which contains any quantity of hydrocodone.
11. Hydromorphone.
12. Metopon.
13. Morphine.
14. Oxycodone.
15. Oxymorphone.
16. Thebaine.
17. Dihydroetorphine.

b. Any salt, compound, derivative, or preparation thereof which is chemically equivalent or identical with any of the substances referred to in paragraph 1 of this subdivision, except that these substances shall not include the isoquinoline alkaloids of opium.

c. Opium poppy and poppy straw.

d. Cocaine and any salt, isomer, salts of isomers, compound, derivative, or preparation thereof, or coca leaves and any salt, isomer, salts of isomers, compound, derivative, or preparation of coca leaves, or any salt, isomer, salts of isomers, compound, derivative, or preparation thereof which is chemically equivalent or identical with any of these substances, except that the substances shall not include decocanized coca leaves or extraction of coca leaves, which extractions do not contain cocaine or ecgonine.

e. Concentrate of poppy straw (the crude extract of poppy straw in either liquid, solid or powder form which contains the phenanthrine alkaloids of the opium poppy).

G.S. 90-90(2)

(2) Any of the following opiates or opioids, including their isomers, esters, ethers, salts, and salts of isomers, whenever the existence of such isomers, esters, ethers, and salts is possible within the specific chemical designation unless specifically exempted or listed in other schedules:

a. Alfentanil.
b. Alphaprodine.
c. Anileridine.
d. Bezitramide.
e. Carfentanil.
f. Dihydrocodeine.
g. Diphenoxylate.
h. Fentanyl.
i. Isomethadone.
j. Levo-alphacetylmethadol. Some trade or other names: levo-alpha-acetylmethadol, levomethadyl acetate, or LAAM.

k. Levomethorphan.
L Levorphanol.
m. Metazocine.
n. Methadone.
o. Methadone - Intermediate, 4-cyano-2-dimethylamino-4, 4/y-diphenyl butane.
p. Moramide - Intermediate, 2-methyl-3-morpholino-1, 1-diphenyl-propane-carboxylic acid.
q. Pethidine.
r. Pethidine - Intermediate - A, 4-cyano-1-methyl-4/y-phenylpiperidine.
s. Pethidine - Intermediate - B, ethyl-4-phenylpiperidine-4-carboxylate.
t. Pethidine - Intermediate - C, 1-methyl-4-phenylpiperidine-4-carboxylic acid.
u. Phenazocine.
v. Piminodine.
w. Racemethorphan.
x. Racemorphan.
y. Remifentanil.
z. Sufentanil.
aa. Tapentadol.

G.S.90-91(d)

Any material, compound, mixture, or preparation containing limited quantities of any of the following narcotic drugs, or any salts thereof unless specifically exempted or listed in another schedule:

1. Not more than 1.80 grams of codeine per 100 milliliters or not more than 90 milligrams per dosage unit with an equal or greater quantity of an isoquinoline alkaloid of opium.
2. Not more than 1.80 grams of codeine per 100 milliliters or not more than 90 milligrams per dosage unit, with one or more active, nonnarcotic ingredients in recognized therapeutic amounts.
3. and 4. Repealed effective 12-1-2017.
5. Not more than 1.80 grams of dihydrocodeine per 100 milliliters or not more than 90 milligrams per dosage unit, with one or more active, nonnarcotic ingredients in recognized therapeutic amounts.
6. Not more than 300 milligrams of ethylmorphine per 100 milliliters or not more than 15 milligrams per dosage unit, with one or more active, nonnarcotic ingredients in recognized therapeutic amounts.
7. Not more than 500 milligrams of opium per 100 milliliters or per 100 grams, or not more than 25 milligrams per dosage unit, with one or more active, nonnarcotic ingredients in recognized therapeutic amounts.
8. Not more than 50 milligrams of morphine per 100 milliliters or per 100 grams with one or more active, nonnarcotic ingredients in recognized therapeutic amounts.
9. Buprenorphine.

Number: **NC Preauthorization 1**

Subject: **Preauthorization Requests**

Policy: **Mitchell and/or the insurer may receive preauthorization requests for surgery or inpatient admission via express delivery, fax, mail, and electronic mail. The insurer may require no more than ten (10) days advance notice of inpatient admission or surgery. Following approval of the North Carolina Industrial Commission (IC) Form 25PR and implementing regulations, all preauthorization requests must be on the current IC Form 25PR.**

Insurers shall list each surgical procedure and each inpatient service for which preauthorization review is required on the insurer's publicly available website. In accordance with NC G.S. §97-25.3 and 04 NCAC 10A.1001, insurers using Mitchell as their preauthorization agent **require preauthorization of all inpatient admissions to a hospital, all inpatient admissions to a treatment center, and all inpatient or outpatient surgeries with these exceptions:**

- Emergency services;
- Services rendered in the diagnosis or treatment of an injury or illness for which the insurer has not admitted liability or authorized payment for treatment; and
- Services rendered in the diagnosis and treatment of a specific medical condition for which the insurer has not admitted liability or authorized payment for treatment although the insurer admits the employee has suffered a compensable injury or illness.

Requests for preauthorization review of a proposed surgical or inpatient treatment will be accepted from health care providers, claimants' attorneys, unrepresented claimants, or other entities. Delivery of a request for preauthorization to the claims adjuster or other predesignated Preauthorization Agent (i.e. Mitchell) at the place (email address, fax number, telephone number) provided by the insurer shall constitute receipt of the preauthorization request by the claims adjuster. Upon receipt of a request for preauthorization, the insurer shall provide to the health care provider or person making the request the name, telephone number, fax number and email address of the Preauthorization Agent. Preauthorization agents (i.e. Mitchell) shall acknowledge receipt of all communications within two business days of the request, and the acknowledgement shall satisfy G.S. 97-25.3 (a)(2) which states "The insurer must respond to a request for preauthorization within two business days of the request."

Mitchell, as the Preauthorization Agent, is responsible for providing the preauthorization review (PR) claim number and for forwarding medical records, communications, and preauthorization review determinations to the proper entities upon receipt, unless the insurer's Preauthorization Plan designates and identifies another person to perform this requirement.

The insurer shall review the need for the inpatient admission or surgery and may require the employee to submit to an independent medical examination as provided in G.S. 97-27(a). This examination must be completed and the insurer must make its determination on the request for preauthorization within seven days of the date of the request unless this time is extended by the Commission for good cause.

The insurer shall authorize the inpatient admission or surgery when it requires the employee to submit to a medical examination as provided in G.S. 97-27(a) and the examining physician concurs with the original recommendation for the inpatient admission or surgery. The insurer shall also authorize the inpatient admission or surgery when the employee obtains a second opinion from a physician approved by the insurer or the Commission, and the second

physician concurs with the original recommendation for the inpatient admission or surgery. However, the insurer shall not be required by this subdivision to authorize the inpatient admission or surgery if it denies liability under this Article for the particular medical condition for which the services are sought.

The insurer shall document its review findings and determination in writing and shall provide a copy of the findings and determination to the employee and the employee's attending physician, and, if applicable, to the hospital or treatment center.

Except when the Industrial Commission agrees with the request of the injured employee or the provider that medical treatment was reasonably required to effect a cure or give relief, the insurer may reduce its reimbursement of the provider's eligible charges by up to fifty percent (50%) if the insurer has notified the provider in writing of its preauthorization requirement and the provider failed to timely obtain preauthorization. The employee shall not be liable for the balance of the charges.

In accordance with G.S. 97-18(i), insurers are obligated to pay for any surgery or inpatient treatment provided under G.S. 97-25.3, for which preauthorization was requested for an admitted condition after the right to contest the preauthorization request is waived.

In addition to the services described above, Mitchell will perform preauthorization of non-surgical outpatient treatments and services at the direction of the insurance carrier, third party administrator and/or self-insured employer. Mitchell may also perform retrospective review of medical necessity of outpatient treatments and services as well as retrospective review of medical necessity of emergency treatments and services as allowed by statute, regulation, and/or the state fee schedule.

Number: **NC Accessibility 1**

Subject: **Telephone, fax, and email access**

Policy: **Mitchell's preauthorization review department is accessible to a health care provider, claimant, person, or entity requesting preauthorization via toll-free telephone, fax number as well as email. In addition, appeal requests may be received via mail.**

Mitchell provides access to staff (including Peer Review Physicians) via telephone, fax, and email on every business day (which excludes weekends and holidays) from 8:00 A.M. to 8:00 P.M. Eastern Time. Mitchell can receive written communications from health care providers, claimants, claimants' attorneys, and entities requesting preauthorization 24 hours a day, 7 days a week via fax or email. Any party may call, email or fax a request for information on how to request preauthorization (initial or appeal) or check the status of a pending request.

Mitchell's voicemail system, also available 24 hours a day, will time and date stamp all messages received. All voicemails will be responded to within one business day.

Preauthorization review agent:	Mitchell International, Inc.
Telephone Number:	(800) 407-0704, (866)-931-5100
Rush Fax:	(858)-586-2450
Fax Number:	(800)-417-1198; 800-281-5438
Email address:	urbox@mitchell.com; preauthorization@mitchell.com
Rush email address:	Mitchell.managed.care.rush@mitchell.com

Mitchell staff shall be available on a continuous basis, every business day (which excludes weekends and holidays) from 8:00 a.m. to 8:00 p.m. Eastern Standard Time to facilitate responses to insurer communications or determinations.

Number: **NC Staff 1**

Subject: **Staffing Qualifications and Requirements**

Policy: **Mitchell uses licensed clinical staff, Initial Clinical Reviewers and Peer Review Physicians, to perform preauthorization review in accordance with applicable North Carolina laws.**

Appropriate health professionals, **Initial Clinical Reviewers,** conduct initial clinical review. They:

1. Have undergone formal training in a health care field and hold an active professional relevant license in a health care field issued by a state;
2. Have professional experience in direct patient care;
3. Continue their clinical education in order to maintain licensure;
4. Stay abreast of current changes in workers' compensation law; and
5. May not issue denial of medical necessity decisions.

Peer Review Physicians conduct preauthorization reviews for requests for services that cannot be approved by Initial Clinical Reviewers:

1. Shall be licensed by North Carolina South Carolina, Georgia, Virginia, or Tennessee; and
2. Shall hold professional qualifications, certifications, and fellowship training in a like specialty that is at least equal to that of the treating provider who is requesting preauthorization of surgery or inpatient treatment.

Individuals who conduct appeal level reviews (i.e. **Appeal Peer Review Physicians**) shall:

1. Hold an active, unrestricted license issued by North Carolina, South Carolina, Georgia, Tennessee, or Virginia to practice medicine or a health profession;
2. be board certified (if applicable) by:
    - a specialty board approved by *the American Board of Medical Specialties* (doctor of medicine);
    - the *Advisory Board of Osteopathic Specialists* from the major areas of clinical services (doctors of osteopathic medicine);
3. Is neither the Peer Review Physician who made the original denial nor the subordinate of that Peer Review Physician.

Note: Only a Peer Review Physician or an Appeal Peer Review Physician may make denial of medical necessity decisions.

Insurers shall, on an annual basis, electronically submit their Peer Review Physician Profiles to the Industrial Commission at the following electronic site (ftp://ftp.ic.nc.gov) by July 1 of each year.

Mitchell may contract with Peer Review Physician organizations to ensure the availability of a sufficient number of Peer Review Physicians with required licensure and appropriate qualifications.

Number:	**NC Staff 2**
Subject:	**Medical Director Qualifications**
Policy:	**The Medical Director does not conduct preauthorization reviews. Instead his/her role is one of oversight as the Medical Director shall (in addition to the claims adjuster) have authority over all decision-making for preauthorization determinations.**

The Mitchell MMS Medical Director will serve as the senior clinical staff member for the Mitchell Workers' Compensation Medical Management Services (MMS) Department. The Medical Director is a physician and surgeon who:

1. Holds a current, unrestricted license to practice medicine by a state of jurisdiction located in the United States;
2. Has qualifications to perform clinical oversight for the services provide by the Mitchell's MMS Department;
3. Has post-graduate experience in direct patient care;
4. Is board certified by a specialty board approved by the American Board of Medical Specialties (doctor of medicine); or the Advisory Board of Osteopathic Specialists from the major areas of clinical services (doctors of osteopathic medicine);
5. Has periodic consultation with practitioners in the field;
6. Is a member of the Mitchell MMS Quality Management Committee; and
7. Is involved in judgments about the use of clinical quality measures and clinical aspects of performance for quality improvement projects that are clinical in nature.

The Medical Director for Mitchell's MMS Department is:

Zenia E. Cortes, MD
P O Box 852346
Richardson, TX 75085-2346
Board Certified American Board of Orthopaedic Surgery, General Orthopaedics
Board Certified American Board of Orthopaedic Surgery, Sports Medicine
California State Board of Medical Examiners Licensure, A 90285
Tel. #: (866) 931-5100
Fax. #: (800) 281-5438
Normal Business Hours: 9 AM to 5 PM PST

Number: **NC Criteria 1**

Subject: **Clinical Review Criteria**

Policy: **Mitchell will use evidence-based, scientifically-based, nationally-recognized medical practice guidelines to conduct preauthorization review of inpatient admissions and surgery requests. Mitchell does not use internally derived treatment guidelines.**

Mitchell shall provide insurers a description and link for medical practice guidelines used in the preauthorization review process. Insurers shall submit this information to the North Carolina Industrial Commission by July 1 of each year at the following electronic site (ftp.ic.ng.gov).

Examples of medical practice guidelines and clinical criteria used by Mitchell clinical staff include:

North Carolina Industrial Commission Opioid Utilization Rules and Companion Guide, Effective May 1, 2018
The North Carolina Industrial Commission Rules for the Utilization of Opioids, Related Prescriptions, and Pain Management in Workers' Compensation Claims, 04 NCAC 10M .0101-.0501, went into effect on May 1, 2018. http://www.ic.nc.gov/OpioidRulesResourcePage.html

Occupational Medicine Practice Guidelines (ACOEM Practice Guidelines), American College of Occupational and Environmental Medicine, 25 Northwest Point Blvd., Suite 700, Elk Grove Village, Illinois, 60007-1030 (www.acoem.org)

Online access to the ACOEM Practice Guidelines is available from the Reed Group, 10355 Westmoor Drive, Westminster, CO 80021, Tel. (303) 247-1860. http://www.reedgroup.com/product/disabilityguidelines/; http://www.mdguidelines.com/.

Disability Guidelines developed by the Reed Group, 10355 Westmoor Drive, Westminster, CO 80021, Tel. (303) 247-1860. http://www.reedgroup.com/product/mdguidelines/; http://www.mdguidelines.com/.

ODG Treatment in Workers' Comp and **Official Disability Guidelines** developed by Work Loss Data Institute, 169 Saxony Road, Suite 210, Encinitas, CA 92024 (http://www.worklossdata.com/)

Aetna Clinical Policy Bulletins: (CPBs), which are based on peer-reviewed published medical literature.
http://www.aetna.com/healthcare-professionals/policies-guidelines/cpb_alpha.html Aetna, Inc. 151 Farmington Avenue, Hartford, CT 06156

Colorado Workers' Compensation Treatment Guidelines by the Colorado Division of Workers' Compensation, 633 17th Street, Suite 400, Denver, CO 80202-3626 (https://www.colorado.gov/cdle/node/20291)

Massachusetts treatment guidelines and protocols for injured workers
https://www.mass.gov/lists/massachusetts-treatment-guidelines-and-protocols-for-injured-workers
https://www.mass.gov/health-care-services-board-hcsb
The Massachusetts Department of Industrial Accidents' (DIA) treatment guidelines/protocols are developed by the Health Care Services Board (HCSB) and administered by the Office of Health Policy of the Department of Industrial Accidents. The Commonwealth of Massachusetts, Department of Industrial Accidents, 1 Congress Street, Suite 100, Boston, Massachusetts 02114-2107

Washington State Department of Labor and Industries Medical Treatment Guidelines
L&I Warehouse, Department of Labor and Industries, P.O. Box 44843, Olympia, Washington 98504-4843
(http://www.lni.wa.gov/ClaimsIns/Providers/TreatingPatients/TreatGuide/default.asp)

Peer Review Physicians and Appeal Peer Review Physicians may also use peer-reviewed clinical studies and journal articles as references. Other state-specific and/or mandated workers' compensation treatment guidelines will be used when necessary to meet jurisdictional requirements.

Denial letters shall include supporting documentation of the substantive clinical justification for a denial of authorization, including the relevant clinical criteria upon which the denial is based.

Number:	**NC Decisions 1**
Subject:	**Summary of the Preauthorization Review Process**
Policy:	**Preauthorization review is a prospective review process conducted by Mitchell (or the insurer) to determine whether a proposed surgical or inpatient treatment is medically necessary.**

The preauthorization review process will be conducted in a timely manner in accordance with applicable North Carolina Labor Code and workers' compensation preauthorization requirements **(Policy NC TAT 1)**.

1. Preauthorization review requests are accepted from health care providers, claimants, attorneys, and other persons or entities such as health care facilities.
2. Mitchell will acknowledge receipt of all preauthorization requests/communications within two business days.
3. Preauthorization requests are assigned to Initial Clinical Reviewers for review of medical necessity.
4. If the Initial Clinical Reviewer determines that the available information is insufficient to conduct a review, one or more written requests will be made to obtain the needed information within two (2) business days of receipt of the request. The written request for additional information will specify a deadline for receipt of the additional information in order for Mitchell to be compliant with applicable timeframes **(Policy NC Decisions 2, Policy NC TAT 1).** All attempts to obtain additional information will be documented and copied to the claimant contemporaneously.
5. If the information received, either initially or upon receipt of additional information, is deemed sufficient to conduct the review, the Initial Clinical Reviewer will review the preauthorization request and supporting documentation against approved clinical review criteria. **(Policy NC Criteria 1)** If the request meets approved clinical review criteria, the Initial Clinical Reviewer will make a timely approval decision and ensure written notification is provided to all appropriate parties. **[Policy NC Notifications 1]**
8. If the requested services do not meet approved clinical review criteria, the Initial Clinical Reviewer will forward the request and any supporting documentation to a Peer Review Physician. The Peer Review Physician shall be licensed in North Carolina, South Carolina, Georgia, Virginia, or Tennessee and shall hold professional qualifications, certifications, and fellowship training in a like specialty that is at least equal to that of the treating provider who is requesting preauthorization of surgery or inpatient treatment. Note: Only a qualified Peer Review Physician may deny a preauthorization request.
9. The Peer Review Physician will review the request and supporting documentation, if any, and make a timely decision within regulatory timeframes **(Policy NC TAT 1)**. The Peer Review Physician may:
    a. Approve the medical necessity of the request;
    b. Deny the request for lack of medical necessity; or
    c. Deny the request for lack of information and specify the reason for the decision as well as the information needed.
10. The Peer Review Physician's preauthorization review decision will be returned to the Initial Clinical Reviewer who will ensure written notification of the decision is provided timely to the appropriate parties in accordance with **Policy NC Notifications 1**.
11. The re-review (reconsideration) process, the opportunity for a peer-to-peer conversation, and an appeal process are allowed on all initial denial decisions. **(Policy NC Appeals 1)**. Written denial notices will also include the following statement: "The appealing party has the right to seek authorization from the North Carolina Industrial Commission for any denied treatment."

Number: **NC Decisions 2**

Subject: **Lack of information**

Policy: **One or more written requests for additional information will be made if information necessary to make a preauthorization review decision is not provided by the health care provider, claimant, person or other entity.**

1. All attempts to obtain additional information will be documented.

2. If the information reasonably necessary to make the determination is timely obtained, the Initial Clinical Reviewer shall review the information and request and make an approval decision or forward to a Peer Review Physician. Mitchell shall provide a copy of the health care provider's response, if any, to the claimant within ten (10) business days of its receipt if the health care provider did not copy the claimant on his/her response to Mitchell's request for information.

3. If reasonably necessary information requested is not received by the specified due date, the preauthorization request and the available information will be forwarded to a qualified Peer Review Physician or to a Peer Review Physician organization for assignment to an appropriately qualified Peer Review Physician. (**Policy NC Decisions 1**). The Peer Review Physician shall be licensed in North Carolina, South Carolina, Georgia, Virginia, or Tennessee and shall hold professional qualifications, certifications, and fellowship training in a like specialty that is at least equal to that of the treating provider who is requesting preauthorization of surgery or inpatient treatment.

4. If the Peer Review Physician does not timely receive the information reasonably necessary to make a determination, the Peer Review Physician shall deny the request and specify what information is needed to make a determination.

5. If the information reasonably necessary to make the determination is timely obtained, the Peer Review Physician shall approve or deny the preauthorization request and forward their decision to an Initial Clinical Reviewer so that written notification can be made to the appropriate parties.

Number: **NC TAT 1**

Subject: **Timeframes for Issuing Decisions**

Policy: **The preauthorization review timeframes in the North Carolina Labor Code and Industrial Commission regulations will be followed. Preauthorization review timeframes are calculated from the earliest date of receipt of the preauthorization request by the insurer, employer, third party claims administrator, Mitchell, or other entity. The first day in counting any timeframe requirement is the first business day after receipt of the Industrial Commission Form 25PR**

Initial Prospective Review Request	
Not to exceed **7 business days*** from the date of receipt of the preauthorization request even if additional information is requested.	
*The failure of an insurer to make a determination on a request for preauthorization within seven business days as specified in G.S. 97-25.3 shall result in an automatic waiver of the insurer's right to contest the requested treatment, unless: (1) an extension of time, not to exceed seven business days, is agreed upon by the insurer and the medical provider requesting preauthorization (or the claimant's attorney or unrepresented claimant, if no medical provider has requested preauthorization); or (2) an additional extension of time is granted by the Commission pursuant to G.S. 97-25.3(a)(3). Requests made to the Commission for an extension of time shall be directed to the Office of the Executive Secretary, and shall be simultaneously copied to the requesting health care provider, if any, and to the claimant's attorney or to the claimant, if unrepresented.	
Subsequent Request	
Re-Review (Reconsideration)	Must be requested within thirty (30) days of receipt of the denial decision. A re-review decision shall be made within seven (7) business days from receipt of the request and the additional information.
Peer-to-Peer Conversation	Must be requested by the health care provider within thirty (30) days of receipt of the denial decision. The claimant will be informed of the pending peer-to-peer conversation, allowed to participate if it can be scheduled at a mutually convenient time, and provided a summary of the conversation within 10 business days if unable to attend the peer-to-peer call. A peer-to-peer decision will be made within one business day following completion of the peer-to-peer conversation.
Appeal	Must be requested within thirty (30) days of receipt of the denial decision. Appeal determination must be issued via mail, email or fax within thirty (30) calendar days from receipt of the appeal request.

Number: **NC Notifications 1**

Subject: **Written Notifications**

Policy: **Mitchell will provide written notification of each preauthorization review decision to the appropriate parties as required by North Carolina Labor Code and preauthorization review regulations unless the insurer has delegated this responsibility to another entity. If verbal notice is given initially, it will be followed by a written notice.**

Verbal notifications, if any, will be made during the reasonable and normal business hours of the party being called. All verbal notifications, if any, will be documented.

Preauthorization decisions shall be communicated in writing to the health care provider, the claimant, the claimant's attorney, if any, and other parties via fax, email or mail.

Content of written notices:

a) All written notices (approvals and denials) shall include:
   1) The date of the decision;
   2) The decision, i.e. authorization or denial of the procedure/admission;
   3) Company name;
   4) Title, name, signature of company representative;
   5) The specific medical treatment service requested;
   6) The specific medical treatment service approved or denied;
   7) The name, specialty, state of licensure, and license number of the Peer Review Physician or the name of the Initial Clinical Reviewer who made the approval decision; and
   8) The preauthorization review (PR) claim number.

b) Initial denial decisions, in addition to the information listed above, shall include:
   1) A statement with supporting documentation of the substantive clinical justification for a denial of preauthorization, including the relevant clinical criteria upon which the denial is based;
   2) Denials based upon lack of information shall specify what information is needed to make a determination;
   3) A list of all medical records reviewed;
   4) The Peer Review Physician's name, specialty, state(s) of licensure, and license(s) number(s);
   5) An outline of the appeal rights and procedures with instructions on how to submit appeals of the initial denial decision by mail, email or fax;
   6) A statement that advises the appealing party of the right to seek authorization for any denied treatment from the Commission;
   7) The preauthorization review (PR) claim number; and
   8) Information on the Mitchell re-review and peer-to-peer conversation processes.

c) Appeal denial decisions shall include all of the information in paragraphs a) and b) above with the exception of b) 5) and b) 8).

Number: **NC Appeals 1**

Subject: **Re-Review / Peer-to-Peer Conversations / Appeals Process**

Policy: **Mitchell shall offer re-reviews (reconsiderations), peer-to-peer conversations and the appeal process for review of initial denial decisions. The appealing party also has the right to seek authorization for any denied treatment from the North Carolina Industrial Commission.**

Re-review (reconsideration) process:
The health care provider, facility, claimant's attorney or the claimant may request a re-review of an initial denial decision by fax, email, or mail within thirty (30) days of receipt of the decision. Additional information not available during the initial preauthorization review process must be provided by the party requesting the re-review. An Initial Clinical Reviewer and/or a Peer Review Physician will review the additional information. Re-review requests will be completed within the timeframes specified in **Policy NC TAT 1**. Note: If the Initial Clinical Reviewer cannot approve the request based on the new information, the request and information will be forwarded to a Peer Review Physician.

Peer-to-peer conversation process:
Within thirty (30) days of receipt of the initial denial decision, the health care provider may call, email, or send a fax to Mitchell requesting a peer-to-peer conversation with the Peer Review Physician. The claimant must be given prior notice of the purpose of the intended peer-to-peer conversation and an opportunity to participate in the oral communication at a mutually convenient time. Mitchell shall provide the claimant with a summary of the communication with the health care provider within ten (10) business days of any oral communication in which the claimant did not participate. If the peer-to-peer conversation does not result in an approval, Mitchell shall remind all parties of the Mitchell appeal process and their right to seek authorization for any denied treatment from the Commission.

Appeal process:
The claimant, the claimant's representative, the health care provider or the facility rendering service may request an appeal of a denial decision via mail, email or fax. An appeal request must be received by Mitchell within thirty (30) days following receipt of the denial decision.

The appeal will be conducted by an Appeal Peer Review Physician different from the Peer Review Physician who made the initial denial decision and who is qualified as described in **Policy NC Staff 1** and in **Policy NC Definitions 1.** Recipients of appeal decisions are the same parties described in **Policy NC Notifications 1**.

Appeal process:
Mitchell will complete the appeal review process within 30 calendar days of receipt of the timely appeal request. **See Policy NC TAT 1.**

The appealing party has the right to seek authorization for any denied treatment from the North Carolina Industrial Commission.

Number: **NC Peer Reviewer Physicians 1**

Subject: **NC Peer Reviewer Physician Profiles**

Policy: Insurers that utilize a Peer Review Physician in making preauthorization decisions shall indicate in their preauthorization review policy the name, licensure, and specialty area of that Peer Review Physician and shall provide a profile ("Peer Review Physician Profile") of that Peer Review Physician. The Peer Review Physician shall be licensed in either North Carolina, South Carolina, Georgia, Virginia, or Tennessee and shall hold professional qualifications, certifications, and fellowship training in a like specialty that is at least equal to that of the treating provider who is requesting preauthorization of surgery or inpatient treatment.

Mitchell includes the name, specialty, state of licensure and license number of all Peer Review Physicians in all denial determinations, initial and appeal level. Insurers shall, on an annual basis, electronically submit their Peer Review Physician Profiles to the Commission at the following electronic site (ftp://ftp.ic.nc.gov) by July 1 of each year.

Mitchell may contract with Peer Review Physician organizations to ensure the availability of a sufficient number of Peer Review Physicians with required licensure and qualifications.

Name	Specialty	Subspecialty	ST	License Number
Beckman, William MD	Anesthesiology	Pain Medicine	VA	101057226
Carter, Aaron MD	Anesthesiology	Pain Medicine	NC	2006-01956
Elbualy, Seif MD	Anesthesiology	Pain Medicine	VA	101055739
Loubser, Paul MD	Anesthesiology		NC	200100730
Mahajan, Nakul MD	Anesthesiology	Pain Medicine	TN	53852
Matthias, Heddy-Dale, MD	Anesthesiology	Critical Care Medicine	TN	25163
Blackwelder, Dale W. DC	Chiropractic		TN	1075
Metcalf, Lynn DC	Chiropractic		TN	2605
Bottorff, Kerry DC	Chiropractor		GA	CHIRO10156
Rizzolo, Franco DC	Chiropractor		SC	4150
Cherry, Bradley, DDS	Dentistry		VA	0401410338
Pryor, Aaron E. DDS	Dentistry		TN	8064
Blum, Eliot MD	Emergency Medicine		GA	71441
Curtis, Dale, MD	Emergency Medicine		GA	047203
Mitton, Joseph MD	Emergency Medicine		VA	101261328
Ballyamanda, Smitha MD	Family Medicine		NC	2016-02043
Fadul, Zaid MD	Family Medicine		NC	2017-01389
Kraft, Michael C. MD	Family Medicine		GA	072374
Sharma, Achin MD	Family Medicine		TN	30419

Name	Specialty	Subspecialty	ST	License Number
Walkup, Martha DO	Family Medicine		TN	573
Sparks, Dorothy Ann MD	General Surgery	Surgical Critical Care	VA	101261862
Cohen, Stephen MD	General Surgery	Colon & Rectal Surgery	NC	2015-02403
Prentiss, Donald MD	General Surgery		GA	73442
Bansal, Ankush Kumar MD	Internal Medicine		TN	51061
Broomes, Stephen MD	Internal Medicine		GA	43335
Fadul, Rafid MD	Internal Medicine		VA	101248182
Gerstenblitt, Dan MD	Internal Medicine		TN	45667
Matthias, Heddy-Dale, MD	Internal Medicine		TN	25163
Mazzella, William MD	Internal Medicine		GA	073318
Metoyer, Gerilyn MD	Internal Medicine		GA	33149
Washington, LaTonya B. MD	Internal Medicine		TN	48375
Wood, James E. MD	Internal Medicine	Nephrology	SC	28655
Zadeh, Jaffar MD	Internal Medicine		VA	101244912
Zelman, David J. MD	Internal Medicine	Rheumatology	GA	37428
Jasmin, Luc MD	Neurological Surgery		TN	55707
Terry, Kimberly MD	Neurological Surgery		NC	2010-01434
Grinman, Lev MD	Neurology	Sleep Medicine	SC	40943
Jacobs, Marianne B. DO	Neurology	Sleep Medicine	SC	37724
Shelat, Amit M.	Neurology		TN	2956
Clark, James MD	Obstetrics and Gynecology		GA	069180
Lund, Elizabeth MD	Obstetrics and Gynecology		TN	27972
Rush, Charles, MD	Obstetrics and Gynecology		TN	18498
Blackwell, Patricia MD	Occupational Medicine		GA	30271
Conibear, Shirley MD	Occupational Medicine		SC	33474
Dodd, Kenton MD	Occupational Medicine		TN	38434
Evans, Virginia A. MD	Occupational Medicine		TN	51656
Bell, John, MD	Ophthalmology		GA	26061
Broukhim, Benjamin, MD	Orthopaedic Surgery		TN	46011
Daniels, William MD	Orthopaedic Surgery		SC	34498
Doute, Damien, MD	Orthopaedic Surgery		GA	53852
Greenberg, Robert MD	Orthopaedic Surgery	Sports Medicine	TN	37226
Holladay, Robert E., MD	Orthopaedic Surgery		TN	45605
Kraft, Jerome MD	Orthopaedic Surgery		GA	015787
Lager, Sean, MD	Orthopaedic Surgery	Sports Medicine	TN	58473
Mayfield, William C. MD	Orthopaedic Surgery		TN	38801
Rainey, Scott DO	Orthopaedic Surgery		TN	2992
Clark, Sonya DO	Orthopedic Surgery	Surgery of the Hand	NC	2016-02120
DeCoons, Ryan MD	Orthopedic Surgery	Sports Medicine	GA	70546

Name	Specialty	Subspecialty	ST	License Number
Herzog, Joshua MD	Orthopedic Surgery	Sports Medicine	VA	101259034
Makda, Junaid MD	Orthopedic Surgery		TN	52662
Roach, Christopher MD	Orthopedic Surgery	Sports Medicine	VA	101238201
Saleem, Omar MD	Orthopedic Surgery		TN	57737
Rosenberg, Seth MD	Otolaryngology		NC	2015-00212
Seibert, John MD	Otolaryngology		TN	42766
Washington, LaTonya B. MD	Pediatrics		VA	101243844
Caringi, Daryl DO	Physical Med. & Rehab.	Pain Medicine	GA	047410
Carnel, Charles MD	Physical Med. & Rehab.		GA	61950
Williams, James L. MD	Physical Med. & Rehab.	Electrodiagnostics	TN	51480
Willingham, Cynthia MD	Physical Med. & Rehab.		TN	55206
Wilson, Terrence James MD	Physical Med. & Rehab.	Pain Medicine	GA	60485
Gallo, Andrew DO	Physical Med. & Rehab.		VA	102202558
Mauro, Kirk MD	Physical Med. & Rehab.		GA	40151
Sassoon, Eddie MD	Physical Med. & Rehab.		GA	58920
Schroeder, Cygnet DO	Physical Med. & Rehab.		TN	2134
Troutt, Terry MD	Physical Med. & Rehab.		TN	37142
Beahm, Thomas	Plastic Surgery		TN	14704
Gerstenblitt, Dan MD	Preventive Medicine	Occupational Medicine	TN	45667
Simon, Avrom MD	Preventive Medicine	Occupational Medicine	TN	45606
Huff, Lester MD	Preventive Medicine	Aerospace Medicine	VA	101245068
Berkshire, Michael DO	Psychiatry	Child & Adolescent Psychiatry	TN	2872
Harrop, Daniel MD	Psychiatry		TN	44536
Reddick, Consuelo MD	Psychiatry	Child & Adolescent Psychiatry	GA	044067
Huff, Lester MD	Psychiatry & Neurology	Forensic Psychiatry	VA	101245068
New, Pamela MD	Psychiatry and Neurology	Neurology	GA	79454
Kovach, Edward PhD	Psychology		TN	2551