

## Utilization Review – Claims Adjuster Authorization Criteria

Claims adjusters may approve the following Request for Authorizations (RFAs). All RFAs outside of the authorization criteria listed below must be referred to and processed by Utilization Review:

<u>Treatment Request</u>	<u>Claims Adjuster Authorization Criteria</u>
<i>Occupational Therapy/Physical Therapy</i>	<p><i>May have 24 visits for the life of the claim.</i></p> <p><i>Initial request – up to 12 visits.</i></p> <p><i>Additional requests (up to 24 visits) may be approved if provider documents functional improvement.</i></p> <p><i>All post-surgical physical therapy should be processed by Utilization Review.</i></p>
<i>Chiropractic Treatment</i>	<p><i>Initial request – up to 6 visits.</i></p> <p><i>Additional requests (up to 18 visits) may be approved if provider documents functional improvement.</i></p>
<i>Acupuncture Treatment</i>	<p><i>Initial request – up to 6 visits.</i></p> <p><i>Additional requests may be approved if provider documents functional improvement.</i></p>
<i>Initial Evaluation, Consultations, Second Opinion, Transfer of Care, Office Visits</i>	<i>All physician referrals/visits, etc. may be authorized by the claims adjuster.</i>
<i>Injections</i>	<i>The claims adjuster may approve injections completed in the physician's office such as cortisone. Injections such as epidural steroid, nerve block, and synvisc/orthovisc should be processed by Utilization Review.</i>
<i>Surgery</i>	<i>All surgery requests must be processed by Utilization Review.</i>
<i>Radiology/Diagnostic</i>	<i>All x-rays, CT Scans, and MRIs, etc. may be approved by the claims adjuster. Unfamiliar diagnostics (such as cardiac or cancer) should be processed by Utilization Review.</i>
<i>Psychiatric</i>	<i>Requests for psychiatric/neuro-psych or counseling may be approved by the claims adjuster.</i>
<i>Cancer Treatment</i>	<i>All specialized cancer treatment/therapy will require Utilization Review.</i>
<i>Durable Medical Equipment</i>	<i>Claims adjuster may approve all DME purchases and/or rentals.</i>
<i>Home Health Care</i>	<i>The claims adjuster may approve home health care up to 7 days. Any requests for home health care greater than 7 days must be processed by Utilization Review.</i>
<i>Weight Loss/Gym Membership</i>	<i>Weight loss and gym membership will be reviewed on a case-by-case basis to determine the necessity for Utilization Review.</i>
<i>Transportation</i>	<i>The claims adjuster may approve transportation when appropriate.</i>
<i>Medication (NSAIDs, Muscle Relaxants, and Topicals)</i>	<i>All initial requests for medications may be approved. Additional requests for medications should be processed by Utilization Review.</i>
<i>Medication – Opioids (Percocet and Norco)</i>	<i>May be approved for acute pain (pain lasting up to 4 weeks from onset of injury). Opioids should only be prescribed for documented severe pain. Additional requests for medications should be processed by Utilization Review.</i>
<i>Detox Programs</i>	<i>All requests for detox programs will be processed by Utilization Review.</i>

**\*Please note: only a Physician may modify, delay or deny RFAs\***