PROVIDER BULLETIN: 10-03

Title: Advanced Imaging Utilization Review

To: Advanced Registered Nurse Practitioners
Ambulatory Surgery Centers
Chiropractors
Hospitals
Osteopathic Physicians
Physicians
Physician Assistants
Podiatric Physicians
Self Insured Employers

From: (Contact)
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Olympia, WA 98504-4321
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mojo235@Lni.wa.gov
Provider Hotline 1-800-848-0811 or from Olympia 902-6500

Affects: ☑ State Fund claims ☑ Self-Insured claims
☑ Crime Victims Compensation Program ☑ All locations

Effective Date: June 1, 2010
Removal from Web Date: June 30, 2011

Provider Bulletins are temporary communications to announce changes to rule, law, policy, coverage decision or programs. For access to updated and complete information to this policy, please visit:

Guidelines and Utilization Review for Advanced Imaging Studies

Beginning June 1, 2010, Labor and Industries (L&I) will implement evidence-based guidelines for:

- MRI scans of the spine and upper and lower extremities.
- CT and MRI scans for headaches.

These guidelines apply to State Fund, Self Insured and Crime Victims programs and they require prior authorization.

For State Fund claims, prior authorization must first go through a utilization review (UR) process with L&I’s contracted UR firm, Qualis Health. To submit UR requests, providers will be required to access iEXCHANGE®, a browser-based (e.g., Internet Explorer, Mozilla Firefox, etc.) application that uses a secure internet connection.

Background

The Washington Legislature passed a new law in 2009 (ESHB 2105/Chapter 258, Laws of 2009) that directed the State to convene an Advanced Imaging Management Work Group. The Work Group was directed to identify evidence-based best practice guidelines for advanced imaging; state agencies were directed to implement the Work Group recommendations. Work Group recommendations include:

- Evidence-based checklists for certain high-cost, high-use imaging studies.
- Web-based utilization review.

More information is available here: http://www.hta.hca.wa.gov/aim.html

State Fund UR requirements do not apply to Crime Victims and Self Insured programs.

For Crime Victims Claims
To request authorization for advanced imaging please contact the Crime Victims’ Compensation Program’s claim manager by:

- Phone: 800-762-3716 (toll free)
- Fax: 360-902-5333

Additional information is available at: www.CrimeVictims.Lni.wa.gov

For Self-Insured Claims
Contact the self-insured employer (SIE) or the third party administrator (TPA) to request authorization. For a list of SIE/TPAs, go to:
State Fund UR Process for Advanced Imaging Studies

L&I contracts with Qualis Health for UR. Qualis Health and OneHealthPort.com have partnered to arrange streamlined, web-based access to iEXCHANGE®️.

OneHealthPort.com provides online services for healthcare professionals and includes access to multiple health plan sites in Washington State. By registering with OneHealthPort providers will be able to access iExchange®️ as well as other health plans, using one, secure logon identification.

Please note that registration is required.

To register:
1. Visit Qualis Health’s website for OneHealthPort registration and iEXCHANGE®️ provider training instructions:
   http://www.qualishealth.org/cm/washington-landi/imaging.cfm
2. You may begin using iEXCHANGE®️ upon completion of the registration process and receipt of logon and password information.

Evidence-based checklist prior authorization process:

To acquire authorization for an MRI of the spine, upper or lower extremity, or for an MRI or CT of the head due to headache, medical necessity must be determined by completing a guideline checklist.

Checklists were developed based on available evidence-based guidelines and are available here:

To Submit a Request for Advanced Imaging Studies

1. Log on to OneHealthPort to gain secure access to iExchange®️:
   http://www.onehealthport.com/services/Qualis_prere2.php
2. Follow the UR submission process, including checklist completion, and click submit.
3. Immediately a recommendation of “approve” or “pend” will be returned on the screen along with a Prior Authorization (PA) number. “Pend” results will be reviewed by Qualis Health and may result in either a recommendation to “approve” or “deny”.

   This review will result in a recommendation for approval or denial only.

   L&I must make the final allowance decision after verifying that the procedure is related to an accepted on-the-job injury or illness. Final notification by L&I should occur within 24-48 hours.

4. Print or otherwise document the PA number for records and reference when contacting the department about the final determination.
Authorization by the Department

Information from the online request is electronically transmitted to L&I within 24 hours.
- Department staff will review requests and will enter the authorization or denial into the claims data system based on claimant eligibility and validity.
- Department staff will notify the requesting provider of authorization decision. Contact name and phone number must be provided and documented in the “comments” section on the web-based review request.
- A letter will automatically be generated and mailed to the provider submitting the request.

Claims that are new or that have not been entered into the system may take longer to generate an authorization decision. Department staff will contact you with the status of the claim and the request.

Providers with access to the Claim and Account Center will be able to view authorization status for imaging requests. To learn more about the Claim and Account Center go to: http://www.Lni.wa.gov/IPUB/200-011-000.pdf

Billing Information

To ensure timely and accurate bill processing, CPT® codes that require prior authorization and UR must include the authorization number. Bills without a prior authorization number will be denied and retrospective review will be required.

Pilot Program for Expedited Review

L&I will pilot an expedited review program for advanced imaging studies with organizations that meet the following criteria:

Health care organization and all of its affiliated providers must:
1. Have complete access to the organization’s electronic health record system.
2. Use evidence-based advanced imaging criteria/check-lists that are substantially equivalent to those implemented by the State.
3. Use compulsory order entry for all advanced imaging studies procedures prioritized by the State, and
   a. Have demonstrated that an automated ‘hard stop’ (i.e., denial of authorization) will occur for requests not meeting the priority criteria, OR
   b. Absent an automated ‘hard stop’ is able to demonstrate maintenance of appropriate utilization (e.g., data showing ratios comparable to expected utilization, consistent with organizations using hard stops).
4. Demonstrate use of system with at least 6 months of data showing expected reductions in inappropriate utilization or maintenance of appropriate utilization of advanced imaging for all priority areas.
5. Share utilization data for priority imaging with the State on a quarterly basis.
6. Have the capacity to self-audit to verify ongoing compliance with the State or equivalent criteria for all priority areas.

Expedited review requires web-based access to One Health Port and completion of an abbreviated form in iExchange® for each imaging request.

For more information about this program please contact:
Diane Walker, Occupational Nurse Consultant, at (360) 902-5182, or Diane.Walker@Lni.wa.gov.

Contact information

Department of Labor and Industries:

Diane Walker, Occupational Nurse Consultant, at (360) 902-5182, or Diane.Walker@Lni.wa.gov.

For any questions on review process or web access contact Lani Spencer, Director of Workers’ Compensation, Qualis Health 206-288-2440.

Advanced Imaging CPT® Codes that Require Review

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