

WC Medical Services That Require Pre-Authorization List for TEXAS

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URAC Standard: WCUM 1

Scope

- ✓ Applies to **all** Texas Workers' Compensation Claims
- ✓ Complies with **28 TAC § 134.600**

Requirements

- ✓ The Hartford Chief Medical Officer strongly recommends utilization review of these medical services when permitted by state regulations.
- ✓ For **STAT – Urgent – Emergency** treatment requests, advise the requesting provider or facility that The Hartford does not require pre-authorization review but does reserve the right to conduct Retrospective Utilization Review.
- ✓ Peer Clinical Review is required of all medical services identified as experimental or investigational unless utilization review is prohibited by state regulations.

DIAGNOSTIC/TESTING

- Repeat baseline diagnostic studies and laboratory testing (Claim Handler can authorize all initial diagnostics and labs except for the MRI.)
- Initial spine MRI prior to 12 weeks post injury
- Repeat MRI within 1 year¹
- Video fluoroscopy
- **Discography/Discogram** – although this is no longer considered experimental or investigational, The Hartford requires peer clinical review
- Electrodiagnostic Functional Assessment (EFA) - although this is no longer considered experimental or investigational, The Hartford requires peer clinical review
- Fourth (4th) FCE requires preauth – (A maximum of three (3) FCEs allowed.)

Experimental or Investigational Diagnostics:

- AcuTect™ scintigraphic imaging
- Cerebral perfusion analysis using computed tomography
- Computerized dynamic posturography (CDP)
- Computerized motion diagnostic imaging
- Current perception threshold (CPT)
- Low field peripheral magnetic resonance imaging for use in rheumatologic conditions
- Magnetic resonance neurography
- Magnetoencephalography (MEG)
- MedX Lumbar and Cervical Extension Machines for muscle testing in patients with back or neck pain
- Positron Emission Tomography (PET) for Spine
- Single-Photon Emission Computed Tomography (SPECT) for Spine Imbalances
- Standing magnetic resonance imaging (MRI) (vertical or positional MRI)

¹ MRI requires utilization review for clinical necessity and appropriateness because the clinical status may not have changed in this time span. An MRI that is older than one year, however, may need to be repeated as the diagnostic findings may have changed after 12 months.

- Thermography/temperature gradient studies
- Whole body dual x-ray absorptiometry (DXA)
- Quantitative Sensory Testing (QST)

EQUIPMENT

- Durable Medical Equipment (DME) in excess of \$500 (single item)
- All TENS units greater than \$80; all TENS supplies (batteries, leads) greater than 12 weeks
- All electronic medical devices - bone growth stimulators, muscle stimulators, pumps, pain management devices or other hardware
- Cryo-units/cooling devices exceeding \$500 (single item)

Experimental or Investigational Equipment:

- BioniCare® Bio system
- Intralesional and intrarticular pain pumps
- Non-invasive devices for the treatment of back pain (e.g. mechanical devices for the treatment of pain)
- Orthotrac Pneumatic Vest Pneumatic for lumbar decompression to relieve back pain
- Patient-operated spinal unloading devices
- Therabite® Jaw Motion rehabilitation system

MEDICATIONS

Subject to pre-authorization review if not listed on applicable Formulary.

PROGRAMS for SUB-ACUTE CARE

- Nursing home, convalescent, residential, and all home health care services
- Home Health services more than two weeks after surgery shall go to UR.
- All non-emergency admissions to hospital/facility during normal business hours
- Chemical/alcohol dependency, or weight loss clinics
- Psychiatric evaluations and treatment
- Speech/Cognitive therapy
- Work hardening/conditioning are not part of a Division exempted program
- Pain Management Programs
- Biofeedback that is not part of a Division exempted program
- Orthotics/prosthetics management

Experimental or Investigational Sub-Acute Programs:

- Chronic fatigue syndrome: diagnostic and treatment services
- Complementary and Alternative Medicine, including Acupuncture for fibromyalgia and osteoarthritis
- CYBEX® □Trunk Extension/Flexion (TEF) Dynamometry for muscle testing and strengthening in patients with low back pain.
- Deep Brain Stimulation for Treatment of Dystonia
- Isostation B-200 Lumbar Dynamometer for muscle testing and rehabilitation in patients with low back pain
- Sensory and auditory integration therapy - facilitated communication
- Tinnitus instruments, devices and retraining therapy
- Ultra-rapid detoxification
- Vision Therapy/Orthoptics
- Visual perceptual training

SURGERY

- All inpatient and outpatient surgical procedures (except abdominal wall hernia repairs).

Experimental or Investigational Surgery:

- Brachytherapy following femoropopliteal percutaneous transluminal angioplasty
- Computer-assisted guidance for orthopedic surgery
- Endoscopic spinal surgery, including Percutaneous Transforaminal Endoscopic Spine Surgery or Yeung Endoscopic Spinal Surgery System (YESS™ system)

- iFuse implant system (minimally invasive SI joint surgery)
- Intradiscal Electrothermy Procedure [IDET□)
- Intravertebral Disc Prosthesis (IVD), Replacement; Total Disk Replacement (Charite, ProDisc)
- Local injection therapy and neurosurgery for cervicogenic headache and occipital neuralgia
- Metatarsophalangeal joint replacement of the hallux
- Microendoscopic Discectomy (MED) procedure for decompression of lumbar spine stenosis or lumbar disc herniation
- Microsurgical cervical anterior foraminotomy
- Minimally invasive total hip arthroplasty
- Osteochondral autograft transplant (Mosaicplasty/OATS)
- Percutaneous Vertebroplasty or Kyphoplasty
- Pyrocarbon Implants for metacarpophalangeal and proximal interphalangeal joint implants
- Retinal devices (artificial)
- Sacroiliac fusion for the treatment of low back pain due to sacroiliac joint syndrome
- Total ankle arthroplasty
- Unicondylar interpositional spacer (Unispacer®)
- Vertebral axial decompression (e.g., VAX-D®, Decompression Reduction Stabilization [DRS]® System, DRX9000™)
- XLIF Procedure (eXtreme-lateral Lumbar Interbody Fusion) – discectomy with artificial graft / PEEK spacer
- X STOP® interspinous process decompression system
- Autologous Chondrocyte Implantation Carticel (ACI)

TREATMENTS

- PT, OT, and Chiropractic care (except the first twelve (12) visits when such treatment is rendered within the first thirty (30) days immediately following: the date of injury, or b) A surgical intervention previously preauthorized).
- All In-Home Physical therapy and Occupational therapy
- All chemonucleolysis, facet or trigger point injections
- Iontophoresis for the treatment of plantar fasciitis and epicondylitis
- Viscosupplementation (viscoelastic injections of the knee) with hyaluronic acid-based products (e.g. Hyalgan, Orthovisc, Synvisc, Supartz).
- Radiation or chemotherapy
- Dental Procedures
- Radiofrequency ablation for low back pain; percutaneous radiofrequency thermomodulation or nucleoplasty; Matrix Electroceutical Medicine - although these are no longer considered experimental or investigational, The Hartford requires peer clinical review.

Experimental or Investigational Treatments:

- Amniotic Membrane Transplantation for Treatment of Ocular Conditions
- Anodyne Therapy
- Botulinum Toxin for Headache, Myofascial Pain Syndrome, Low Back Pain, and Temporomandibular Joint Disorders
- Chemonucleolysis
- Drug metabolizing enzyme genotyping systems (Amplichip™)
- Dry hydrotherapy
- Epidural indwelling spinal column catheter [Racz catheter] to relieve back pain in patients with epidural adhesions, adhesive arachnoiditis, or failed back syndrome from multiple previous surgeries for herniated lumbar disk
- Epidural injections of lytic agents (e.g., hypertonic saline, hyaluronidase) or mechanical lysis in the treatment of epidural fibrosis, adhesive arachnoiditis or failed back syndrome
- Epiduroscopy (also known as epidural spinal endoscopy, spinal endoscopy, myeloscopy, and epidural myeloscopy) for the diagnosis and treatment of intractable low back pain
- Exhaled nitric oxide monitoring in asthma management
- Extracorporeal electromagnetic stimulation for urinary incontinence

- Extracorporeal shock wave therapy (ESWT) for musculoskeletal conditions²
- High-frequency pulsed electromagnetic stimulation
- Histamine desensitization therapy
- Interferential Muscle Stimulation [IFS] for chronic back pain
- Intradiscal Electrothermy Procedure (IDET)
- Ketamine IV Administration for the treatment of complex regional pain syndrome (CRPS)
- Low-level laser therapy
- Noncontact normothermic wound therapy (NNWT) (Warm-up® Active Wound Therapy)
- Paranasal sinus ultrasound
- Platelet-Derived Wound Healing Factor (PDWHF), including Procuren® for non-healing wounds
- Prolotherapy, Joint Sclerotherapy, and Ligamentous Injections with Sclerosing Agents for chronic pain, joint instability
- Provant® wound closure system
- Sensory stimulation for patients in coma or persistent vegetative state
- Spinal manipulation under anesthesia (SMUA)
- Thermal shrinkage
- Topical hyperbaric oxygen (THBO) therapy
- Transcranial magnetic stimulation
- Trigger point injections as sole treatment for pain
- VAX-D
- DRX, DRX2000, DRX3000, DRX5000, DRX9000
- DRS
- Dynapro DX2
- Accu-SPINA System
- IDD Therapy (Intervertebral Differential Dynamics)
- Tru Tru Tac 401
- Lordex Power Traction Device
- Spinex LDM
- TenJet

DISCLAIMER: Any medical procedure or service not listed above is subject to Utilization Review, including all experimental and/or investigational treatment. In any circumstance where conflicts do exist, or may appear to exist, between this list and jurisdictional rules, the jurisdictional rules must always be followed.