Liberty Mutual North Carolina
Preauthorization Process

Liberty Mutual Managed Care North Carolina Preauthorization Review Process for Surgery and Inpatient Treatment

Preauthorization is conducted by the Utilization Review Department, or "UR" within Liberty Mutual Managed Care, LLC ("LMMC")[1], on behalf of Liberty Mutual Insurance.

Staff are available at the toll-free telephone 800-664-2273, from 8:00 AM to 8:00 PM EST Monday through Friday (except holidays). The telephone system is available twenty-four (24) hours per day to accept and record calls. For after hour calls, an automated message instructs the caller to leave a message and informs the caller that their message will be returned on the next business day. The policies and procedures reflected in this plan are those of LMMC, the primary utilization review agent providing services for the Liberty Mutual Group companies and Helmsman Management Services, LLC, a Third Party Administrator. These entities preserve the right to obtain utilization review services from other licensed utilization review companies as business need dictate.

Preauthorization reviews are conducted on Inpatient Hospitalization and Inpatient or Outpatient Surgery. Please review the attached list of procedures that require preauthorization:

Any surgery involving upper extremities to include but not limited to fingers, hand, wrist, forearm, or elbow
Any surgery involving shoulder
Any surgery involving the knee
Any surgery involving the lower extremity to include but not limited to toes, foot, ankle, or leg
Any spinal surgery to include but not limited cervical, thoracic or lumbar spine
Any surgery involving head or brain
Any surgery involving eye, ear, or nose
Any surgery involving hip
Any surgery related to burns
Any surgeries involving inpatient hospitalization
Any dental surgeries
Any amputation surgeries
Any cardiovascular surgery
Any surgery involving an implantable device
Any hernia or hernia related surgery
Any abdominal surgery

[1] In some instances, LMMC utilizes outside third-parties to perform utilization reviews.

Submission and Review of Preauthorization Requests

A health care provider/provider's designee, the injured employee or his/her representative, claims handler, or nurse case manager may initiate a preauthorization request for prospective surgery and inpatient treatment. All preauthorization requests must be submitted on Industrial Commission Form 25PR which can be found here: http://www.ic.nc.gov/forms/form25pr.pdf.

Preauthorization requests can be submitted to LMMC via telephone at 800-664-2273 or facsimile at 603-334-0330. The receipt of a preauthorization request would trigger a utilization review, or "UR", of the proposed treatment. Requests for preauthorization are received by a Liberty Mutual UM Support Staff . The UM Support Staff may obtain demographic patient background information (such as patient name, age, address and workers' compensation claim number), collect clinical data such as diagnosis, diagnosis codes, procedure information, and procedure code, necessary to conduct the review. The UM Support Staff will enter the request into our administrative system and submit it to a Utilization Review Nurse (UR Nurse) for a clinical review.

The purpose of UR is to determine whether the requested inpatient hospitalization or surgery is medically necessary pursuant to nationally recognized medical treatment guidelines. If notified by a claims handler or medical case manager that a proposed treatment/service is subject to utilization review, the utilization review nurse may contact the health care provider/provider's designated representative. All patient specific information utilized during the Utilization Review process is kept confidential in accordance with applicable state and federal regulations and industry guidelines.

LMMC will acknowledge receipt of a preauthorization request within two (2) business days This response may approve the request, request additional information, or notify the requesting party that the request has been escalated for a physician review. If the request is escalated, prospective reviews are completed within seven (7) business days of the receipt of the request.

Initial clinical reviews are performed by licensed nurses, with at least 3-5 years of relevant nursing experience. UR Nurses may only approve preauthorization requests.

The UR Nurse will review pertinent clinical information. The UR nurse may discuss the requested treatment/service with the health care provider to obtain additional clinical information. Once the UR nurse has reviewed the clinical information, the UR nurse will compare the preauthorization request to nationally accepted medical protocols. Approval of the request, also known as certification, will be granted when the request meets criteria for medical necessity and appropriateness, as indicated by the medical protocols. Written notification of certification is sent to all involved parties.

In some cases, UR may decline a preauthorization request due to a lack of material medical information (which is sometimes referred to as an administrative non-certification). In cases where the preauthorization request does not meet criteria for medical necessity and appropriateness, the UR Nurse may discuss the criteria/guideline recommendations with the injured worker's medical provider to determine if an agreement can be reached. If the injured worker's provider and the UR Nurse come to an agreement on the proposed treatment/service,

the modified request will be approved (also known as certification). Written notification will be sent to all of the involved parties.

Peer Reviews

If the UR Nurse and provider are unable to come to an agreement regarding a modified request, the UR Nurse sends the preauthorization request to a peer review physician. Peer review will be obtained when the available medical information does not substantiate medical necessity and appropriateness or when agreement has not been reached on an alternative plan by the UR Nurse and the treating provider. The peer reviewer can either approve, partially approve or deny the requested treatment

LMMC utilizes outside companies for clinical peer review services. The peer reviewers are independent, licensed medical professionals. For North Carolina claims, LMMC requires all clinical peer reviewers to be licensed in one of the following states: Georgia, North Carolina, South Carolina, Tennessee or Virginia. A list of the peer review physicians is below:

Peer Reviewer Panel (DOC)

The peer reviewer will review the preauthorization request and make a determination based on the available medical information. In some cases, the peer reviewer may attempt to contact the treating provider to discuss the preauthorization request. If the peer reviewer is able to speak with the injured worker's provider, the peer reviewer will provide an opportunity for the provider to submit additional medical information to substantiate the preauthorization request. If additional information is provided which supports medical necessity and appropriateness, the request will be approved, or certified. A modification/partial certification may be rendered when it is determined that only a portion of the preauthorization request is medically necessary.

If the peer reviewer is unable to speak with the treating provider,the peer reviewer will make a determination based upon available clinical information. If medical necessity and appropriateness is not established either by the submission of additional medical information or based on information initially provided, the peer reviewer will not approve the preauthorization request and issue a non-certification which is communicated to all parties, where they are advised of the right to an appeal.

Once the final determination has been made, the UR nurse or the peer reviewer will give verbal notification of the determination to the requesting health care provider. Written notification will also be sent to the ordering health care provider, servicing facility, injured worker and the injured worker's attorney, if applicable, within one (1) business day. Written notification includes the principal reason for the determination and instructions for the appeal process when an adverse determination has been rendered.

A peer-to-peer discussion is available when an initial non-certification is rendered where the peer reviewer and provider could not initially speak. The peer-to-peer discussion must be requested by either the provider or injured worker within fourteen (14) calendar day of receipt of the determination notice.

Appeals

An appeal process is available where the pre-authorization request has been denied (i.e. rendered non-certified). An appeal may be initiated via telephone or facsimile to LMMC by telephone ay 800-664-2273, facsimile at 603-334-0330 or written request from the injured worker or his/her representative, provider, or facility rendering services.

An appeal request is accepted if received within thirty (30) calendar days of written notification of a non-certification decision. Two types of appeal are available: 1) a standard appeal; and 2) expedited appeal. A standard appeal relates to cases that do not involve urgent care. Standard appeal reviews are completed within thirty (30) calendar days. A party can also request an expedited appeal. An expedited appeal is an appeal of a non-certification in a case involving urgent care. Cases Involving “urgent care” is where the nature of the request and the timeframes in which normal UR is to be conducted could potentially: a) jeopardize the life or health of the injured worker or the ability of the injured worker to regain maximum function, or b) in the opinion of a physician with knowledge of the injured worker’s medical condition, could subject that worker to severe pain that cannot be adequately managed without the care or treatment that is being requested. Expedited appeal reviews are completed within seventy-two (72) hours of the initiation of the appeal process. If the expedited appeal is denied, a party can then submit a standard appeal.

LMMC LLC Contact Information

A UR Manager can be reached at 800-664-2273 or at UMSupport@LibertyMutual.com