

**CITY OF FRESNO PRIOR AUTHORIZATION INFORMATION
PROPRIETARY INFORMATION**

**PRIOR AUTHORIZATION INFORMATION
CITY OF FRESNO CUSTOM MPN ONLY - EFFECTIVE 1-1-18:**

The City of Fresno has implemented a Return-to-Work (RTW) program for those employees who have sustained an industrial injury while employed with the City. Our goal is to return employees to work as soon as they are medically able to do so and in accordance with their medical treatment plan. Early return to work can benefit an employee physically, psychologically and financially. Workplace rehabilitation has been found to speed up the recovery process while maintaining social contacts and productivity can promote psychological wellness. The RTW program will allow the employee to earn their regular pay, accrue and preserve their leave time and continue to receive City benefits such as health insurance and retirement contributions.

The City of Fresno may have the ability to accommodate the work restrictions of an employee and offer temporary modified or alternative work. We are asking for your assistance in this process. We will be focusing on the employee's abilities rather than disabilities. In addition to restricted activity, we would appreciate knowing what tasks an employee can perform without adding further injury. This may be appropriate for employees who have been placed on Temporary Total Disability status. If you provide us with as much detail as possible on the work status report, we will be able to offer the best possible modified or alternative duties to ensure a smooth return to work transition.

Labor Code and California Code of Regulations - MTUS Drug Formulary & Medical Treatment:

Medical Treatment Utilization Schedule (MTUS) Drug Formulary which went into effect 1-1-18, must be used in conjunction with the MTUS Treatment Guidelines, which contain specific treatment recommendations based on condition and phase of treatment and the drug formulary rules.

See 8 CCR 9792.27.1 through 9792.27.23 for complete rules (link provided below)

- Exempt drug may be prescribed without seeking authorization if in accordance with MTUS. Limited to one 7-day supply at the initial visit within 7-days of the date of injury
- Prescription of Brand Name "Exempt" drug where generic is available requires authorization through Prospective Review.
- Perioperative Fill for Non-Exempt drug may be prescribed if within the perioperative period (4-days before through 4-days after surgery) and supply not to exceed #days indicated and is a generic or single source brand, or brand where physician substantiates medical necessity and if in accordance with MTUS
- Special Fill for Non-Exempt drug may be prescribed within 7-days of injury and supply not to exceed #days indicated and is a generic or single source brand, or brand where physician substantiates medical necessity and if in accordance with MTUS

Medical Treatment Utilization Schedule (MTUS) Formulary:

<http://www.dir.ca.gov/dwc/DWCPPropRegs/MTUS-Formulary/MTUS-Formulary.htm>

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Medical Treatment Utilization Schedule (MTUS) updates which went into effect 1-1-18 (Refer to Labor Code Sec.4, 4610, for detailed information and items that are not excluded from prospective UR):

For all dates of injury occurring on or after January 1, 2018, emergency treatment services and medical treatment rendered for a body part or condition that is accepted as compensable by the employer and is addressed by the medical treatment utilization schedule adopted pursuant to Section 5307.7, by a member of the medical provider network or health care organization, or by a physician predesignated pursuant to subdivision (d) of Section 4600, within the 30 days following the initial date of injury, shall be authorized without prospective utilization review, except as provided in subdivision (c). The services rendered under this subdivision shall be consistent with the medical treatment utilization schedule. In the event that the employee is not subject to treatment with a medical provider network, health care organization, or predesignated physician pursuant to subdivision (d) of Section 4600, the employee shall be eligible for treatment under this section within 30 days following the initial date of injury if the treatment is rendered by a physician or facility selected by the employer. For treatment rendered by a medical provider network physician, health care organization physician, a physician predesignated pursuant to subdivision (d) of Section 4600, or an employer-selected physician, the report required under Section 6409 and a complete request for authorization shall be submitted by the physician within five days following the employee's initial visit and evaluation.

Medical Treatment Utilization Schedule (MTUS):

<http://www.dir.ca.gov/dwc/DWCPropRegs/Medical-Treatment-Utilization-Schedule/Medical-Treatment-Utilization-Schedule.htm>

The Prior Authorization listing applies to Authorized Treating Providers for the City of Fresno. The Prior Authorization items are items that do not require a DWC FORM RFA (request for authorization form). The provider still needs to provide all regulatory and applicable required reports (DFR, PR2's, narrative reports, work status forms, etc.) outlining pertinent items, including patient's diagnosis, treatment plan, outcomes achieved from the treatment provided, updated work status information, etc. **Non-medical network providers, health care organizations or predesignated providers will continue to require pre-authorization on all treatment requests.**

THE FOLLOWING TREATMENT MODALITIES HAVE PRIOR AUTHORIZATION:

- X-rays post 30 days DOI, x-rays required by specialist or for interval changes in clinical status
- Initial Diagnostics (MRI, CT Scans, EMG/NCV, etc.) that the provider deems necessary for treatment planning purposes
- Initial and routine DME whose combined total value is \$250.00 or less, as determined by the official medical fee schedule, post 30 days from date of injury
- Basic TENS Unit and up to 6 months of supplies
- Lab work to establish baselines – Only the following have prior authorizations: CBC, Chem/metabolic panel, PT/PTT and up to 2 UDS (Urine Drug Screen) per year and if within MTUS Treatment Guidelines
- Wound culture based on objective findings of infection (including a possible MRSA diagnosis)
- Blood borne pathogen exposure panel (within 30 days from date of exposure)
- HIV (antiretroviral only)/Hepatitis Agents within 30 days from date of verified industrial exposure

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- Physical or Occupational therapy up to 12 visits (pre-operatively) and up to 24 visits post operatively
 - Initial week of post-op home health RN or PT visits, when deemed appropriate by the treating physician, for those cases where the injured worker is not functionally able to participate in outpatient therapy (post hospital discharge)
- Aquatic therapy up to 12 visits
- Acupuncture up to 12 visits
- Chiropractic up to 24 visits
- Initial corticosteroid injections done in the physician office (up to 3)
- First series (maximum 4) of Trigger point injections post 30 days from date of injury performed at one physician office visit (without Ultrasound guidance), subsequent injections require prospective UR
- Annual stress tests and echocardiograms for accepted cardiac claims

Sec 4 of LC 4610(a) through (g) shall be adhered to for treatment provided within the first 30 days from the date of the injury, prospective UR will only take place where and as allowed per this section.

FOR ALL DATES OF INJURY BEYOND 30 DAYS FROM THE DATE OF INJURY - ALL EMERGENCY TREATMENT SHOULD BE PROVIDED AS APPROPRIATE AND NOT DELAYED TO OBTAIN PRAUTHORIZATION. In cases where the treating provider deems the treatment needed is emergent (life threatening, limb threatening, the absence of immediate medical treatment could place the health of the injured worker in serious jeopardy), the provider should provide the necessary treatment and then follow up to obtain retro authorization.