



Utilization Review Guideline: Out of Network (OON) Physical/Occupational Therapy and, Chiropractic Care

Read First

IMPORTANT INFORMATION CONCERNING WELLFLEET UTILIZATION REVIEW GUIDELINES

This Utilization Review Guideline serves as notice to health care members and providers of Wellfleet's Prior Authorization practices. Health providers and members are advised to consult the member's specific benefit coverage document for determining specific Plan benefits and coverage.

Wellfleet may use reasonable discretion in applying these Utilization Review Guidelines to health care services provided to its enrollees. This Utilization Review Guideline does not address all the issues related to coverage and medical necessity for health care services. Other factors impacting reimbursement may supplement, modify or, in some cases, supersede this Utilization Review Guideline. These factors may include, but are not limited to, legislative mandates, the type of provider arrangement and the terms of that agreement, and/or the member's benefit coverage document.

Wellfleet may modify this Utilization Review Guideline at any time to comply with changes in national standards, changes in best practices, or other factors that may impact this Utilization Review Guideline. Should this Utilization Review Guideline be revised, Wellfleet shall publish a new version of this Utilization Review Guideline. Wellfleet encourages members and providers to keep current with any CPT or HCPCS updates as well as industry standards related to the services described in this Utilization Review Guideline.

Providers are responsible for submission of accurate claims. Wellfleet reserves the right to request supporting documentation for claims submitted, including provider records.

**Applicable
Plans**

- Student Health Insurance (for policies issued or renewing after May 2019)
 - Fully Insured
 - Excluding policies issued in the following states: N/A
 - Excluding ISO
 - Self-Funded
 - Excluding policies issued by the following schools: N/A



- Student Sports
 - Fully Insured; for policies issued by the following carriers:
 - AIG
 - Axis
 - Commercial Casualty Insurance Company/Wellfleet Insurance
 - Self-Funded
 - Excluding policies issued by the following schools: N/A
- Fully Insured Student Accident; for policies issued by the following carriers:
 - AIG
 - Axis
 - Commercial Casualty Insurance Company/Wellfleet Insurance

Purpose The purpose of this document is to clarify Wellfleet’s Utilization Review of Out of Network (OON) Physical/Occupational Therapy and, Chiropractic Care

Scope All OON Physical/Occupational Therapy and Chiropractic Care

- Definitions**
- Medical Necessity: Refer to Plan Specific language

- Guidelines**
1. All OON Physical/Occupational Therapy and Chiropractic Care will have initial Utilization Review for Medical Necessity by Wellfleet Clinical Team after the member’s 12th visit or per Plan Document/Certificate of Coverage
 - A. Providers who are In-Network for Wellfleet will be reviewed by their respective network utilization review organization and are exempt from this process.
 2. If the Clinical Team determines ALL requested visits after the member’s 12th visit to be medically necessary, then the visits may be approved, and the clinical reviewer shall:
 - A. Call the provider to inform them of the approval.
 - B. Write an approval letter to the provider with a “cc” to the member.
 3. If the Clinical Team determines that any of the requested visits after the member’s 12th visit may not be medically necessary, then the clinical

reviewer shall send the case to an Independent Review Organization (IRO) for review/determination

- A. The determination of the IRO shall be binding on Wellfleet
- B. If the IRO approves ALL requested visits after the member's 12th visit to be medically necessary, then the clinical reviewer shall complete the case as per #2A & B above.
- C. If the IRO determines that any of the requested visits after the member's 12th visit may not be medically necessary, then the clinical reviewer shall:
 - (1). Call the provider to inform them of the denial or partial denial
 - (2). Write a State-appropriate denial or partial denial letter to the provider with a "cc" to the member

**Change
History**

Version	Effective Date	Next Review Date
1.0	3/1/2023	1/1/2024
2.0		
3.0		
