452 CMR 6.00: UTILIZATION REVIEW AND QUALITY ASSESSMENT

SECTION

6.01: SCOPE AND AUTHORITY

452 CMR 6.00 IS PROMULGATED PURSUANT TO M.G.L. C. 152, §§ 5, 13, AND 30. 452 CMR 6.00 SHALL APPLY TO ALL CLAIMS FOR HEALTH CARE SERVICES:

(A) REQUIRES WORKERS' COMPENSATION INSURERS TO UNDERTAKE UTILIZATION REVIEW OF SERVICES TO BE PROVIDED TO THE INJURED EMPLOYEE AFTER 12 WEEKS FROM THE DATE OF INJURY. INSURER MAY CHOOSE TO UNDERTAKE UTILIZATION REVIEW AT ANY TIME DURING THE 12 WEEKS IMMEDIATELY FOLLOWING THE DATE OF INJURY. HOWEVER, THE INSURER IS MANDATED TO UTILIZATION REVIEW BEFORE DENYING ANY REQUEST FOR MEDICAL SERVICES DURING THIS PERIOD. TREATMENT GUIDELINES ARE IN EFFECT DURING THIS 12 WEEK PERIOD.

(B) REFERENCES THE GUIDELINES AND REVIEW CRITERIA THAT THE DEPARTMENT OF INDUSTRIAL (DIA) REQUIRES PROVIDERS TO CONSIDER WHEN TREATING CERTAIN MEDICAL CONDITIONS, THE MECHANISM FOR THE DEVELOPMENT, ENDORSEMENT, DISSEMINATION, AND IMPLEMENTATION FUTURE GUIDELINES;

(C) SETS FORTH THE NATURE OF UTILIZATION DATA THAT MUST BE REPORTED TO THE DEPARTMENT

(D) SETS FORTH THE METHODS FOR QUALITY ASSESSMENT THAT WILL BE USED BY THE DEPARTMENT

(E) SETS FORTH THE NATURE OF THE MECHANISMS THAT DIA WILL USE TO ENSURE COMPLIANCE WITH 452 CMR 6.00; AND

(F) CONCERNS THE APPROPRIATENESS OF THE HEALTH CARE SERVICE, WHETHER THE SERVICE IS REASONABLE, NECESSARY, AND EFFECTIVE; AND THE QUALITY OF CARE PROVIDED TO WORKERS' COMPENSATION RECIPIENTS, INCLUDING CONSIDERATION OF THE PROPER COSTS OF SERVICES.

6.02: DEFINITIONS

APPROVED UTILIZATION REVIEW AGENT MEANS ANY PERSON OR ENTITY, INSURER OR OTHERWISE, INCLUDING THE COMMONWEALTH OF MASSACHUSETTS, WHICH HAS BEEN AUTHORIZED BY DIA TO PERFORM UTILIZATION REVIEW.

CASE RECORD MEANS THE COMPLETE RECORD THAT IS MAINTAINED BY THE UTILIZATION REVIEWER THAT PERTAINS TO THE INJURED EMPLOYEE'S INDUSTRIAL INJURY. THE CASE RECORD SHALL INCLUDE THE FOLLOWING INFORMATION AND DOCUMENTS: DATE OF INJURY; DATE OF UTILIZATION REVIEW REQUEST; NAME OF CLAIM ADJUSTER; NAME, ADDRESS, TELEPHONE NUMBER, AND SCHOOL OF ORDERING PHYSICIAN; INTERNATIONAL CLASSIFICATION OF DISEASE (ICD) CODE AND DIAGNOSIS; NAME, TITLE, AND SCHOOL OF UTILIZATION REVIEW STAFF; HEALTH CARE SERVICE REQUESTED; TREATMENT GUIDELINES; MEDICAL NECESSITY; TYPE AND CATEGORY OF REVIEW; AND SUPPORTING MEDICAL DOCUMENTATION.

CEASE AND DESIST ORDER MEANS A WRITTEN NOTICE OF A VIOLATION ISSUED BY THE DEPARTMENT PURSUANT TO 452 CMR 6.00, WHEN THE COMMISSIONER DETERMINES THAT A UTILIZATION REVIEWER, INSURER, OR SELF-INSURER HAS FAILED TO COMPLY WITH ALL APPLICABLE LAWS, RULES, REGULATIONS AND REQUIREMENTS OF THE COMMONWEALTH.

CLINICAL REVIEWER MEANS A LICENSED HEALTH CARE PROFESSIONAL WHO HOLDS A NON-RESTRICTED LICENSE IN ANY STATE.

COMMISSIONER MEANS THE COMMISSIONER/DIRECTOR OF THE DEPARTMENT OF INDUSTRIAL ACCIDENTS (DIA).

CONCURRENT REVIEW MEANS UTILIZATION REVIEW CONDUCTED DURING THE PATIENT'S CONTINUED STAY

DEPARTMENT/DIA MEANS DEPARTMENT OF INDUSTRIAL ACCIDENTS.

6.02: CONTINUED

GUIDELINES MEAN OPTIMAL STRATEGIES FOR PATIENT MANAGEMENT AROUND WHICH
SHOULD CONVERGE.

HEALTH CARE SERVICES MEANS TREATMENT SERVICES RENDERED TO AN INJURED EMPLO
PURSUANT TO M.G.L. C. 152.

HEALTH CARE SERVICES BOARD MEANS THE BOARD CREATED BY M.G.L. C. 152, § 13(3).

INJURY MEANS PERSONAL INJURY AS DEFINED IN M.G.L. C. 152, § 1(7A).

INSURER MEANS AN ENTITY DEFINED IN M.G.L. C. 152, § 1(7) AND ANY SELF INSURED GROUP A
IN M.G.L. C. 152, § 25E THROUGH U.

MEDICAL CONDITION MEANS THE PHYSICAL OR MENTAL HEALTH STATUS OF AN INJU
DETERMINED BY THE PROVIDER ADMINISTERING HEALTH CARE SERVICES.

MEDICAL DIRECTOR MEANS A BOARD CERTIFIED PHYSICIAN DULY LICENSED TO PRACTICE
IN THE UNITED STATES, AND IN ACTIVE PRACTICE AT LEAST EIGHT HOURS PER WEEK. THE
THE ACTIVE PRACTICE REQUIREMENT FOR OTHERWISE QUALIFIED, LICENSED PHYSICIANS
EXPERIENCE IN UTILIZATION REVIEW OVERSIGHT OR QUALITY ASSESSMENT. EACH UT
ORGANIZATION SHALL HAVE AVAILABLE A LICENSED MEDICAL DIRECTOR TO PROVIDE FO
THE UTILIZATION REVIEW PROGRAM.

OHP MEANS OFFICE OF HEALTH POLICY WHICH IS A DIVISION OF THE DIA.

PRACTITIONER MEANS ANY PERSON WHO IS LICENSED TO PRACTICE UNDER THE LAWS O
WITHIN WHICH SUCH HEALTH CARE SERVICES ARE RENDERED INCLUDING PHYSICIANS, DEN
CHIROPRACTORS, OPTOMETRISTS, OSTEOPATHS, PHYSICAL THERAPISTS, PODIATRISTS, PSY
LICENSED MEDICAL PERSONNEL.

PREFERRED PROVIDER ARRANGEMENT (PPA) MEANS A CONTRACT BETWEEN OR ON BEHALF OF
ORGANIZATION AND HEALTH CARE PROVIDER(S), AS DEFINED BY M.G.L. C. 176I, 2
51.00: *Preferred Provider Health Plans and Workers' Compensation Preferred Provider Arrangements* AND M.G.L. C. 152, TO PROVIDE ALL OR A SPECIFIED PORTION OF HEALTH CAR
RESULTING FROM WORKERS' COMPENSATION CLAIMS AGAINST SUCH ORGANIZATIONS BY

PROSPECTIVE REVIEW MEANS UTILIZATION REVIEW CONDUCTED PRIOR TO THE DELIVER
MEDICAL SERVICE.

PROVIDER MEANS A PRACTITIONER, FACILITY, OR OTHER ORGANIZATION PROVIDING HEALT

RETROSPECTIVE REVIEW MEANS UTILIZATION REVIEW CONDUCTED AFTER SERVICES HA

SCHOOL MEANS A GROUPING OF PRACTITIONERS AS DEFINED BY THEIR PROFESSIONAL D
INCLUDE, BUT ARE NOT LIMITED TO, MEDICAL, PHYSICAL AND OCCUPATIONAL THERA
OSTEOPATHIC, ALLOPATHIC, NURSING AND DENTISTRY.

UTILIZATION REVIEW CONCERNS THE QUALITY OF CARE PROVIDED TO INJURED EMPLO
WHETHER THE SERVICE IS APPROPRIATE AND EFFECTIVE, THE PROPER COSTS OF SERVICES
TREATMENT. APPROPRIATE SERVICE IS HEALTH CARE SERVICE THAT IS MEDICALLY NECES
AND BASED ON OBJECTIVE, CLINICAL FINDINGS.

6.03: PREFERRED PROVIDER ARRANGEMENTS UNDER WORKERS' COMPENSATION

(1) IF AN INSURER RECEIVES APPROVAL OF A PREFERRED PROVIDER ARRANGEMENT (P
EMPLOYEE SHALL, IF THE ARRANGEMENT IS CONSENTED TO BY THE EMPLOYER AND INCL
THE SPECIALTY SOUGHT BY THE EMPLOYEE, BE REQUIRED TO SEE A MEMBER OF THE PR
ARRANGEMENT ON THE INITIAL SCHEDULED VISIT. EMPLOYEES SUBJECT TO ANY ARRA
PROVIDED INFORMATION REGARDING THEIR RIGHTS AND OBLIGATIONS UNDER M.G.L. C
M.G.L. C. 176I UPON INITIAL APPROVAL OF THE PREFERRED PROVIDER ARRANGEMENT
THEREAFTER. SUCH INFORMATION SHALL ALSO BE POSTED IN A PROMINENT PLACE IN AL

(2) THE LIST OF NAMES OF THE PROVIDERS IN THE PREFERRED PROVIDER ARRANGEM
EMPLOYEE'S GEOGRAPHIC REGION OR OF ALL HEALTH CARE PROVIDERS WITHIN THE ARR
GEOGRAPHICALLY SHALL BE DISTRIBUTED TO EACH COVERED EMPLOYEE IMMEDIATELY F
WORKPLACE INJURY. THE NAMES ON SUCH LISTS SHALL BE ARRANGED IN ORDER OF MEI
PROVIDER TYPE. A CURRENT LIST SHALL ALSO BE POSTED AT A CONVENIENT AND PROMINE
PERSONS TO EXAMINE AT WORKSITES, AND SHALL BE GIVEN TO ANY COVERED PERSON UP

(3) ANY INSURER APPROVED AS A PREFERRED PROVIDER ARRANGEMENT FOR WORKERS' CO
SEND TO THE DEPARTMENT OF INDUSTRIAL ACCIDENTS A DUPLICATE COPY OF ALL INFORM
DIVISION OF INSURANCE TOGETHER WITH A COPY OF ITS APPROVAL LETTER.

(4) THE DEPARTMENT OF INDUSTRIAL ACCIDENTS MAY REQUIRE THE APPROVED PPA APPL
AFFECTED EMPLOYEES WITH A FORM OF THE DEPARTMENT'S DESIGN TO ASSESS TH
UNDERSTANDING OF THEIR RIGHTS WITH REGARD TO PARTICIPATION IN PPAS.

6.04: UTILIZATION REVIEW BY INSURERS

(1) INSURERS AND SELF-INSURERS ARE REQUIRED TO UNDERTAKE UTILIZATION REVIEW
RENDERED TO INJURED EMPLOYEES, EITHER BY PERFORMING UTILIZATION REVIEW TH
CONTRACTING WITH A COMMONWEALTH APPROVED AGENT WHO WILL CONDUCT UTILIZAT
ON THEIR BEHALF. IF AN INSURER OR SELF-INSURER CHOOSES TO PERFORM UTILIZATION R
MUST HAVE ITS PROGRAM APPROVED THROUGH THE OHP. SAID UTILIZATION REVIEW PROG
SEPARATE AND DISTINCT FROM CASE MANAGEMENT AND ALL OTHER CLAIM FUNCTIONS.
ORGANIZATIONS CONDUCTING MASSACHUSETTS REVIEWS AT MULTIPLE SITES MUST SEEK
FOR EACH SITE.

FOR THE CONDITIONS TO WHICH THE TREATMENT GUIDELINES ENDORSED BY THE HEA
BOARD AND ADOPTED BY THE COMMISSIONER PURSUANT TO M.G.L. C. 152, §§ 13 AND 30 A
PROGRAMS SHALL INTEGRATE SAID TREATMENT GUIDELINES.

(2) APPLICATION FOR APPROVAL. AN APPLICANT REQUESTING APPROVAL TO CONDUCT U
IN THE COMMONWEALTH SHALL:

(A) SUBMIT A COMPLETED APPLICATION TO THE OHP ALONG WITH AN INITIAL APPLICAT
TO THE DIA. THE APPLICATION FEE SHALL BE $1,000.00 IF THE COMPANY IS LOCATED IN
MASSACHUSETTS, EXCLUDING THE COMMONWEALTH AND THE VARIOUS COUNTIES, C
DISTRICTS; AND $3,000.00 IF THE COMPANY IS LOCATED OUTSIDE OF MASSACHUSETTS;

(B) SUBMIT A NEW APPLICATION TO THE OHP EVERY TWO YEARS, ALONG WITH A RENE
RENEWAL FEE SHALL BE $500.00 IF THE COMPANY IS LOCATED IN MASSACHUSETTS; AN
THE COMPANY IS LOCATED OUTSIDE OF MASSACHUSETTS; AND

(C) MAKE ARRANGEMENTS WITH THE OHP FOR A SITE VISIT FOR ALL NEW APPLICANTS.

(3) INFORMATION REQUIRED WITH APPLICATION. TO CONDUCT UTILIZATION REVIEW IN THE
COMMONWEALTH, A UTILIZATION REVIEW AGENT MUST SEEK APPROVAL OF ITS UTILIZATI
FROM THE COMMISSIONER IN WRITING AND THE APPLICATION SHALL INCLUDE, BUT NOT
FOLLOWING:

(A) CORPORATE AND SITE DEMOGRAPHICS: NAME, ADDRESS, AND TELEPHONE NUMBER O
CORPORATE AND MASSACHUSETTS CONTACTS; AND THE IDENTIFICATION OF EA
MASSACHUSETTS UTILIZATION REVIEW WILL BE CONDUCTED;

(B) A LIST OF ALL TREATMENT GUIDELINES WHICH WILL BE USED BY THE LICENSED ME
RENDERING A DETERMINATION, INCLUDING DIA TREATMENT GUIDELINES, APPROV
SOURCES, AND INTERNALLY DERIVED TREATMENT GUIDELINES. THE UTILIZATION REV
PROVIDE INFORMATION PERTAINING TO THE PROCEDURES FOR IMPLEMENTING INTE
INCLUDING THE FREQUENCY OF REVISIONS;

6.04: CONTINUED

(C) COPIES OF ALL CURRENT PROFESSIONAL LICENSES ISSUED BY THE APPROPRIATE
AGENCY FOR ALL PRACTITIONERS RENDERING UTILIZATION REVIEW DETERMINATIONS,
DIRECTOR;
(D) A DETAILED DESCRIPTION OF THE APPEAL PROCEDURES FOR UTILIZATION REVIEW
INCLUDING COPIES OF ALL MATERIALS DESIGNED TO INFORM INJURED EMPLOYEES OF
OF THE UTILIZATION REVIEW PROGRAM AND THEIR RESPONSIBILITIES AND RIGHTS UN
(E) THE IDENTITY OF EACH INSURER/SELF-INSURER FOR WHICH THE UTILIZATION REVI
MASSACHUSETTS REVIEWS;
(F) AN ATTESTATION IN WRITING THAT THE UTILIZATION REVIEW AGENT SHALL COMPL
LAWS, RULES, REGULATIONS, ORDERS, AND REQUIREMENTS OF THE COMMONWEALTH;
(G) DISCLOSURE OF ANY ECONOMIC INCENTIVES FOR REVIEWERS IN THE UTILIZATION
ANY MATERIAL CHANGES IN THE INFORMATION FILED IN ACCORDANCE WITH 452 CMR
FILED WITH THE OHP WITHIN 30 DAYS OF SAID CHANGE.

(4) THE OHP WILL PUBLISH THE NAME AND ADDRESS OF EACH APPROVED UR AGENT ON T
SITE.

(5) ALL UTILIZATION REVIEW AGENTS SHALL COMPLY WITH THE FOLLOWING PROCEDUR
(A) ALL DETERMINATION LETTERS MUST SET FORTH THE RELEVANT SECTION OF THE T
REFERENCED AND PROVIDE A CLINICAL RATIONALE. AN ADVERSE DETERMINATION L
INSTRUCTIONS FOR THE PROCEDURE TO INITIATE AN APPEAL OF THE ADVERSE DETERM
THE RELEVANT SECTION OF THE GUIDELINE MUST BE PROVIDED UPON REQUEST. THE ST
FOR ALL SCHEDULED HEALTH CARE SERVICES SHALL BE CLEARLY DOCUMENTED IN TH
CASE NOTE SUMMARY AND ON THE DETERMINATION NOTICE. THE DATE OF REQUEST
RECEIPT OF MEDICAL INFORMATION MUST BE DOCUMENTED BY THE UTILIZATION REV
UTILIZATION REVIEW CASE RECORD.
(B) NOTIFICATION OF ALL UTILIZATION REVIEW DETERMINATIONS ISSUED BY THE UT
AGENT SHALL BE COMMUNICATED TO THE INJURED EMPLOYEE/REPRESENTATIVE A
PROVIDER IN WRITING. FOR PROSPECTIVE REVIEWS, WRITTEN NOTICE OF THE DETERM
GIVEN WITHIN TWO BUSINESS DAYS FROM RECEIPT OF THE REQUEST FOR APPROVAL O
CONCURRENT REVIEWS, IF THE ORDERING PRACTITIONER CONTACTS THE UR AGENT AT
DAYS PRIOR TO THE START DATE FOR THE ONGOING TREATMENT, WRITTEN NOTICE OF TH
BE GIVEN AT LEAST ONE DAY PRIOR TO THE START/IMPLEMENTATION DATE. IF THE OR
FAILS TO REQUEST APPROVAL OF ONGOING TREATMENT AT LEAST THREE BUSINESS DA
DATE, OR FAILS TO PROVIDE A START DATE, THE UR AGENT SHALL ISSUE THE DETERMI
BUSINESS DAYS FROM RECEIPT OF THE REQUEST. FOR RETROSPECTIVE REVIEWS, WRIT
DETERMINATION SHALL BE GIVEN WITHIN 20 BUSINESS DAYS FROM RECEIPT OF THE REQ
OF TREATMENT.
IF ADDITIONAL MEDICAL INFORMATION IS NECESSARY IN ORDER TO COMPLETE T
UTILIZATION REVIEW AGENT SHALL INFORM THE REQUESTING HEALTH CARE PROVI
MEDICAL INFORMATION NEEDED, AND THE TIME PERIOD IN WHICH THE INFORMATION M
PROSPECTIVE AND CONCURRENT REVIEWS: INFORMATION MUST BE PROVIDED WITHIN
DAYS FROM THE DATE OF REQUEST. RETROSPECTIVE REVIEWS: INFORMATION MUST BE
30 BUSINESS DAYS FROM THE DATE OF REQUEST.
(C) ANY ADVERSE DETERMINATION OF A HEALTH CARE SERVICE ISSUED BY A UTILIZAT
SHALL BE ISSUED BY A PRACTITIONER OF THE SAME SCHOOL AS THE ORDERING PROVI
(D) ADVERSE DETERMINATION LETTERS MUST PROVIDE A DESCRIPTION OF THE APPEA
AT A MINIMUM, SHALL PROVIDE THE FOLLOWING:
1. WHEN AN ADVERSE DETERMINATION IS RENDERED DURING PROSPECTIVE OR CON
AND THE INJURED EMPLOYEE AND/OR THE ORDERING PROVIDER BELIEVES THAT TH
WARRANTS IMMEDIATE APPEAL, THE INJURED EMPLOYEE OR THE ORDERING PROVI
THE APPEAL TELEPHONE TO THE UTILIZATION REVIEW AGENT WITH THE RIGHT TO C
ORALLY WITH A PRACTITIONER OF THE SAME SCHOOL AS THE ORDERING PROVIDE
BASIS. THE ORDERING PROVIDER OR INJURED EMPLOYEE SHOULD BE INSTRUCTED TO
A WRITTEN REQUEST FOR THE APPEAL. IF THE INJURED EMPLOYEE OR ORDERING P
COMPLY, THE UTILIZATION REVIEW AGENT SHOULD SEND A WRITTEN CONFIRMATI
REQUEST. SAID NOTICE OF APPEAL TO OCCUR NO LATER THAN 30 DAYS FROM THE D
NOTICE OF ADVERSE DETERMINATION. UTILIZATION REVIEW AGENTS SHALL
ADJUDICATION ON AN EXPEDITED BASIS AND RENDER THE DETERMINATION NO L
BUSINESS DAYS FROM THE DATE THE APPEAL IS INITIATED, UNLESS THE ORDERING
TO A DIFFERENT TIME PERIOD.

6.04: CONTINUED

2. APPEAL OF RETROSPECTIVE REVIEWS SHALL BE MADE IN WRITING TO THE UTIL AGENT AND OCCUR NO LATER THAN 30 DAYS FROM THE DATE OF RECEIPT OF NO DETERMINATION. UTILIZATION REVIEW AGENTS SHALL COMPLETE THE ADJU RETROSPECTIVE REVIEW/STANDARD APPEAL NO LATER THAN 20 BUSINESS DAYS F APPEAL IS FILED.

(E) UTILIZATION REVIEW AGENTS SHALL MAKE STAFF AVAILABLE BY TOLL-FREE TELEPH 40 HOURS PER WEEKBETWEEN THE HOURS OF 9:00 A.M. TO 5:00 P.M. EACH BUSINESS DA

(F) UTILIZATION REVIEW AGENTS SHALL HAVE A CONFIDENTIAL TELEPHONE SYSTEM CA AND RECORDING INCOMING TELEPHONE CALLS DURING OTHER THAN NORMAL BUSIN AGENT SHALL RESPOND TO THESE CALLS ON THE FOLLOWING BUSINESS DAY.

(G) UTILIZATION REVIEW AGENTS SHALL COMPLY WITH ALL APPLICABLE LAWS CONFIDENTIALITY OF MEDICAL RECORDS AND WHEN NECESSARY, OBTAIN A MEDICAL

(H) PRACTITIONERS RENDERING SCHOOL TO SCHOOL UTILIZATION REVIEW DETERMINA DIRECTORS MUST PROVIDE, AND ATTEST IN WRITING TO PROVIDING, PATIENT CARE FOR PER WEEK

(I) ONCE AN INSURER HAS COMMENCED PAYMENT FOR A WORKRELATED INJURY UNDER IT MUST ISSUE THE EMPLOYEE A CARD LISTING THE EMPLOYEE NAME, AN IDENTIFI ASSIGNED TO THE EMPLOYEE, THE NAME AND TELEPHONE NUMBER OF THE UTILIZATI AND THE NAME OF THE INSURER. THE EMPLOYEE MUST SEEKAPPROVAL FROM THE INS REVIEW AGENT BEFORE RECEIVING MEDICAL SERVICES. IN THE CASE OF AN EMERGE REVIEW AGENTS SHALL ALLOW A MINIMUM OF 24 HOURS AFTER AN EMERGENCY ADMIS PROCEDURE FOR AN INJURED EMPLOYEE OR INJURED EMPLOYEE'S REPRESENTATIV UTILIZATION REVIEW AGENT AND REQUEST APPROVAL FOR TREATMENT.

(J) INITIAL LEVEL REVIEWS MUST BE CONDUCTED AT THE LOCATION OF THE APPROVED SITE.

(6) AFTER EXHAUSTION OF THE PROCESS SET FORTH IN 452 CMR 6.04(5)(D), A PARTY MAY F OR COMPLAINT IN ACCORDANCE WITH 452 CMR 1.07 *Claims and Complaints* UNDER THE PROVISIONS OF M.G.L. C. 152, § 10.

(7) INJURED EMPLOYEES MAY BE LIABLE FOR CARE SUBSEQUENT TO THE ADVERSE DETERM HAVE BEEN NOTIFIED OF THAT ADVERSE DETERMINATION.

(8) ANCILLARY SERVICES. 452 CMR 6.00 CONCERNS THE REQUIREMENTS FOR THE PERF UTILIZATION REVIEW. SHOULD AN INSURER OR SELF-INSURER PROVIDE ANCILLARY SERVI CARE, CASE MANAGEMENT, INDEPENDENT MEDICAL EXAMS, OR REHABILITATION SERVICES ARE ALSO APPROVED AS UTILIZATION REVIEW AGENTS, SAID ANCILLARY SERVICES ARE N UTILIZATION REVIEW REQUIREMENTS OR EXPENSES. ANCILLARY SERVICES MUST REMA DISTINCT FROM THE UTILIZATION REVIEW SERVICES. MOREOVER, THESE ANCILLARY SER CONSTRUED AS APPROVED BY THE OHP BY VIRTUE OF THE OHP'S APPROVAL OF THE SA PERFORM UTILIZATION REVIEW.

(9) EACH INSURER/SELF-INSURER IS REQUIRED TO INFORM THE OHP OF THE NAME OF UTILIZATION REVIEW AGENT CURRENTLY RESPONSIBLE FOR CONDUCTING THE REVIEWS.

6.05: UTILIZATION REPORTING

(1) PROVIDERS MUST USE, AND INSURERS MUST ACCEPT, STANDARD FORMS PRESCRIBED B ON THE MOST RECENT CENTER FOR MEDICARE AND MEDICAID SERVICES FORMS.

(2) THE DEPARTMENT MAY REQUIRE UTILIZATION REVIEW AGENTS TO PROVIDE A SAMPL OF ALL BILLING RECORDS, BOTH INPATIENT AND OUTPATIENT, WHICH SAMPLE SHALL BE DEPARTMENT OF INDUSTRIAL ACCIDENTS SO THAT THE DEPARTMENT CAN IMPLEMENT APP OVERSIGHT. IN ADDITION TO THE STANDARD BILLING FILE, FOR EVERY OUTPATIENT SERVIC REQUEST INFORMATION ABOUT THE INSURER, ANY PROCEDURES, AND THE EMPLOYEE IDENTIFICATION NUMBERS. FOR INPATIENT SERVICES, THE DEPARTMENT MUST RECE DIAGNOSTIC AND PROCEDURE INTERNATIONAL CLASSIFICATION OF DISEASE (ICD) CODES, C TERMINOLOGY (CPT) AND OTHER CODES, THE LENGTH OF STAY AND THE COST OF ANY AN THE DEPARTMENT MAY REQUIRE BOTH COUNTS OF SERVICES AS WELL AS THE AMOUNT R

6.06: TREATMENT GUIDELINES

(1) IN PROMULGATING 452 CMR 6.00, THE COMMISSIONER HEREBY UTILIZES THE TREATMEN
DEVELOPED AND ENDORSED BY THE HEALTH CARE SERVICES BOARD, RECOGNIZING THAT
CANNOT BE REDUCED TO REGULATION AND THAT HEALTH CARE PROVIDERS MUST BE FRE
JUDGEMENTS ABOUT THE TREATMENT OF THEIR PATIENTS.

(2) THE HEALTH CARE SERVICES BOARD WILL REVIEW AND UPDATE TREATMENT GUI
ANNUALLY. PROVIDERS SHALL CONSIDER THE TREATMENT GUIDELINES ENDORSED BY THE
BOARD AND ADOPTED BY THE COMMISSIONER WHEN CARING FOR INJURED EMPLOYEES OR
THE GUIDELINES SHOULD NOT BE CONSTRUED AS INCLUDING ALL PROPER METHODS O
DIRECTED TO OBTAINING THE SAME RESULTS. THE ULTIMATE JUDGEMENT REGARDING AN
OR TREATMENT MUST BE MADE BY THE PROVIDER IN LIGHT OF ALL CIRCUMSTANCES PRES
EMPLOYEE AND THE NEEDS AND RESOURCES PARTICULAR TO THE LOCALITY OR FACI
GUIDELINES SHALL BE USED BY UTILIZATION REVIEW PROGRAMS ADMINISTERED BY IN
REQUIRED BY THE DEPARTMENT, TAKING INTO ACCOUNT THAT APPROPRIATE CARE MAY V
BASIS.

6.07: QUALITY ASSESSMENT AND ENFORCEMENT

(1) GENERAL RULES FOR COMPLIANCE ENFORCEMENT. PURSUANT TO 452 CMR 6.00, THE
HEALTH POLICY OF THE DIA MONITORS UTILIZATION REVIEW AGENTS AND THEIR PROGR
COMPLIANCE WITH MASSACHUSETTS GENERAL LAWS AND 452 CMR 6.00. SPECIFIC EN
MECHANISMS INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING:

(A) THE COMMISSIONER MAY REVOKE OR REFUSE TO RENEW A LICENSE OF A SELF-IN
FAILURE OF ANY SELF-INSURER TO COMPLY WITH ALL APPLICABLE LAWS, RULES, REGU
REQUIREMENTS OF THE COMMONWEALTH.

(B) THE COMMISSIONER MAY REVOKE OR REFUSE TO RENEW THE APPROVAL OF THE UTI
AGENT FOR FAILURE TO COMPLY WITH ALL APPLICABLE LAWS, RULES, REGULAT
REQUIREMENTS OF THE COMMONWEALTH.

(2) THE DEPARTMENT OF INDUSTRIAL ACCIDENTS WILL GATHER DATA ON COMPLIANCE W
GUIDELINES THROUGH REPORTS FROM INSURERS AND UTILIZATION REVIEW AGENTS.

(3) IF THE DEPARTMENT FINDS THAT THE CARE PROVIDED TO INJURED EMPLOYEES THRO
MORE FREQUENTLY DEFICIENT THAN THAT PROVIDED TO OTHER EMPLOYEES IN RE
COMPENSATION, THE DEPARTMENT WILL ADDRESS THIS ISSUE WITH THE INSURER BY REFE
THE DIVISION OF INSURANCE.

(4) THE DEPARTMENT SHALL MONITOR THE UTILIZATION REVIEW TECHNIQUES USED, AN
MADE, BY UTILIZATION REVIEW AGENTS. IF THE COMMISSIONER RECEIVES A COMP
PRACTITIONER, EMPLOYER, OR EMPLOYEE, OR HAS REASON TO BELIEVE THAT A UTILIZATI
BEEN OR IS ENGAGED IN CONDUCT THAT VIOLATES 452 CMR 6.00, THE COMMISSIONER SHA
UTILIZATION REVIEW AGENT IN WRITING OF THE ALLEGED VIOLATION. THE UTILIZATION
HAVE 14 DAYS FROM THE DATE THE NOTICE IS RECEIVED TO RESPOND TO THE ALLEGED VI
THE 14TH DAY, THE COMMISSIONER SHALL RENDER A FINDING AFTER REVIEWING ALL DOCU
BY THE PARTIES. THE COMMISSIONER MAY ALSO SCHEDULE A HEARING. IF THE COMMISSIO
THAT THE UTILIZATION REVIEW AGENT HAS VIOLATED OR IS IN VIOLATION OF ANY LAW, R
OR REQUIREMENT, THE COMMISSIONER MAY ISSUE AN ORDER REQUIRING THE INSURER A
REVIEW AGENT TO CEASE AND DESIST FROM ENGAGING IN THE VIOLATION(S). THE COMMIS
SUSPEND OR REVOKE THE AGENT'S APPROVAL TO CONDUCT UTILIZATION REVIEW AND MA

IF THE UTILIZATION REVIEW AGENT REQUESTS A HEARING REGARDING THE FINDINGS OF
THE REQUEST MUST BE MADE IN WRITING WITHIN 14 DAYS FROM RECEIPT OF THE FINDIN
OF THE REQUEST, THE COMMISSIONER SHALL SCHEDULE A HEARING TO BE CONDUC
M.G.L. C. 30A.

IF THE COMMISSIONER RENDERS A FINDING THAT THE UTILIZATION AGENT HAS VIOLA
REGULATION, ORDER, OR REQUIREMENT, THE UTILIZATION REVIEW AGENT MUST INFORM T
THE INJURED EMPLOYEE'S CLAIM.

(5) A CEASE AND DESIST ORDER MAY INCLUDE:

(A) A SUMMARY OF THE VIOLATION(S);

6.07: CONTINUED

(B) A SUMMARY OF THE FACTS GIVING RISE TO THE VIOLATION(S);
(C) THE PENALTY THAT THE COMMISSIONER INTENDS TO APPLY; AND
(D) INFORMATION PERTAINING TO THE RIGHTS AND OBLIGATIONS OF THE UTILIZATIO
WELL AS THE PROCEDURE FOR THE AGENT TO FILE A WRITTEN RESPONSE OR REQUEST

(6) NON-COMPLIANCE CATEGORIES INCLUDE BUT ARE NOT LIMITED TO:
(A) FAILURE OF AN INSURER/SELF-INSURER TO CONDUCT A PROPER UTILIZATION REVI
WITH 452 CMR 6.00.
(B) FAILURE OF THE UTILIZATION REVIEW AGENT TO RENDER A WRITTEN DETERMIN
INJURED EMPLOYEE AND THE ORDERING PROVIDER WITHIN THE PROPER TIME CONSTR
(C) FAILURE OF THE UTILIZATION REVIEW AGENT TO ENSURE AN APPEAL LEVEL REVIE
A SAME-SCHOOL PRACTITIONER.
(D) FAILURE OF THE UTILIZATION REVIEW AGENT TO ISSUE A WRITTEN INTRODUCTOR
REQUIRED TIME PERIOD.
(E) FAILURE OF THE UTILIZATION REVIEW AGENT TO USE THE DIAGNOSIS AND/OR ICD C
THE ORDERING PROVIDER WHEN DETERMINING MEDICAL NECESSITY AND APPROPRIAT
(F) FAILURE OF THE UTILIZATION REVIEW AGENT TO CITE THE CORRECT, RESEARCH
GUIDELINE WHEN RENDERING A DETERMINATION.
(G) FAILURE OF THE UTILIZATION REVIEW AGENT TO DOCUMENT CLINICAL RATIONA
DETERMINATION.
(H) FAILURE OF THE UTILIZATION REVIEW AGENT TO UTILIZE ONLY LICENSED PERSON
MEDICAL NECESSITY AND APPROPRIATENESS FOR ALL HEALTH CARE SERVICES UNDER
(I) FAILURE OF THE UTILIZATION REVIEW AGENT TO MAINTAIN ALL REQUIRED RECOR
MANNER PRESCRIBED BY THE OHP.
(J) FAILURE TO INFORM THE OHP OF ANY MATERIAL CHANGE TO THE APPROVED UTIL
APPLICATION WITHIN 30 DAYS OF SAID CHANGE.
(K) FAILURE TO ADHERE TO THE QUALITY ASSURANCE AND QUALITY CONTROL MEASU
UTILIZATION REVIEW APPLICATION.
(L) FAILURE TO MAINTAIN HOURS OF OPERATION BETWEEN 9:00 A.M. AND 5:00 P.M.
BUSINESS DAY, AND RETURN AFTER HOUR CALLS WITHIN ONE BUSINESS DAY.
(M) FAILURE TO INFORM THE OHP OF EACH SITE WHERE UTILIZATION REVIEW IS BEING
MASSACHUSETTS CLAIMS.
(N) FAILURE OF THE UTILIZATION REVIEW AGENT TO COMPLY WITH AUDITS.
(O) FAILURE OF THE MEDICAL DIRECTOR AND SCHOOL TO SCHOOL REVIEWERS TO MA
CLINICAL PRACTICE OF AT LEAST EIGHT HOURS PER WEEK
(P) FAILURE TO CONDUCT INITIAL REVIEWS AT THE APPROVED UTILIZATION REVIEW S

(7) QUALITY ASSESSMENT AUDIT REVIEW PROCEDURES.
(A) THE OHP MONITORING OF THE QUALITY OF CARE RENDERED TO INJURED EMPLOYEES
BUT NOT BE LIMITED TO: ONSITE AUDITS; DESKAUDITS; AND REVIEW OF PATIENT SATIS
COMPLAINTS, AND STATISTICAL DATA PROVIDED BY UTILIZATION REVIEW AGENT
SELF-INSURERS. DESKAUDITS SHALL CONSIST OF REVIEW OF CASE RECORDS SELECTED
OHP MAY ALSO MONITOR THE PERFORMANCE OF PROVIDERS REIMBURSED BY INSURER
(B) APPROVED UTILIZATION REVIEW AGENTS SHALL COMPLY WITH ALL REQUESTS FO
AUDITS FOR CONTINUED UTILIZATION REVIEW APPROVAL.
(C) UTILIZATION REVIEW AGENTS ARE REQUIRED TO PAY ALL REASONABLE TRAVEL
ONSITE AUDIT OF THE OHP REPRESENTATIVES.
(D) THE OHP WILL DETERMINE THE TYPE OF AUDIT TO BE CONDUCTED (ONSITE OR
UTILIZATION REVIEW AGENT WILL BE NOTIFIED PRIOR TO THE SCHEDULED AUDIT DAT
SUBMIT A LIST OF ALL UTILIZATION REVIEWS CONDUCTED FOR THE PERIOD SPECIFIED B
WILL NOTIFY THE AGENT WHICH FILES MUST BE MADE AVAILABLE TO THE AUDIT. THE
EACH SAMPLE RECORD AVAILABLE, IN HARD COPY, FOR REVIEW ON THE AUDIT DATE.
(E) OHP AUDITS ARE CONDUCTED YEARLY. HOWEVER, IF AT ANY TIME THE OHP HA
BELIEVE THAT THE AGENT IS NOT IN FULL COMPLIANCE WITH THE LAWS, RULES, REGU
REQUIREMENTS, BY WAY OF COMPLAINT OR ANY OTHER MEANS, THE AGENT'S APPROV
REVIEWED AND AN IMMEDIATE AUDIT MAY BE CONDUCTED.
(F) THE OFFICE OF HEALTH POLICY, AT THE DIRECTION OF THE COMMISSIONER, MAY
INTERNAL OHP POLICIES AND PROCEDURES AT ANY TIME TO ENSURE AND IMPROVE TH
UTILIZATION REVIEW PROGRAM.

6.07: CONTINUED

(8) FINES.
(A) FAILURE TO COMPLY WITH ALL APPLICABLE RULES, REGULATIONS, ORDERS AND RE
OHP MAY RESULT IN A FINE OF UP TO $300.00 PER VIOLATION.
(B) SHOULD THE UTILIZATION REVIEW AGENT VIOLATE A CEASE AND DESIST ORDER WIT
THE ISSUANCE DATE, ADDITIONAL FINES MAY BE ASSESSED BASED ON THE VIOLATION.
ADDITIONAL FINES OF UP TO $300.00 PER OCCURRENCE, OR MAY RESULT IN THE COMMISS
THE UTILIZATION REVIEW AGENT'S CONTINUED APPROVAL.

REGULATORY AUTHORITY

452 CMR 6.00: M.G.L. C. 152, §§ 5, 13, AND 30.