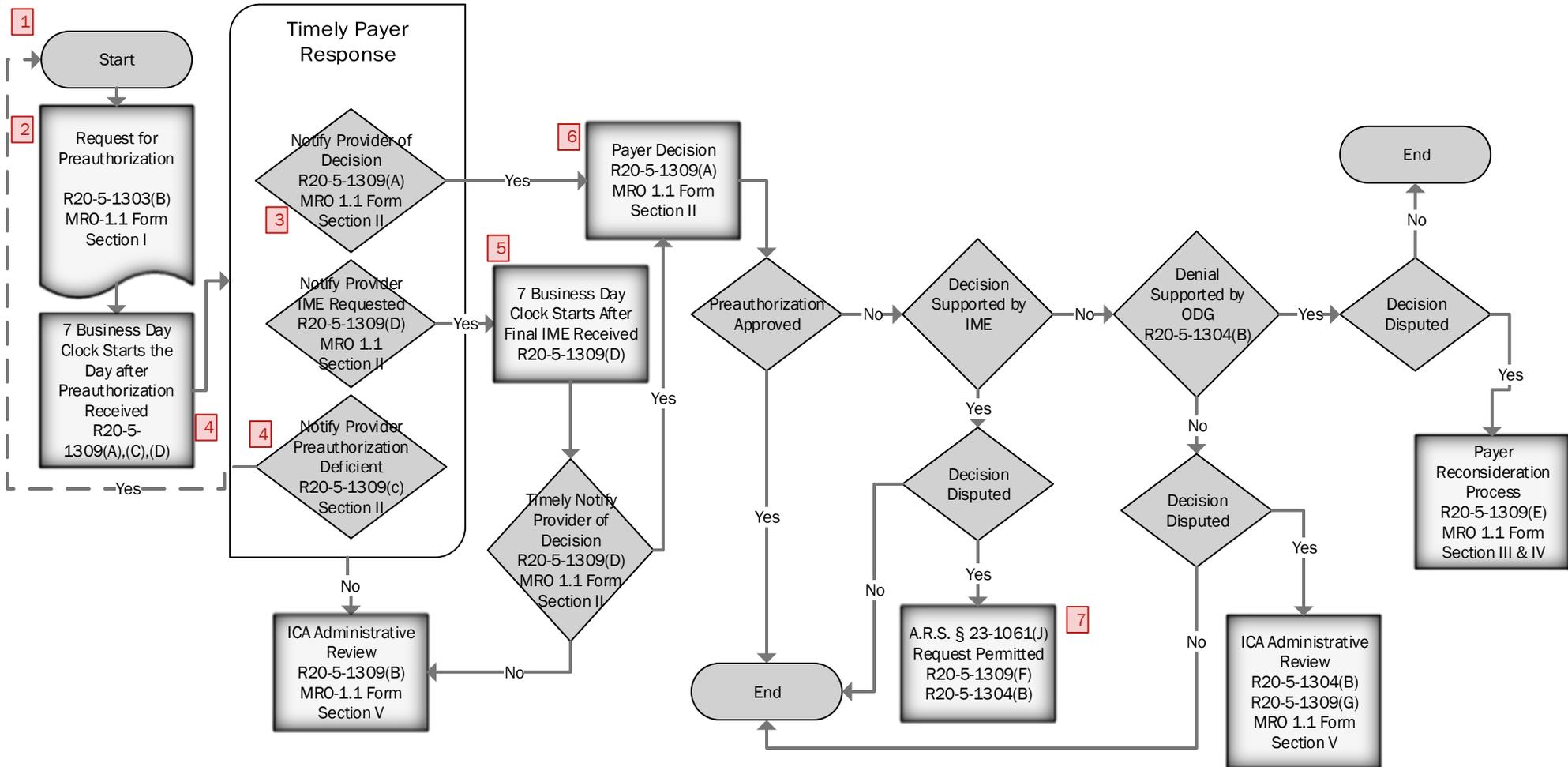


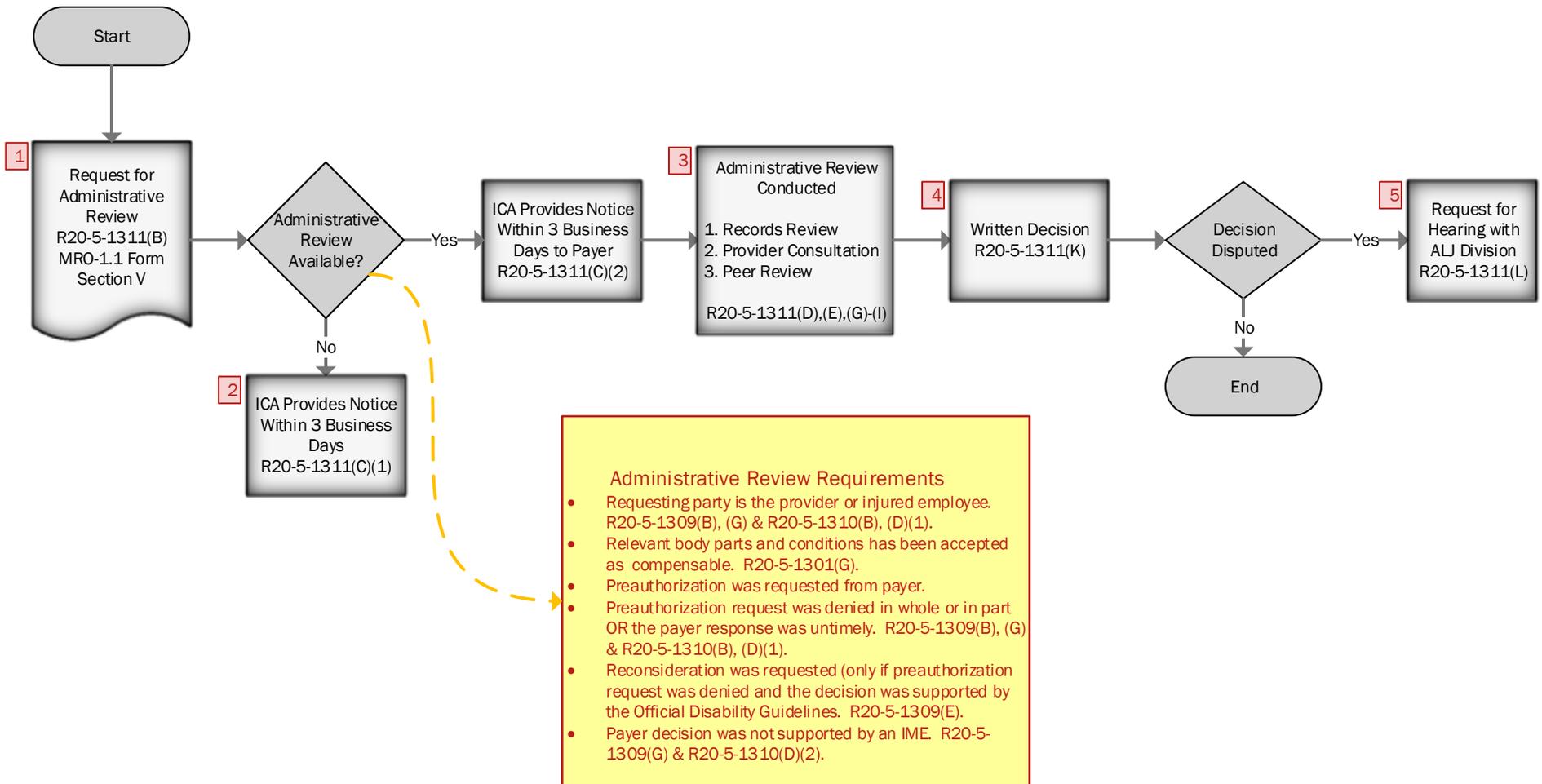
Industrial Commission of Arizona
 Preauthorization Review Process
 Effective October 1, 2018



Note Reference

1. The preauthorization process applies to all body parts and conditions that have been accepted as compensable.
2. Requests for preauthorization must be in writing using Section I of the MRO-1.1 Medical Treatment Preauthorization Form. Requests for preauthorization may be submitted by mail, electronically, or by fax.
3. A payer must use Section II of the MRO-1.1 Medical Treatment Preauthorization Form to communicate a decision or to notify a provider that an IME has been requested.
4. If a payer receives a request for preauthorization not submitted on Section I of the MRO-1.1 Medical Treatment Preauthorization Form, or if a request for preauthorization submitted using Section I of the MRO-1.1 Medical Treatment Preauthorization Form is incomplete, the payer must, within 7 business days of receiving and identifying the request for preauthorization, either: (1) act on the deficient request using Section II of the MRO-1.1 Medical Treatment Preauthorization Form, or (2) notify the provider in writing that the request was incomplete or that a request must be submitted using Section I of the MRO-1.1 Medical Treatment Preauthorization Form.
5. A payer must provide a copy of the final IME report to the provider upon receipt.
6. A payer must provide a copy of its written decision to deny treatment or services to the injured employee or an authorized representative. A payer may not deny a request solely because the Official Disability Guidelines do not address the requested treatment or services.
7. The administrative review process is not available for a payer decision supported by an IME.

Industrial Commission of Arizona
 Administrative Review Process
 Effective October 1, 2018



Note Reference

1. A request for administrative review must be in writing using Section V of the MRO-1.1 Medical Treatment Preauthorization Form. The request may be submitted by mail, electronically, or by fax (using contact information provided on MRO- 1.1 Form). The request may also be submitted through the MRO Portal at <https://mro@azica.gov>.
2. The Medical Resource Office will send notice providing the reason why an administrative review is not available , if applicable.
3. The payer will be responsible for the cost of the administrative peer review. The Commission has contracted with CompPartners and Maximus to conduct administrative peer reviews. A provider may bill for time spent participating in a peer review. Arizona specific billing codes for this purpose are included in the Arizona Physician’s and Pharmaceutical Fee Schedule. Individuals conducting peer reviews must meet the requirements of R20-5-1311(I).
4. The written decision must include the information listed in R20-5-1311(K).
5. A request for hearing must be in writing and be filed no later than 10 business days after the administrative review decision is issued. Fast Track ALJ Dispute Resolution Program is available if all parties agree to this option. The information provided by the parties in the administrative review process and the administrative decision will be part of the Commission claim file for the injured employee.