

*Preserving Our
Heritage*



*Ensuring Our
Future*

Comments on the Stakeholder Draft for R2016-19
Washington East Asian Medicine Association - August 15th, 2016

WAC 284-43-2050

(1) We agree that “mutually agreed to by all parties” should be struck. Having many varied systems in place from insurance to insurance would be chaotic and cumbersome.

(1) We believe that language should be added which would require insurances make available online all the clinical criteria and reference material they use to adjudicate pre-authorizations.

(1a) Regarding justification, we believe that the “justification” should be made to reference any and all clinical evidence and source material used to justify the decision.

(1a) We agree that the name and credentials of the decision-maker be disclosed, but we’d also like to see insurances have direct contact information for that individual so we can discuss the decision.

(2) We believe that there should be a means to submit claims online or by fax 24/7. We believe that there should someone available to submit pre-authorizations to by phone during business hours Pacific time seven days a week.

(3) Any online system should be required to accept any volume of information that we can send to support our pre-authorization. Character limits are a problem with online entry of data, which prevents us from thoroughly articulating answers to the questions. Any online system should accept the submission of documents as well.

(3) Any online system should allow us to capture, review, and print any data we have entered. Currently the Evicore system asks us a multitude of questions, which is creating a medical record on their system. No means of printing or capturing that data is possible. We create medical records for which we have no copy or access to review later. We should be able to retrieve and print a copy of any records that we generated via data entry in an online system at any time.

(4) We agree that a means of presenting a course of treatment in advance of care for authorization should be available. We also believe that as part of the pre-authorization process we should be able to request or suggest a course of care. Evicore simply tells how many visits and procedures we are allowed and the time frame in which they are given. Absolutely no input from us has any weight on the pre-authorization amounts or time frame.

(6) We believe that the number of hours should be firm as written rather than as business days.

(6) We believe that “at least” should be added before instances defining how long a provider has to respond to requests for more information.

(8a) In regards to your call for clarification of your placeholder “reasonably reliable sources.” It might otherwise include documentation from family members and other caregivers, other healthcare providers, studies and publications from medical institutes and organizations, etc.

(8c) Physical medicine procedures are most often billed in 15 min increments. Evicore handles acupuncturists and other physical medicine providers by approving a certain number of 15 min increments without regard to the specific procedures allowed. It is important that we have the flexibility to choose which procedures are most important, not just in the course of care, but from visit to visit. It is very important that we not let insurers narrow our scope of tools available to patients by having them only approve specific procedures (meaning specific CPT codes)

(9) If handling of records is required, we do believe we should be compensated for that.

(10) We believe language should be injected that states that the insurer is responsible for creating or approving established standards and criteria for the pre-authorization process. Insurer and subcontractor should have mutual and agreed standards and criteria. Insurer should be responsible for communicating those standards and criteria and changes to them to both providers and to customers.

(11) We hope that the language regarding the carry-over of authorization upon market withdrawal stays.

(12) Reasonable medical evidence should be peer-reviewed information.

(13) We feel reviewers for pre-authorizations must be peers. They should be board certified in the field for which they are reviewing. For instance, East Asian Medicine Practitioners should be reviewed by fellow acupuncturists who are currently board certified by the NCCAOM. This is necessary to make sure that they are competent and current in their understanding of patient care.