



ODG Guidelines for Workers' Compensation:
**Optimizing Return-to-Work
with Evidence-Based Clinical
Decision Support**

**Ohio Bureau of Workers' Compensation
Medical & Health Symposium**

April 8, 2022

Phil LeFevre, ODG Managing Director | Phil.LeFevre@mcg.com

odg by **mcg**

- ODG by MCG
 - Who are we?
 - Methodology
 - Customer Experience
 - ▶ Evidence-based clinical decision support
 - ▶ Return-to-work
 - Track Record
- Conclusions
 - Patients, not payments

1. Summarize how ODG guidelines can be used to drive the most appropriate medical interventions in workers' compensation cases
2. Explain real world situations where variances from the ODG guidelines can be appropriately documented to support clinical decisions
3. Evaluate examples where ODG's evidence-based guidance has improved worker healthcare outcomes and achieved cost savings

How Customers Describe ODG

Unbiased, evidence-based guidelines that unite payers, providers, and employers in the effort to confidently and effectively return employees to health.



HEARST

- ▶ ODG established in 1995 as Work Loss Data Institute (WLDI)
- ▶ Launched evidence-based (EBM) Treatment Guidelines in 2003
- ▶ ODG adopted by Ohio BWC in 2004
- ▶ ODG acquired by Hearst/MCG Health in 2017
- ▶ Sister **Hearst Health** companies: Zynx, FDB (First Databank), HomeCare HomeBase, and MHK (formerly MedHOK)
- ▶ **Hearst Health Mission:** To help guide the most important care moments by delivering vital information into the hands of everyone who touches a person's health journey
- ▶ Each year in the U.S., care guidance from Hearst Health reaches 85 percent of discharged patients, 205 million insured individuals, 99 million home health visits and 3.2 billion dispensed prescriptions

odg^{by}mCG



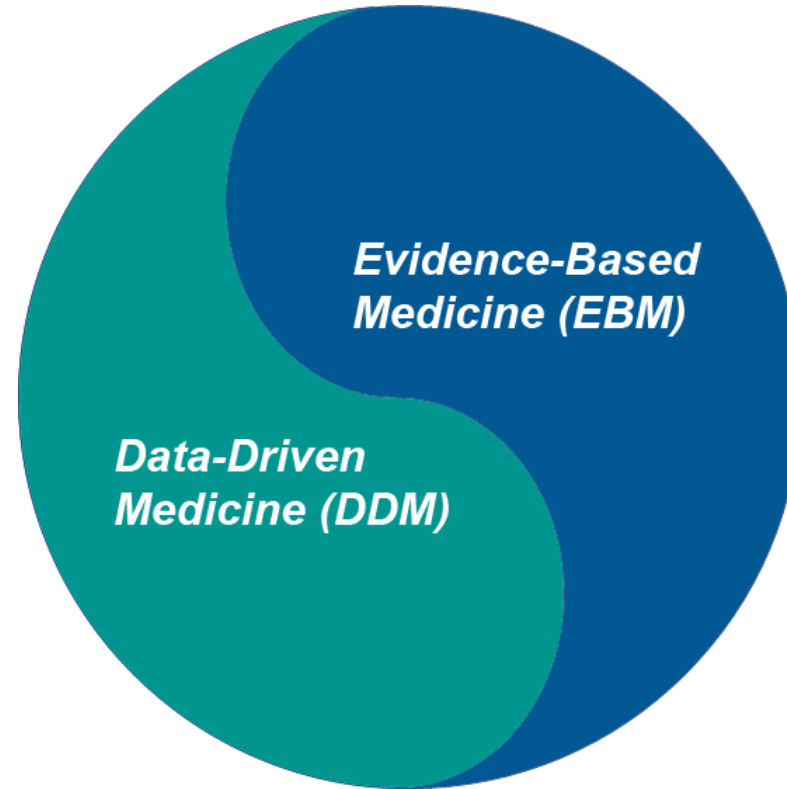
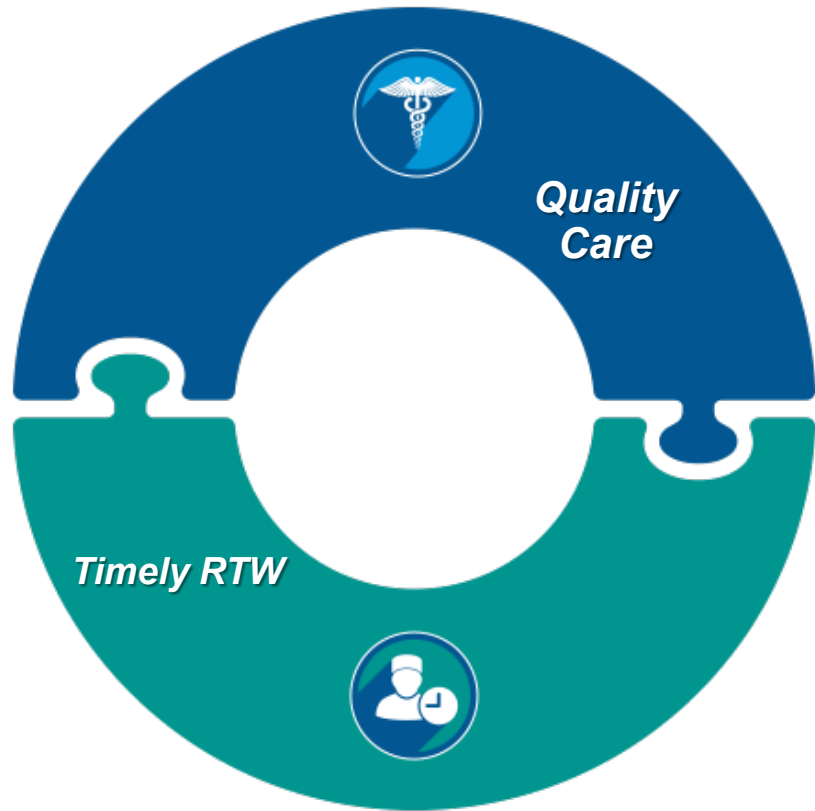


Methodology

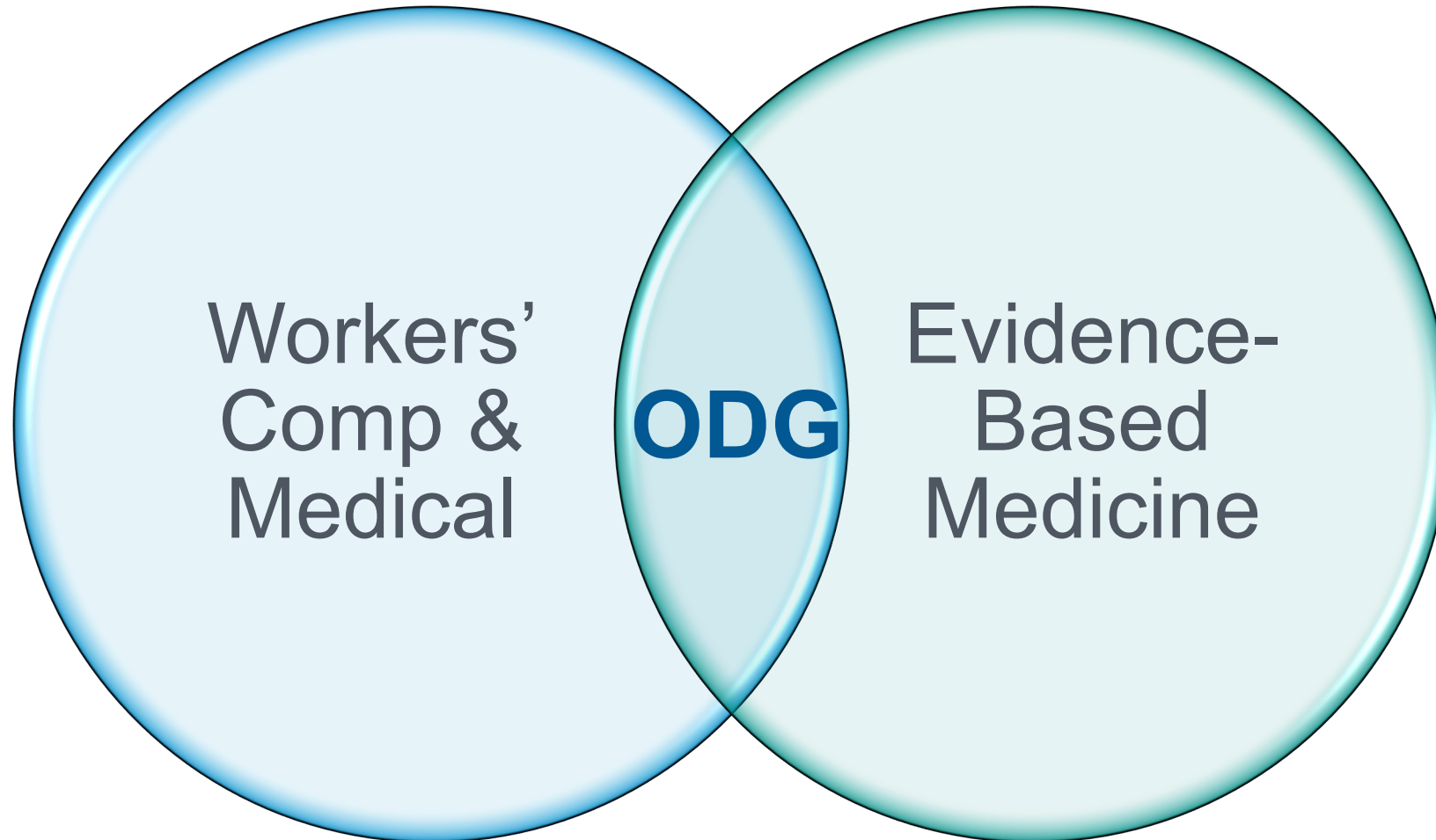
Pragmatic process leveraging **traditional medical literature review** supplemented by **claims analytics**, from the worldwide leader in evidence-based medicine guidelines, consistently the highest-rated for workers' compensation.



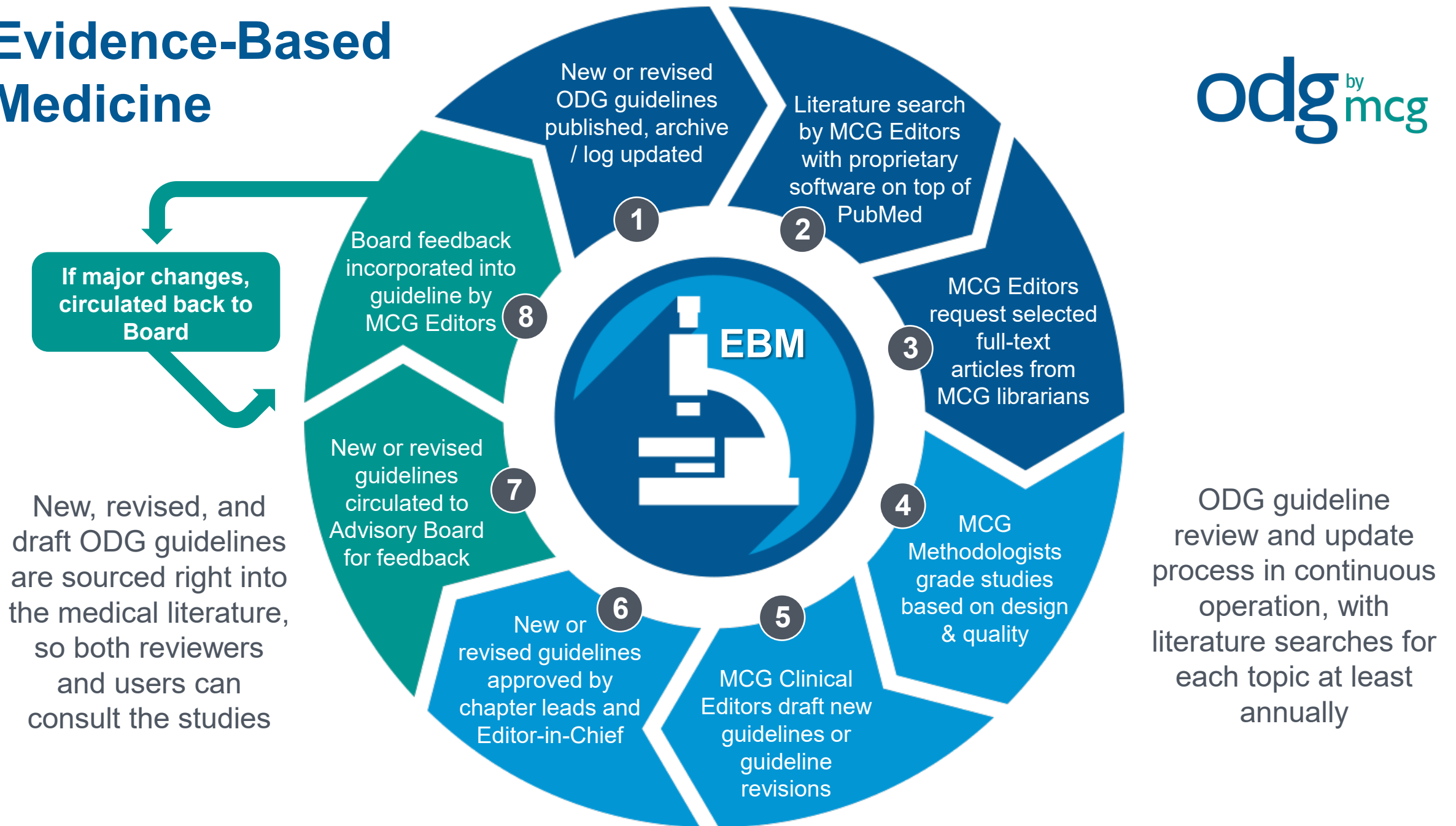
What Factors Drive Claim Duration?



Evidence-Based Medicine & ODG



Evidence-Based Medicine





188,564 Unique
Articles Reviewed



5,111 Distinct Guidelines



5,681 New Unique Citations

52,550
Unique Citations



MCG Annual Update

ODG Evidence Grading



ODG by MCG Citation Formatting Changes

As part of a move to improve the end-user experience, ODG by MCG is simplifying our previous study rating system (study type 1-11 and study quality a-c) to one with just 3 Evidence Grades (which is also used by the MCG care guidelines). Cited references in the Evidence Summary are graded according to level of authoritativeness. The evidence hierarchy is as follows:

- **(EG 1) Evidence Grade 1:**
 - Meta-analyses
 - Randomized controlled trials with meta-analysis
 - Randomized controlled trials
 - Systematic reviews
- **(EG 2) Evidence Grade 2:**
 - Observational studies; examples include:
 - Cohort studies with statistical adjustment for potential confounders
 - Cohort studies without adjustment
 - Case series with historical or literature controls
 - Uncontrolled case series
 - Published guidelines
 - Statements in published articles or textbooks
- **(EG 3) Evidence Grade 3:**
 - Unpublished data; examples include:
 - Large database analyses
 - Written protocols or outcomes reports from large practices
 - Expert practitioner reports



ODG External Review



Editorial Advisory Board

- ODG's Editorial Advisory Board is comprised of about 100 physicians who are engaged to perform peer review on an annual basis
- ODG researchers, editors, and authors are not volunteers who might have other priorities
- ODG's editorial staff are focused on one objective: creating the highest quality evidence-based guideline for workers' compensation and disability



Anatomy of an ODG Guideline

A. Recommendation Grade

- Recommended (R), Conditional (CR), Not Rec (NR)

B. Recommendation Statement

C. See Also (Related Topics)

D. ODG Criteria

- Patient selection, number of visits

E. Clinical Evidence Summary

F. Links into the References/Studies





Customer Experience

- Evidence-based, clinical decision support
- Return-to-Work decision support



Treatment Guideline Screenshot



- Home
- Duration
- Treatment
- TAO Index
- Formulary
- Costs
- Job Profile

Discectomy/Laminectomy for Low Back Conditions

- Treatment Info
- Print
- Copy URL

Body system: Low Back
Treatment type: Surgery

CR Conditionally Recommended

Recommended for indications below.

ODG Criteria

ODG Indications for Surgery™ -- Discectomy/laminectomy --

Required symptoms/findings; imaging studies; and conservative treatments below:

I. Symptoms/Findings which confirm presence of radiculopathy. Objective findings on examination need to be present. Straight leg raising test, crossed straight leg raising and reflex exams should correlate with symptoms and imaging.

Findings require ONE of the following:

A. L3 nerve root compression, requiring ONE of the following:

1. Severe unilateral quadriceps weakness/mild atrophy
2. Mild-to-moderate unilateral quadriceps weakness
3. Unilateral hip/thigh/knee pain

B. L4 nerve root compression, requiring ONE of the following:

1. Severe unilateral quadriceps/anterior tibialis weakness/mild atrophy
2. Mild-to-moderate unilateral quadriceps/anterior tibialis weakness
3. Unilateral hip/thigh/knee/medial pain

C. L5 nerve root compression, requiring ONE of the following:

1. Severe unilateral foot/toe/dorsiflexor weakness/mild atrophy
2. Mild-to-moderate foot/toe/dorsiflexor weakness
3. Unilateral hip/lateral thigh/knee pain

D. S1 nerve root compression, requiring ONE of the following:

1. Severe unilateral foot/toe/plantar flexor/hamstring weakness/atrophy

CPT Codes

62287
63001
63003
63005
63011
63012
63015
63016
63017
63030
63044
63047
63048
63170
63173
63185
63190
63191
63200
63252
63267
63268
63272
63273
63277
63278
63282
63283
63287
63290

Prints to PDF for documentation and/or sharing.



Evidence-Based Guidelines



Links Directly to the Evidence

risk vs. Bene

For non-recomm comparing cons fusion is associa rate of 84% acc Another large R (Fairbank-BMJ, complications ar 36%. (Nguyen, 2 24% (DeBerard obese patients u significant in 45 patients should

complications (56.4%) in spinal fusion procedures, especially related to instrumentation. (Campbell, 2011) The type of fusion procedure may also affect perioperative morbidity and mortality, with procedure related complications in 15.7% for Posterior Spinal Fusion, 18.7% for Anterior Spinal Fusion and 23.8% for Anterior/Posterior Spinal Fusion patients. (Memsoudis, 2011) Another long-term complication to consider is described in [Adjacent segment disease/degeneration \(fusion\)](#).

A systematic review by the International Society for the Study of the Lumbar Spine estimated the odds of common complications associated with spinal surgery with a goal of helping surgeons provide evidence based information to patients. (Ng, 2011)

Additional risk considerations include potential continued and increased opioid use post-fusion. At a two-year follow-up, 76% of post-fusion Ohio cohorts were still taking opioids. Estimated increase in mean opioid MED was 41% post fusion in the Ohio study. (Nguyen, 2011) (Anderson, 2015) The 3-year cumulative mortality rate in the Washington State study post-fusion was 1.93% and analgesic-related deaths were responsible for 21% of all deaths and 31.4% of all potential life lost. (Juratli, 2009)

Chronic Opioid Therapy After Lumbar Fusion Surgery for Degenerative Disc Disease in a Workers' Compensation Setting. ×

Anderson JT, Haas AR, Percy R, Woods ST, Ahn UM, Ahn NU Spine (Phila Pa 1976) 2015 Nov;40(22):1775-84

Rating: 3a
PMID: [26192725](#)

Close



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PubMed [Search] Advanced Help

Format: Abstract

Spine. (Phila Pa 1976). 2015 Nov;40(22):1775-84. doi: 10.1097/BRS.0000000000001054.

Chronic Opioid Therapy After Lumbar Fusion Surgery for Degenerative Disc Workers' Compensation Setting.

Anderson JT¹, Haas AR, Percy R, Woods ST, Ahn UM, Ahn NU.

Author information

1 *University Hospitals Case Medical Center Department of Orthopaedics, Case Western Reserve University School of Medicine, Cleveland, OH; †Ohio Bureau of Workers' Compensation, Columbus, OH; ‡New Hampshire NeuroSpine Institute, Bedford, NH.

Abstract

STUDY DESIGN: Retrospective cohort study.

OBJECTIVE: To evaluate prescription opioid use after lumbar fusion for degenerative disc disease in a workers' compensation (WC) setting.

SUMMARY OF BACKGROUND DATA: Use of opioids for treating chronic low back pain has increased greatly. Few studies have evaluated risk factors for chronic opioid therapy (COT) among the clinically-distinct WC population.

METHODS: We used "Current Procedural Terminology" and "International Classification of Diseases, Ninth Revision" codes to identify 1002 Ohio WC subjects who underwent lumbar fusion for degenerative disc disease from 1993 to 2013. Postoperative COT was defined as being supplied with opioid analgesics for greater than 1 year after the 6-week acute period after fusion. 575 subjects fit these criteria, forming the COT group. The remaining 427 subjects formed a temporary opioid group. To identify prognostic factors associated with COT after fusion, we used a multivariate logistic regression analysis.

RESULTS: Returning to work was negatively associated with COT (P<0.001; odds ratio [OR] 0.38). COT before fusion (P<0.001; OR 6.15), failed back syndrome (P<0.001; OR 3.40), additional surgery (P<0.001; OR 2.84), clinically diagnosed depression (P<0.001; OR 2.34), and extended work loss before fusion (P=0.038; OR 1.61) were positively associated with COT. The rates of postoperative COT associated with these factors were 27.8%, 79.6%, 85.0%, 76.4%, 77.1%, and 61.3%, respectively. Higher preoperative opioid load (P<0.001) and duration of use (P<0.001) were positively associated with higher postoperative rates of COT. Within 3 years after fusion, the COT group was supplied with an average of 1083.4 days of opioids and 49.0 opioid prescriptions, 86.2% of which were Schedule II. The COT group had an 11.0% return to work rate, \$27,952 higher medical costs per subject, 43.5% rate of psychiatric comorbidity, 16.7% rate of failed back syndrome, and 27.7% rate of additional lumbar surgery.

CONCLUSION: The majority of the study population was on COT after fusion. COT was associated with considerably worse outcomes. The outcomes of this study could suggest a more limited role for discogenic fusion among WC patients.

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- Clinical depression is a strong predictor of poor lumbar fusion outc [Spine (Phila Pa 1976). 2015]
- Single-level lumbar fusion for degenerative disc disease is associat [Spine (Phila Pa 1976). 2015]
- Return to Work After Diskogenic Fusion in Workers' Compensation Subj [Orthopedics. 2015]
- Review** Association between compensation status and outcomes in spine sur [Spine J. 2015]
- Review** Early Prescription Opioid Use for Musculoskeletal Disorders and [Clin J Pain. 2017]

See reviews...
See all...

Cited by 17 PubMed Central articles

- Minimally Invasive Versus Open Transforaminal Lumbar Interbody Fusion [Global Spine J. 2019]
- Reduction in Narcotic Use After Lumbar Decompression and Fusio [Global Spine J. 2019]



ODG Drug Formulary Screenshot



Drug Formulary (Appendix A) Details

Drug Class	Generic Name	Innovator brand	Note	Generic (GE)	Status	Cost
Anti-epilepsy drugs (AEDs)	Gabapentin	Neurontin®, Gabarone™		Yes	Y	\$20.66

Gabapentin (Neurontin®)

Body system: Low Back
Treatment type: Medications
See [Treatment Tab](#)

R Recommended (generally)

Recommended as a trial for lumbar spinal stenosis (LSS). Gabapentin, which has been used in the treatment of neuropathic pain, may be effective in the treatment of symptoms associated with LSS.

Gabapentin (Neurontin®)

Body system: Pain
Treatment type: Medications
See [Treatment Tab](#)

CR Conditionally Recommended

Recommended for some neuropathic pain conditions in trial protocols outlined in Criteria for Use. Recommendations based on limited research include for radiculopathy and neurogenic claudication due to spinal stenosis. Not recommended for chronic, non-specific, axial low back pain.

ODG Criteria

- The patient's diagnosis should include evidence of a neuropathic etiology. There are multiple causes of neuropathy outside of that related to injury/trauma/surgery. Frequent causes include those related to diabetes, alcohol use, and/or hepatitis C. The latter are generally not work related.
- There should be documentation of pain relief and improved function with use of this class of drugs of at least 20% when initially introduced.



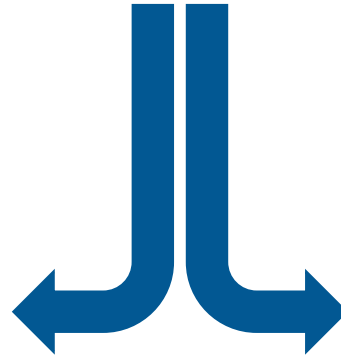
Using Data (DDM) to Supplement EBM



ODG UR Advisor with TAO



**70-85% of treatment requests
can be AUTO-APPROVED**



15-30% are routed for review



Data-Driven Medicine Claims Analytics



Screenshot of the TAO/UR Advisor

Back sprain

Treatment Analyzer on Outcomes (TAO)

Formerly the UR Advisor

Show 10 entries

Search:

Procedure Code	Procedure Name	Procedure Group	Frequency	Median Visits	Avg Visits	Cost Mean	Auth Visit	Payment Flag	TAO Index
99213	Office or othe...	Office/other outpatient services	52.47%	2	5.87	\$298.12	6		41.82
97110	Therapeutic pr...	physical medicine and rehabilitation	36.46%	7	14.80	\$805.33	6		25.83
97014	Application of...	physical medicine and rehabilitation	35.70%	9	19.30	\$336.80	4		32.05
99203	Office or othe...	Office/other outpatient services	33.20%	1	1.26	\$110.17	1		48.07
99283	Emergency depa...	Emergency department services	28.74%	1	1.52	\$166.10	1		47.95
72100	Radiologic exa...	Codes for Radiology	28.68%	1	1.68	\$103.00	1		38.33
99214	Office or othe...	Office/other outpatient services	28.13%	2	4.44	\$314.81	1		24.90
97001	Physical thera...	physical medicine and rehabilitation	24.83%	1	1.39	\$125.43	1		19.87



TAO Index: Green

Approve by Evidence-Based Medicine



Treatment Analyzer on Outcomes (TAO)

Formerly the UR Advisor

Show 10 entries

Search: 97110

CPT Code	Procedure Name	CPT Group	Frequency	Visit25	Visit50	Visit75	Avg Visits	Cost Mean	Auth Visit	Payment Flag	Cost Per Visit	TAO Index
97110	Therapeutic procedur...	Medicine	34.62%	3	6	10	9.51	\$494.14	6		\$51.96	20.00

Procedure Type: physical medicine and rehabilitation	CPT Code: 97110
Procedure: Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	
Frequency: 34.62%	Visit 25%: 3
Visit 50%: 6	Visit 75%: 10
Average Visits: 9.51	Cost Mean: \$494.14
Authorized Visits: 6	Payment Flag: Evidence-based approval
Cost Per Visit: \$51.96	TAO Index: 20.00

CPT Code	Procedure Name	CPT Group	Frequency	Visit25	Visit50	Visit75	Avg Visits	Cost Mean	Auth Visit	Payment Flag	Cost Per Visit	TAO Index
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Showing 1 to 1 of 1 entries (filtered from 1,328 total entries)

Previous 1 Next



Green: Approve by EBM



Low Back Physical therapy (PT) x

Home | Duration | Treatment ✓ | TAO Index | Formulary | Costs | Savings

Physical therapy (PT)

Body system: [Low Back](#)
Treatment type: Physical Medicine
Related Topics: See also [Exercise](#).

R Recommended (generally)

Recommended. There is strong evidence that physical methods, including exercise and return to normal activities, have the best long-term outcome in employees with low back pain.

ODG Criteria

ODG Physical Therapy Guidelines –
Allow for fading of treatment frequency (from up to 3 or more visits per week to 1 or less), plus active self-directed home PT. Also see other general guidelines that apply to all conditions under Physical Therapy in the [ODG Preface](#), including assessment after a "six-visit clinical trial."

Lumbar sprains and strains:
10 visits over 8 weeks

Sprains and strains of unspecified parts of back:
10 visits over 5 weeks

Sprains and strains of sacroiliac region:
Medical treatment: 10 visits over 8 weeks

Abnormality of gait:
8-48 visits over 8-16 weeks (based on specific condition)

Lumbago; Backache, unspecified:
9 visits over 8 weeks

Intervertebral disc disorders without myelopathy:
Medical treatment: 10 visits over 8 weeks

CPT Codes
[97001](#)
[97002](#)
[97003](#)
[97004](#)
[97039](#)
[97110](#)
[97112](#)
[97150](#)
[97530](#)



TAO Index: Yellow

Approve by Data-Driven Medicine



Treatment Analyzer on Outcomes (TAO)

Formerly the UR Advisor

Show entries

Search:

CPT Code	Procedure Name	CPT Group	Frequency	Visit25	Visit50	Visit75	Avg Visits	Cost Mean	Auth Visit	Payment Flag	Cost Per Visit	TAO Index
97010	Application of a mod...	Medicine	24.05%	2	5	9	7.85	\$120.8	2		\$15.39	26.50

Procedure Type: physical medicine and rehabilitation Procedure: Application of a modality to 1 or more areas; hot or cold packs Frequency: 24.05% Visit 50%: 5 Average Visits: 7.85 Authorized Visits: 2 Cost Per Visit: \$15.39	CPT Code: 97010 Visit 25%: 2 Visit 75%: 9 Cost Mean: \$120.8 Payment Flag: Data-driven approval TAO Index: 26.50
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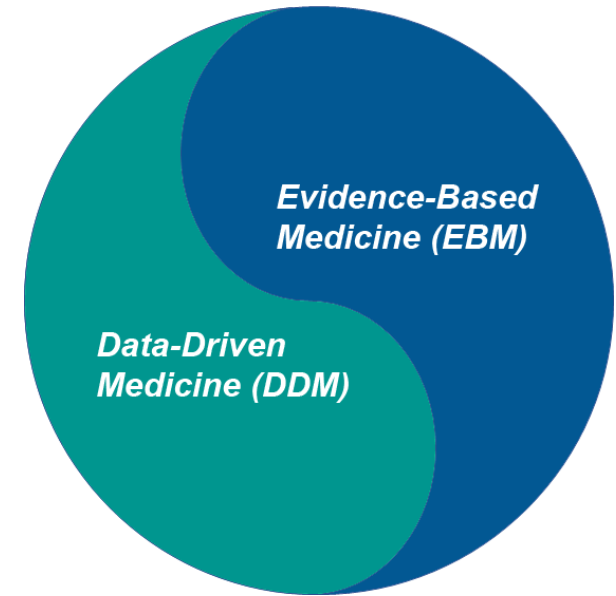
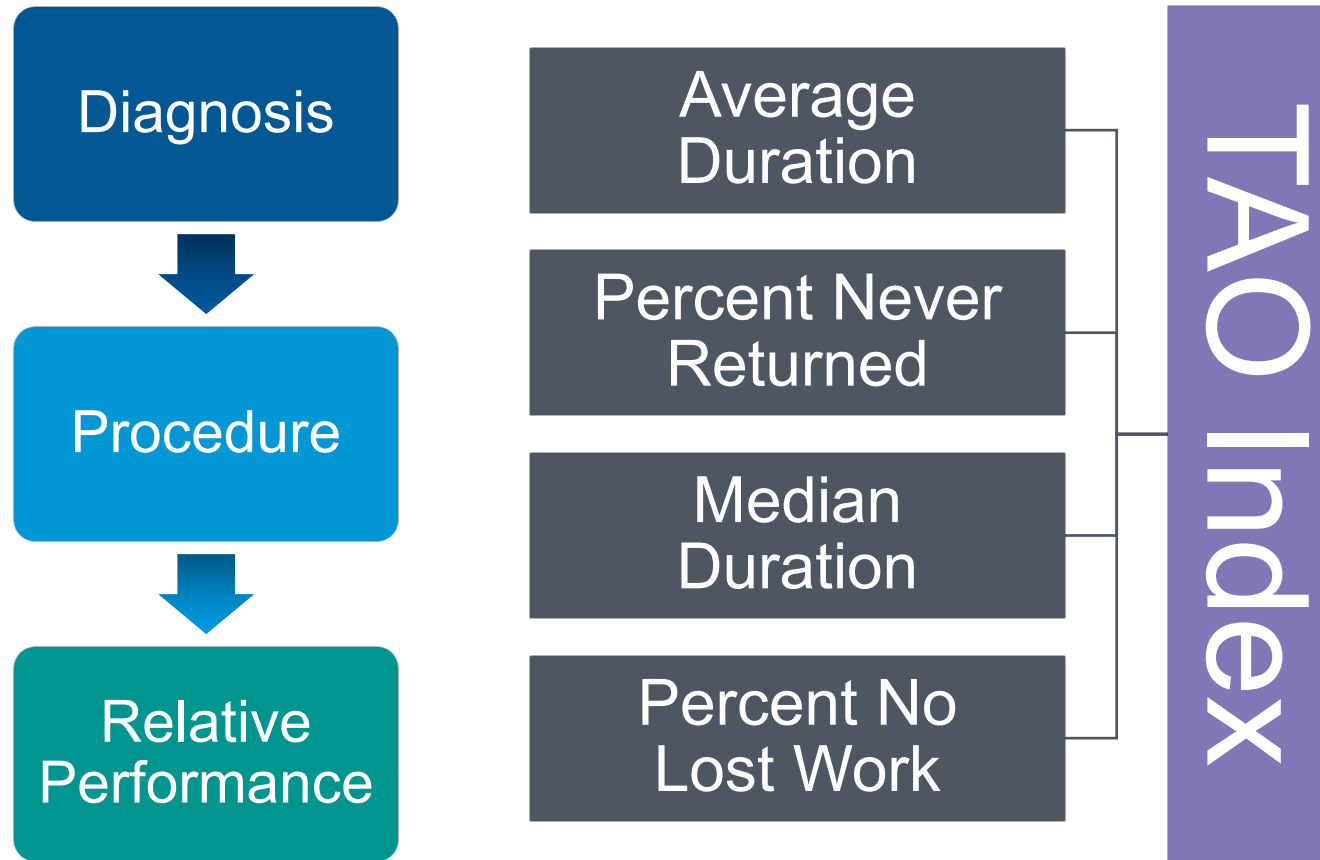
CPT Code	Procedure Name	CPT Group	Frequency	Visit25	Visit50	Visit75	Avg Visits	Cost Mean	Auth Visit	Payment Flag	Cost Per Visit	TAO Index
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Showing 1 to 1 of 1 entries (filtered from 1,328 total entries)

Previous Next



The TAO Index



The TAO Index

Scoring Risk at Treatment Level

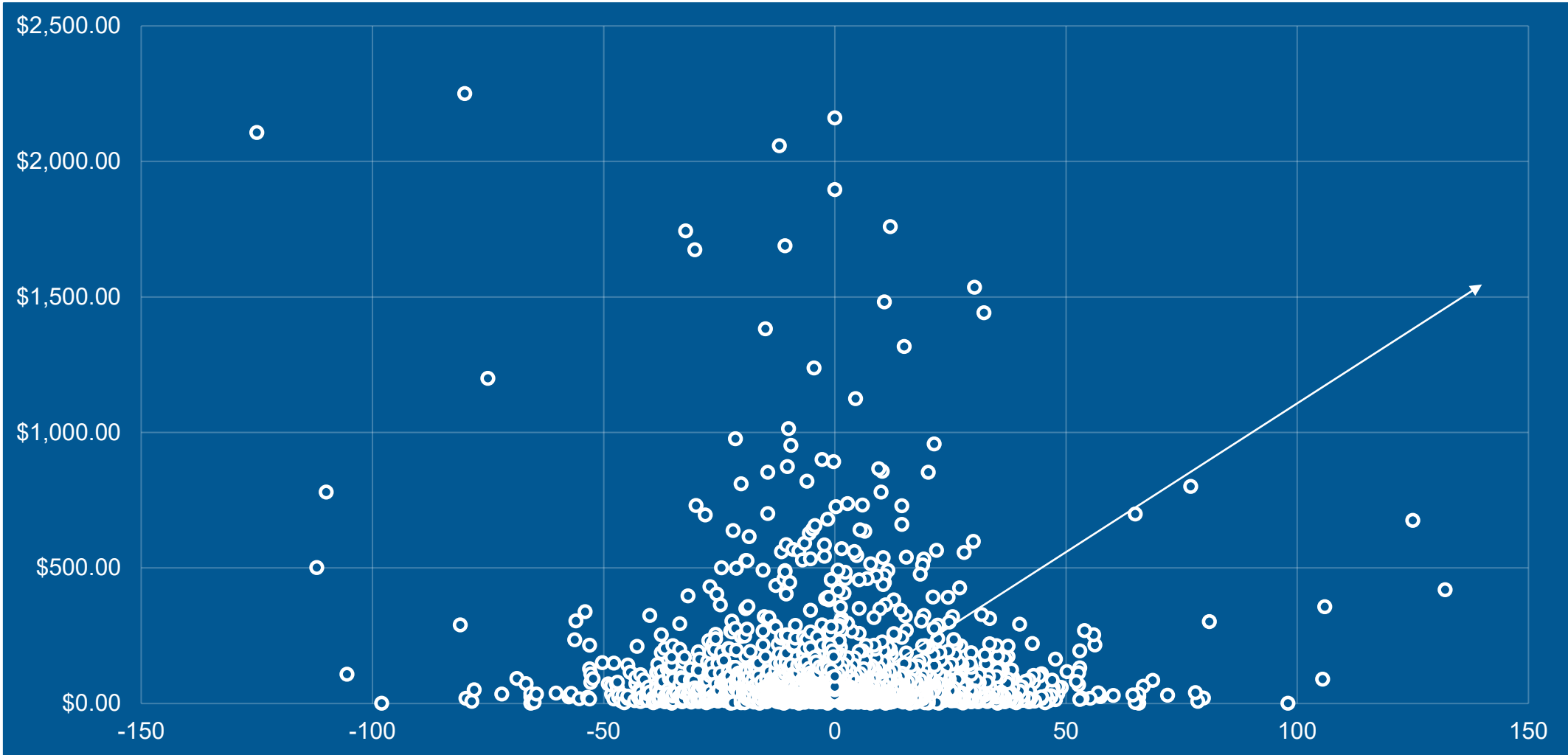


Site	Payment Flag	Cost Per Visit	Avg Duration	Pct Zero Duration	Pct never Returned	Median Duration	#Cases	Average Ratio	Median Ratio	Zero Day	PercentNever	Total without Zero Day	
0 Red		\$11.77	208.84	22.46%	31.08%	201	1358	0.81	0.74		0.26	0.38	1.93
0 Red		\$46.21	137.54	27.65%	23.37%	66.5	1870	0.19	0.42		0.08	0.04	0.19
0 Red		\$64.33	157.29	27.77%	26.55%	98	1631	0.36	0.15		0.08	0.18	0.39
1 Yellow		\$6.55	144.54	20.70%	30.47%	87	3827	0.25	0.25		0.31	0.36	0.36
0 Red		\$255.36	184.56	14.51%	36.34%	158	2895	0.60	0.37		0.52	0.62	1.58
0 Red		\$352.49	85.97	18.28%	23.72%	26	1543	0.26	0.77		0.39	0.05	0.97
1 Yellow		\$55.65	120.86	24.15%	25.24%	46	2936	0.05	0.60		0.20	0.12	0.43
1 Yellow		\$49.59	105.94	20.29%	22.73%	33	2455	0.08	0.71		0.33	0.01	0.79
1 Yellow		\$53.68	83.59	33.28%	19.23%	20	5414	0.28	0.83		0.10	0.14	1.25
1 Yellow		\$92.51	87.07	29.48%	19.50%	23	5122	0.25	0.80		0.02	0.13	1.18
0 Red		\$79.59	101.16	32.63%	22.18%	34	2038	0.12	0.71		0.08	0.01	0.84
1 Yellow		\$52.30	78.94	35.23%	17.25%	18	6661	0.32	0.84		0.17	0.23	1.39
1 Yellow		\$85.62	72.96	29.57%	14.69%	17	2594	0.37	0.85		0.02	0.35	1.57
1 Yellow		\$69.73	61.99	35.49%	14.13%	12	39034	0.46	0.90		0.18	0.37	1.73
1 Yellow		\$93.80	69.32	35.79%	15.41%	14	25169	0.40	0.88		0.19	0.31	1.59
1 Yellow		\$81.93	98.39	34.87%	18.98%	29	3740	0.15	0.75		0.16	0.16	1.05
0 Red		\$428.67	146.16	15.97%	31.70%	83	1653	0.27	0.28		0.47	0.41	0.40
0 Red		\$378.45	157.33	29.41%	29.54%	103	3057	0.36	0.11		0.03	0.31	0.57
0 Red		\$450.92	147.93	25.71%	28.08%	95	1435	0.28	0.18		0.15	0.25	0.35
1 Yellow		\$582.95	123.88	24.05%	23.84%	62	20898	0.07	0.46		0.20	0.06	0.33
0 Red		\$1,048.09	165.45	19.12%	30.79%	116	1679	0.43	0.01		0.37	0.37	0.81
1 Yellow		\$48.78	88.82	26.90%	21.56%	25.5	4536	0.23	0.78		0.11	0.04	1.05
0 Red		\$66.81	70.7	32.57%	17.26%	14	1790	0.39	0.88		0.08	0.23	1.50
1 Yellow		\$46.31	109.95	34.08%	21.37%	42	3533	0.05	0.64		0.13	0.05	0.73
0 Red		\$44.29	101.9	38.10%	19.80%	35	1525	0.12	0.70		0.26	0.12	0.93
0 Red		\$278.01	174.23	32.46%	29.21%	130	1633	0.51	0.13		0.08	0.30	0.94
1 Yellow		\$59.36	86.36	29.91%	19.99%	24	2681	0.25	0.79		0.01	0.11	1.15
0 Red		\$42.09	103.58	30.97%	22.92%	31.5	1553	0.10	0.73		0.03	0.02	0.81
0 Red		\$46.51	119.55	33.99%	21.79%	50	1427	0.04	0.57		0.13	0.03	0.56
0 Red		\$65.33	106.3	33.10%	20.20%	34	1272	0.08	0.71		0.10	0.10	0.89
0 Red		\$49.48	96.39	31.57%	21.79%	28	1340	0.16	0.76		0.05	0.03	0.95
0 Red		\$340.55	149.83	28.47%	28.84%	94	1623	0.30	0.19		0.06	0.28	0.40
0 Red		\$36.38	205.14	23.86%	34.03%	208.5	1781	0.78	0.81		0.21	0.51	2.10
0 Red		\$112.51	179.57	17.11%	38.73%	141	1712	0.56	0.22		0.43	0.72	1.50
1 Yellow		\$32.20	143	13.32%	32.59%	87	1396	0.24	0.25		0.56	0.45	0.44
1 Yellow		\$6.81	114.59	38.32%	20.36%	30	1336	0.01	0.74		0.27	0.09	0.84

The TAO Index



Cost vs. TAO Index



TAO Index: Red

Route for Review (Conditional)



Treatment Analyzer on Outcomes (TAO)

Formerly the UR Advisor

Show 10 entries

Search: 97546

CPT Code	Procedure Name	CPT Group	Frequency	Visit25	Visit50	Visit75	Avg Visits	Cost Mean	Auth Visit	Payment Flag	Cost Per Visit	TAO Index
97546	Work hardening/condi...	Medicine	0.15%	3	8	18	12.01	\$961.8	0		\$80.08	-86.50

Procedure Type: physical medicine and rehabilitation	CPT Code: 97546
Procedure: Work hardening/conditioning; each additional hour (List separately in addition to code for primary procedure)	
Frequency: 0.15%	Visit 25%: 3
Visit 50%: 8	Visit 75%: 18
Average Visits: 12.01	Cost Mean: \$961.8
Authorized Visits: 0	Payment Flag: Route for review
Cost Per Visit: \$80.08	TAO Index: -86.50

CPT Code	Procedure Name	CPT Group	Frequency	Visit25	Visit50	Visit75	Avg Visits	Cost Mean	Auth Visit	Payment Flag	Cost Per Visit	TAO Index
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Conditionally Recommended Criteria



CR Conditionally Recommended

Recommended as an option, depending on the availability of quality programs, using the criteria below.

ODG Criteria

Criteria for admission to a Work Hardening (WH) Program:

- (1) *Prescription:* The program has been recommended by a physician or nurse case manager, and a prescription has been provided.
- (2) *Screening Documentation:* Approval of the program should include evidence of a screening evaluation. This multidisciplinary examination should include the following components: (a) History including demographic information, date and description of injury, history of previous injury, diagnosis/diagnoses, work status before the injury, work status after the injury, history of treatment for the injury (including medications), history of previous injury, current employability, future employability, and time off work; (b) Review of systems including other non-work-related medical conditions; (c) Documentation of musculoskeletal, cardiovascular, vocational, motivational, behavioral, and cognitive status by a physician, chiropractor, or physical and/or occupational therapist (and/or assistants); (d) Diagnostic interview with a mental health provider; (e) Determination of safety issues and accommodation at the place of work injury. Screening should include adequate testing to determine if the patient has attitudinal and/or behavioral issues that are appropriately addressed in a multidisciplinary work hardening program. The testing should also be intensive enough to provide evidence that there are no psychosocial or significant pain behaviors that should be addressed in other types of programs, or will likely prevent successful participation and return-to-employment after completion of a work hardening program. Development of the patient's program should reflect this assessment.
- (3) *Job demands:* A work-related musculoskeletal deficit has been identified with the addition of evidence of physical, functional, behavioral, and/or vocational deficits that preclude ability to safely achieve current job demands. These job demands are generally reported in the medium or higher demand level (i.e., not clerical/sedentary work). There should generally be evidence of a valid mismatch between documented, specific essential job tasks and the patient's ability to perform these required tasks (as limited by the work injury and associated deficits).
- (4) *Functional capacity evaluations (FCEs):* A valid FCE is recommended prior to admission to a Work Hardening (WH) program, with preference for assessments tailored to a specific task or job. This evaluation should be performed, administered and interpreted by a licensed medical professional. The results should indicate consistency with maximal effort, and demonstrate capacities below an employer verified physical demands analysis (PDA). Inconsistencies and/or indication that the patient has performed below maximal effort should be addressed prior to treatment in these programs.
- (5) *Previous PT:* There is evidence of treatment with an adequate trial of active physical rehabilitation with improvement followed by plateau, with evidence of no likely benefit from continuation of this previous treatment. Passive physical medicine modalities are not indicated for use in any of these approaches.
- (6) *Rule out surgery:* The patient is not a candidate for whom surgery, injections, or other treatments would clearly be warranted to improve function (including further diagnostic evaluation in anticipation of surgery).



TAO Index: Black

Indicates Inappropriate Care



Treatment Analyzer on Outcomes (TAO)

Formerly the UR Advisor

Show entries

Search:

CPT Code	Procedure Name	CPT Group	Frequency	Visit25	Visit50	Visit75	Avg Visits	Cost Mean	Auth Visit	Payment Flag	Cost Per Visit	TAO Index
29881	Arthroscopy, knee, s...	Surgery	0.19%	1	1	2	1.67	\$1910.38	0		\$1143.94	-99.99

Procedure Type: musculoskeletal system	CPT Code: 29881
Procedure: Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving) including debridement/shaving of articular cartilag	
Frequency: 0.19%	Visit 25%: 1
Visit 50%: 1	Visit 75%: 2
Average Visits: 1.67	Cost Mean: \$1910.38
Authorized Visits: 0	Payment Flag: Route for review with extreme caution
Cost Per Visit: \$1143.94	TAO Index: -99.99

CPT Code	Procedure Name	CPT Group	Frequency	Visit25	Visit50	Visit75	Avg Visits	Cost Mean	Auth Visit	Payment Flag	Cost Per Visit	TAO Index
----------	----------------	-----------	-----------	---------	---------	---------	------------	-----------	------------	--------------	----------------	-----------



If Treatment Guidelines are Like Speed Limits...



...Where Do You Set Yours?



Set Them Too Low...



Guidelines that are too restrictive cause unnecessary delays, disputes, denials and friction which prevents workers from getting needed medical care and drives good doctors out of the system.



Set Them Too High...



Bad guidelines are worse than having no guidelines. If you set speed limits at 150 mph, congratulations, you don't have any speed limits, and you have rendered existing controls like UR impotent.



Set Them Just Right...



Guidelines should use UR judiciously, auto-approving care while limiting excessive/inappropriate utilization. Expertise in guideline development/delivery always comes with a track record.



What Other Factors Drive RTW?



- Getting a release to work from the physician and availability of modified duty, and detailed job demands
- Ultimate measure of post-injury success in workers' comp is disability duration
 - Best thing you can do for injured workers is keep them working or bring them back ASAP
 - Make the medical-only claim your best friend
 - Keep indemnity claims from becoming outliers
- **Make it work with work restrictions!**



ODG Return-to-Work Guidelines

Add Diagnosis, Demographics, Job Title, Confounding Factors



Search for additional conditions 🔍 REFINE

Back sprain x

Refine Results

Job Title or DOL Job Class NEW welder Welder Arc Welder Gas D Welder Gun Lead Welder C Spot Welder Welder Tack Welder Fitter Welder Helper Welder Repair Welder Plastic	State All States Target RTW Date 📅 mm/dd/yyyy <input type="checkbox"/> Diabetes <input type="checkbox"/> Obesity <input type="checkbox"/> Substance Abuse	Claimant Age Claim Type Any <input type="checkbox"/> Hypertension <input type="checkbox"/> Smoker <input type="checkbox"/> Surgery or Hospital Stay
--	---	--



ODG Return-to-Work Guidelines

Job-Specific Durations and Job Descriptions



Home | Duration ✓ | Treatment ✓ | TAO Index ✓ | Formulary | Costs ✓ | Job Profile ✓

Print | Copy URL

Back sprain

MedlinePlus

Day 0 Today | Day 5 | Day 10 RTW Prescription | Day 15 Best Practice | Day 20 | Day 25 Average

A
Average
27 Days
Benchmark against the actual outcomes data

B
Best Practice
18 Days
Manage toward the best practice duration

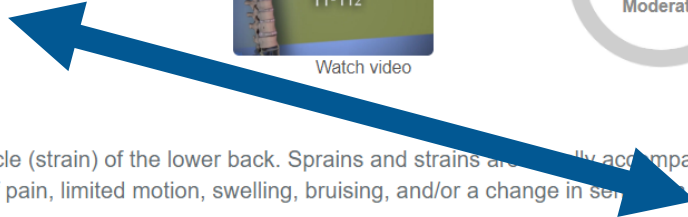
thoracic T1-T12
Watch video

39.29
Risk Score
Moderate

Injury to the ligament (sprain) or to the muscle (strain) of the lower back. Sprains and strains are usually accompanied by a tearing of the tissue as well as symptoms of pain, limited motion, swelling, bruising, and/or a change in sensation.

All Classes | Sedentary | Light | Medium | Heavy | Very Heavy | Lead Welder... 77

Scenario	Activity Level	Duration in Days
Mild (grade I), clerical/modified work	Modified	0 Days
Severe (grade II-III), clerical/modified work	Modified	0-3 Days
Mild, manual/heavy manual work	Regular	7-10 Days
Severe, manual work	Regular	14-17 Days
Severe, heavy manual work	Regular	35 Days

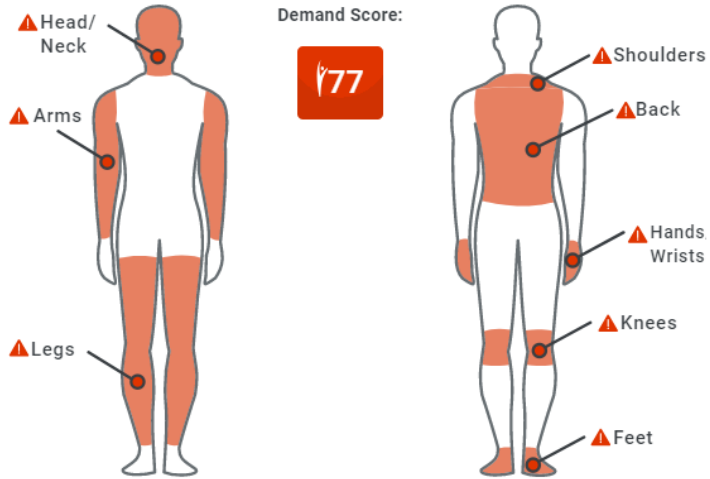


ODG Job Profiler

odg Job Profiler

Job Title: lead welder

Job Profile #: 819281010



Job Media

Description

Description:

Welds lead or lead alloy, using gas torch or arc welding equipment, to install and repair lead items according to oral instructions or dimensional data from blueprints: Installs or repairs equipment, such as lead pipes, valves, floors, and tank linings. Cuts lead sheets or pipe, using powered saws, hand shears, or chipping knife. Levels and scrapes ...

[Full Description](#)

Physical Demands (10)



ODG Job Profiler



The screenshot shows a web browser with several tabs: 'ODG - Job Profile', 'ODG - Durations', 'rtw-prescription-form', and 'Prescription_Worksheet_f52e552'. The address bar shows the URL 'https://odgpeersdev.azurewebsites.net/job-profile'. The main content area has a light green header with the text 'ODG Job Profiles' and a sub-header 'Did you know... return to work programs that start with an accurate job description see return to work times that are 40% shorter than average? The ODG Job Profiler makes it easy to determine the demands of the job and expedites return to work.' A 'Share Job Profile Now' button is visible in the top right of this section.

Below the header, there is a 'Not Approved' status indicator. The main content is divided into sections: 'Job Title: lead welder', a physical demands diagram, and a 'Full Description' modal window. The diagram shows a human figure with red triangles pointing to 'Head/Neck', 'Arms', and 'Legs'. The 'Full Description' modal window contains the following text:

Full Description

Welds lead or lead alloy, using gas torch or arc welding equipment, to install and repair lead items according to oral instructions or dimensional data from blueprints: Installs or repairs equipment, such as lead pipes, valves, floors, and tank linings. Cuts lead sheets or pipe, using powered saws, hand shears, or chipping knife. Levels and scrapes edges or surfaces, using hand scraper, and positions parts for burning. Ignites torch and adjusts valves to obtain flame of specified size and color or adjusts arc welding equipment to obtain specified arc. Welds in flat, vertical, horizontal, or overhead positions. Melts lead bar or wire to add lead to joint. Bonds lead to steel or copper to produce homogeneous lead lining or cover, using flux. Places hand molding irons on heavy joints or corners to hold them in position. Heats forms and dresses lead pipes, elbows, and parts, using handtools, torch, or arc welding equipment. Places asbestos strip under joints to prevent heating of supporting surface. May pour molten lead into permanent or sand molds to cast parts. May melt scrap in kettle and cast or extrude melted scrap into bars or wire for reuse. Important variations include type of joint welded (butt, spot, seam).

At the bottom of the modal window is a 'Close' button. In the background, the 'Job Profile #: 819281010' and a 'Description' section are partially visible.



Export RTW Prescription

The screenshot displays the 'odg by mcg' interface for 'Back sprain'. At the top, there is a search bar with the text 'Search for additional conditions' and a 'REFINE' button. Below the search bar, a green pill contains the text 'Back sprain x'. A navigation bar includes tabs for 'Home', 'Duration' (checked), 'Treatment', 'TAO Index' (checked), 'Formulary', and 'Costs' (checked). A 'Print' button is visible, with a dropdown menu containing 'Print Page', 'RTW Prescription', and 'Functional Abilities Form'. A timeline shows 'Day 0 Today', 'Day 5 RTW Prescription', 'Day 10 Best Practice', and 'Day 30 Average'. Two metrics are shown: 'Average 34 Days' and 'Best Practice 10 Days'. A 'thoracic T1-T12' video thumbnail is present. A circular gauge shows a '44.07 Risk Score Caution'. A large blue arrow points upwards. At the bottom, a paragraph describes back sprains: 'Injury to the ligament (sprain) or to the muscle (strain) of the lower back. Sprains and strains are usually accompanied by a tearing of the tissue as well as symptoms of pain, limited motion, swelling, bruising, and/or a change in sensation.'



The RTW Prescription

Export as a PDF File



ODG RTW Prescription Form

GENERAL INFORMATION		
From the desk of: Phil LeFevre	Employer MCG Health	
Email phil.lefevre@mcg.com	Telephone 5127824439	
Employee John Doe	Claim Number 12345	
Physician Dr. James Andrews	Date of Injury 01/21/2019	Surgery Date
Job Title Lead Welder	Job Physical Demand Level Medium	

Job Description:

Welds lead or lead alloy, using gas torch or arc welding equipment, to install and repair lead items according to oral instructions or dimensional data from blueprints: Installs or repairs equipment, such as lead pipes, valves, floors, and tank linings. Cuts lead sheets or pipe, using powered saws, hand shears, or chipping knife. Levels and scrapes edges or surfaces, using hand scraper, and positions parts for burning. Ignites torch and adjusts valves to obtain flame of specified size and color or adjusts arc welding equipment to obtain specified arc. Welds in flat, vertical, horizontal, or overhead positions.

Please review and modify (if needed) the enclosed ODG guidelines for return-to-work. I have also added a Job Function Evaluation form if you prefer that format. We would like to put a RTW plan in place and can have modified duty available if needed. Please contact me with any questions or concerns, or just return the form with signature. Thank you!

Diagnosis:

Back sprain

ODG Return-To-Work Best Practice Guidelines:

ODG target RTW duration: 18 Days

Capabilities and Activity Modifications for Restricted Work:

Modified Lifting with knees (with a straight back, no stooping) not more than 5 lbs. 12 to 15 to 2 times per day; crawling up to 4 times per day; standing or walking with a 5 minute break at



In lieu of this form, please feel free to submit a state-specific Work Status Report, as may be available and/or required from the workers' compensation division in your state.

ODG Job Function Evaluation Form

PART I: GENERAL INFORMATION		5. Doctor's Name and Degree Dr. James Andrews	(for transmission purposes only)	Date Being Sent
1. Injured Employee's Name John Doe	8. Clinic/Facility Name	9. Employer's Name MCG Health		
2. Date of Injury 01/21/2019	3. Social Security Number (last 4) XXX-XX-	7. Clinic/Facility/Doctor Phone & Fax	10. Employer's Fax # or Email Address (if known)	
4. Employee's Description of Injury/Accident	8. Clinic/Facility/Doctor Address (street address)		11. Insurance Carrier	
	City _____ State _____ Zip _____		12. Carrier's Fax # or Email Address (if known)	

PART II: WORK STATUS INFORMATION (FULLY COMPLETE ONE INCLUDING ESTIMATED DATES AND DESCRIPTION IN 13(c) AS APPLICABLE)

13. The injured employee's medical condition resulting from the workers' compensation injury:

(a) will allow the employee to return to work as of _____ (date) without restrictions.

(b) will allow the employee to return to work as of _____ (date) with the restrictions identified in PART III, which are expected to last through _____ (date)

(c) has prevented and still prevents the employee from returning to work as of _____ (date) and is expected to continue through _____ (date).

The following describes how this injury prevents the employee from returning to work:

PART III: ACTIVITY RESTRICTIONS* (ONLY COMPLETE IF BOX 13(b) IS CHECKED)

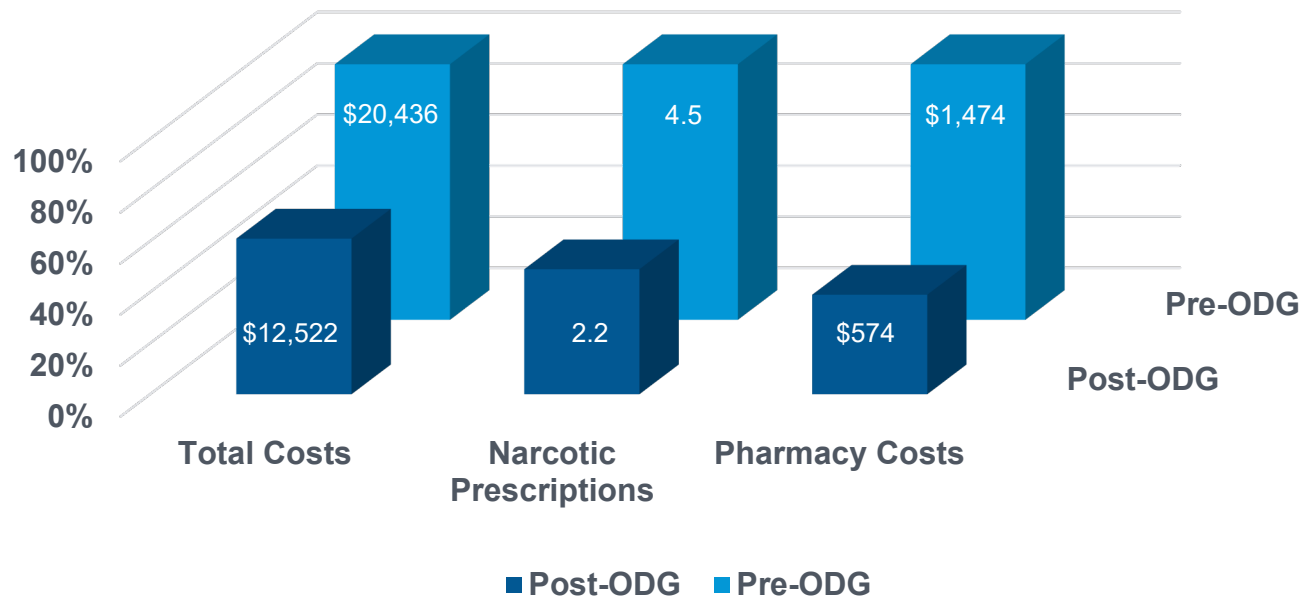
14. POSTURE RESTRICTIONS (if any):		17. MOTION RESTRICTIONS (if any):		19. MISC. RESTRICTIONS (if any):	
Max Hours per day: 0 2 4 6 8 Other		Max Hours per day: 0 2 4 6 8 Other		<input type="checkbox"/> Max hours per day of work: _____	
Standing <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Walking <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> Sit/Stretch breaks of _____ per _____	
Sitting <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Climbing stairs/ladders <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> Must wear splint/cast at work	
Kneeling/Squatting <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Grasping/Squeezing <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> Must use crutches at all times	
Bending/Stooping <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Wrist flexion/extension <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> No driving/operating heavy equipment	
Pushing/Pulling <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Reaching <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> Can only drive automatic equipment	
Twisting <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Overhead Reaching <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> No work/ _____ hours/day work <input type="checkbox"/> in extreme hot/cold environments <input type="checkbox"/> at heights or on scaffolding	
Other - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Keyboarding <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> Must Keep _____ <input type="checkbox"/> elevated <input type="checkbox"/> clean & dry	
15. RESTRICTIONS SPECIFIC TO (if applicable): <input type="checkbox"/> Left Hand/Wrist <input type="checkbox"/> Left Leg <input type="checkbox"/> Right Hand/Wrist <input type="checkbox"/> Right Leg <input type="checkbox"/> Left Arm <input type="checkbox"/> Back <input type="checkbox"/> Right Arm <input type="checkbox"/> Left Foot/Ankle <input type="checkbox"/> Neck <input type="checkbox"/> Right Foot/Ankle		18. LIFT/CARRY RESTRICTIONS (if any): <input type="checkbox"/> May not lift/carry objects more than _____ lbs. for more than _____ hours per day <input type="checkbox"/> May not perform any lifting/carrying		20. MEDICATION RESTRICTIONS (if any): <input type="checkbox"/> Must take prescription medication(s) <input type="checkbox"/> Advised to take over-the-counter meds	
		Other: Add Motion Restriction		<input type="checkbox"/> No skin contact with: <input type="checkbox"/> Dressing changes necessary at work <input type="checkbox"/> No Running	

Outcomes from RTW Prescription



- ESIS, global risk management TPA, implements ODG and begins citing ODG in letters to providers:
 - Total claim costs down 39% (from \$20,436 to \$12,522/claim)
 - Narcotics prescriptions drop 50%, pharmacy costs down 60%

Total Cost and Drug Data Per Claim



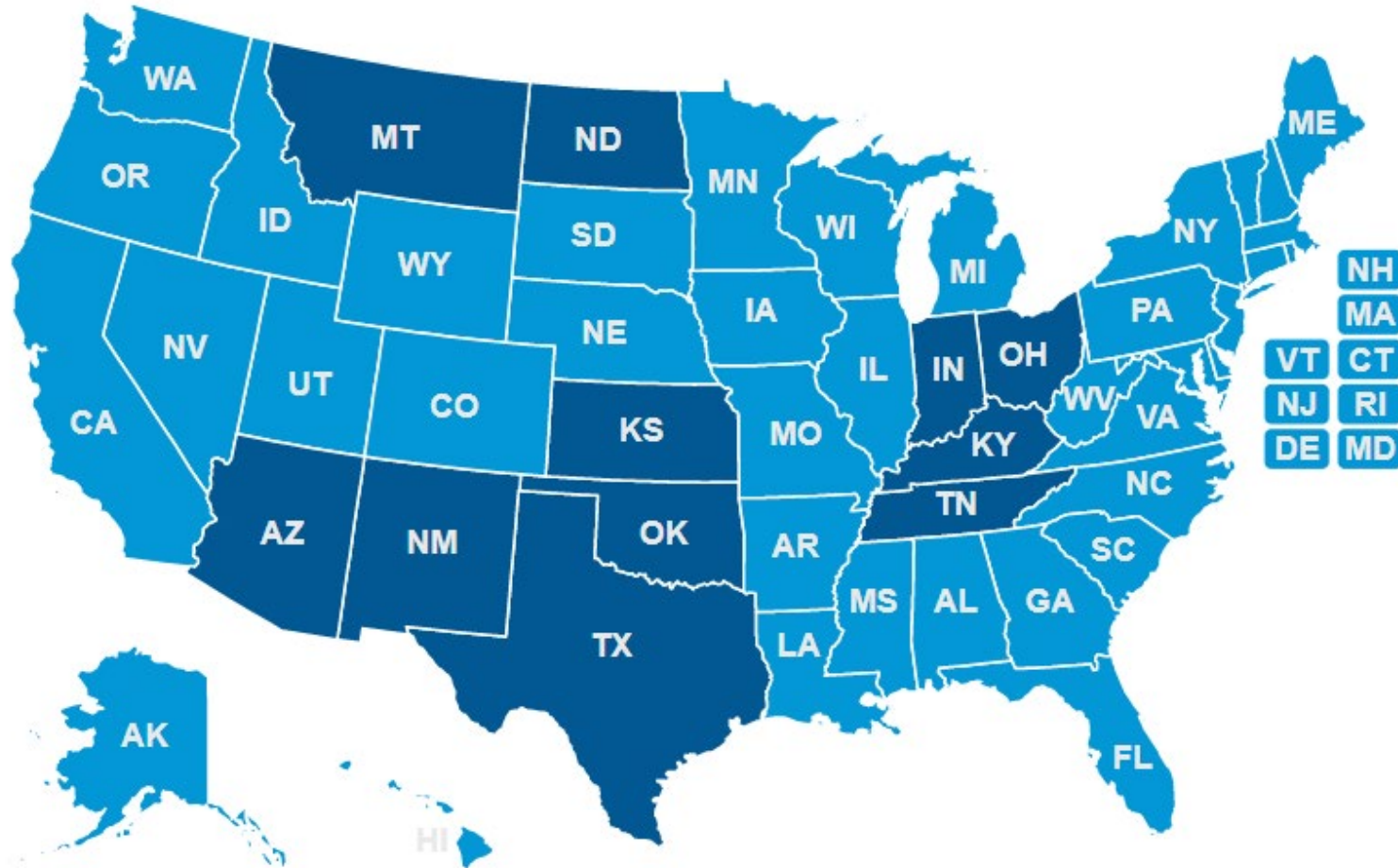


Track Record

ODG has been adopted by more states than any other guideline, with a proven, unparalleled track record for delivering **massive improvement in outcomes.**



ODG Adoptions by State



 ODG States

<https://www.mcg.com/odg/client-resources/state-adoptions/>



Proving Ground: Ohio



Adopted ODG in 2003

- Ohio BWC, monopoly state fund, adopts ODG statewide beginning November 2003
- Diagnosis Related Authorization Pilot in 2004 focusing on top 30 workers' comp conditions
 - Authorization letters sent to providers to treat in accordance with ODG (treatment plan by diagnosis)
 - Concept of prior (as opposed to pre-) authorization
 - Put the guidelines in the hands of treating doctors
- What kind of impact did this have on outcomes?
 - Treatment delay reduced 77%

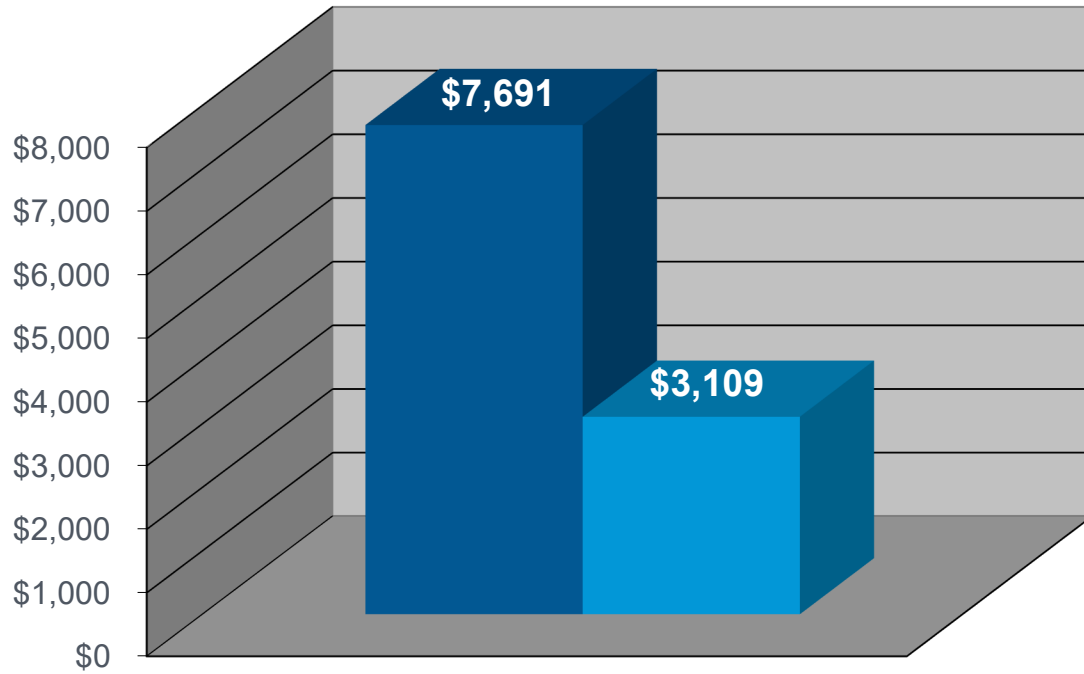


Ohio ODG Adoptions

Results for Top 30 Conditions

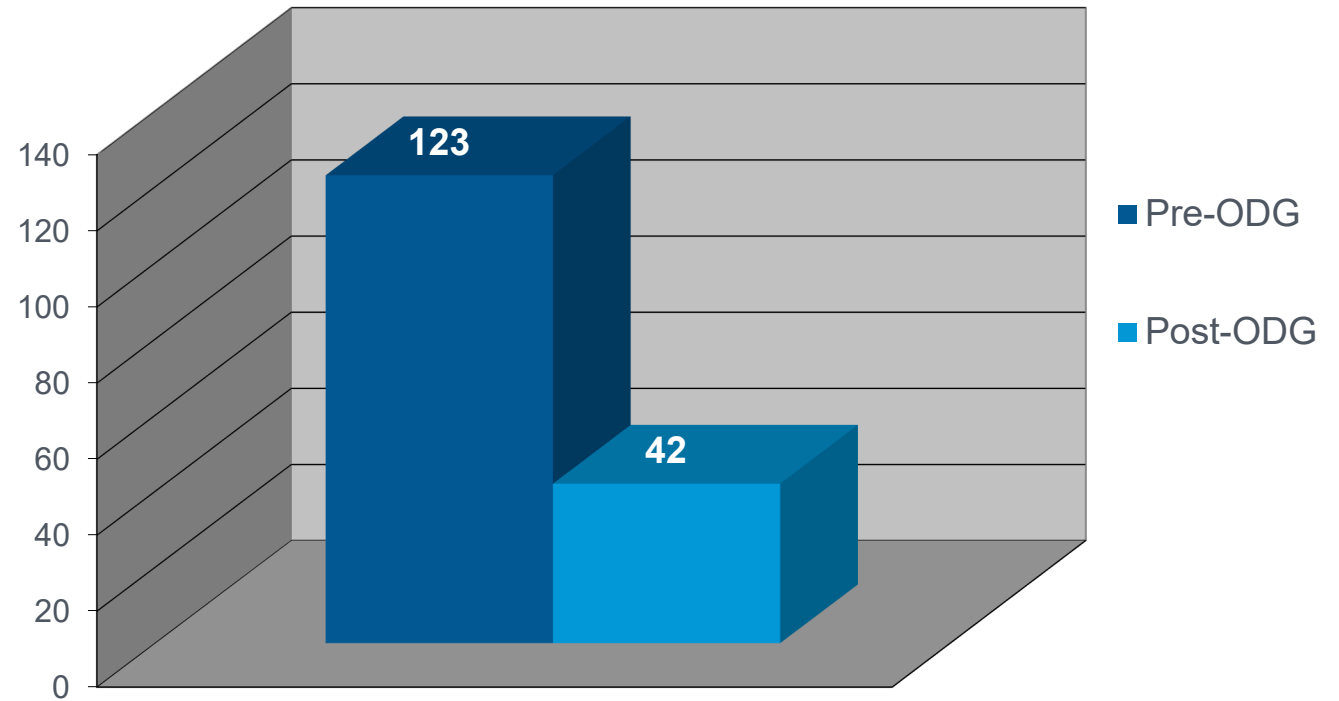


Average Medical Costs per Claim



Costs down 60%

Average Lost Days per Claim



Lost days down 66%

Ohio Experience Feedback



Positive Responses from Providers

- *“I think this program sounds like it will become a time saving & effective tool in bettering or improving the current process”*
- *“Best part was that the injured worker did not have to wait for the treatment. Also cut down on paperwork”*
- *“These innovative methods must be supported & further explored”*
- *“Would like to see this used with all MCOs”*
- *“The physicians thought highly of the ODG program”*
- *“If I was able to pull up the ODG guidelines per patient on the web, that would be great”*
- *“We like the concept”*

Provider Poll:
“Did you feel that ODG met the needs of your injured workers?”

Average score was 4.18 on scale of 1-5.



Ohio Experience



Deloitte Consulting Study of Ohio Workers' Comp System

- Mandated by Ohio Assembly to measure performance and make system recommendations for improvement
- One of Deloitte's major recommendations is to **further strengthen Ohio's adoption of ODG**:
 - *"Should require all MCOs to use ODG in UR"*
 - *"The bureau should be prescriptive and **mandate the use of ODG**"*
 - *"**ODG is the emerging standard** for UR decisions and expected disability duration"*
 - *"Specification of ODG for medical treatment is expected to yield a **positive impact and needed consistency in managing providers**"*
 - Recommends Ohio adopt ODG for RTW as well www.ohiobwc.com/deloitte

Source: *The Deloitte Study*. Ohio Bureau of Workers' Compensation. Accessed from <https://www.bwc.ohio.gov/basics/Deloitte/default.asp>



Ohio Experience



17 Years of Positive Results

- February 2020: Ohio Bureau of Workers Compensation proposes a 13% premium rate reduction
- This follows a 10% rate reduction in 2019
- If approved, the 2020 rate cut marks the third rate cut in three years, and the 11th since 2008



Proving Ground: North Dakota



Adopted ODG in 2005

- Work comp premiums (already lowest in nation) drop another 40%
- \$52 million in premium dividend credits returned to employers
- Described as “one of largest direct cash infusions into ND economy” by House Majority Leader, Rick Berg

Perennial top ranked state in the Oregon WC Ranking – #1 every year since ODG adoption

-40%



Proving Ground: Texas

Adopted ODG Treatment Guidelines in 2007, Drug Formulary in 2011

- Workers' comp premiums down 63%
- Average lost-time down 34%, median 30%
- RTW rates way up (acute, sub-acute, chronic)
- Medical costs down 30% (N Drugs down 81%)
- Denial rates reduced by 50%
- Access to care up 42%
- Jumps 26 slots in WC Premium Ranking
- State Report Cards in WC from F to B

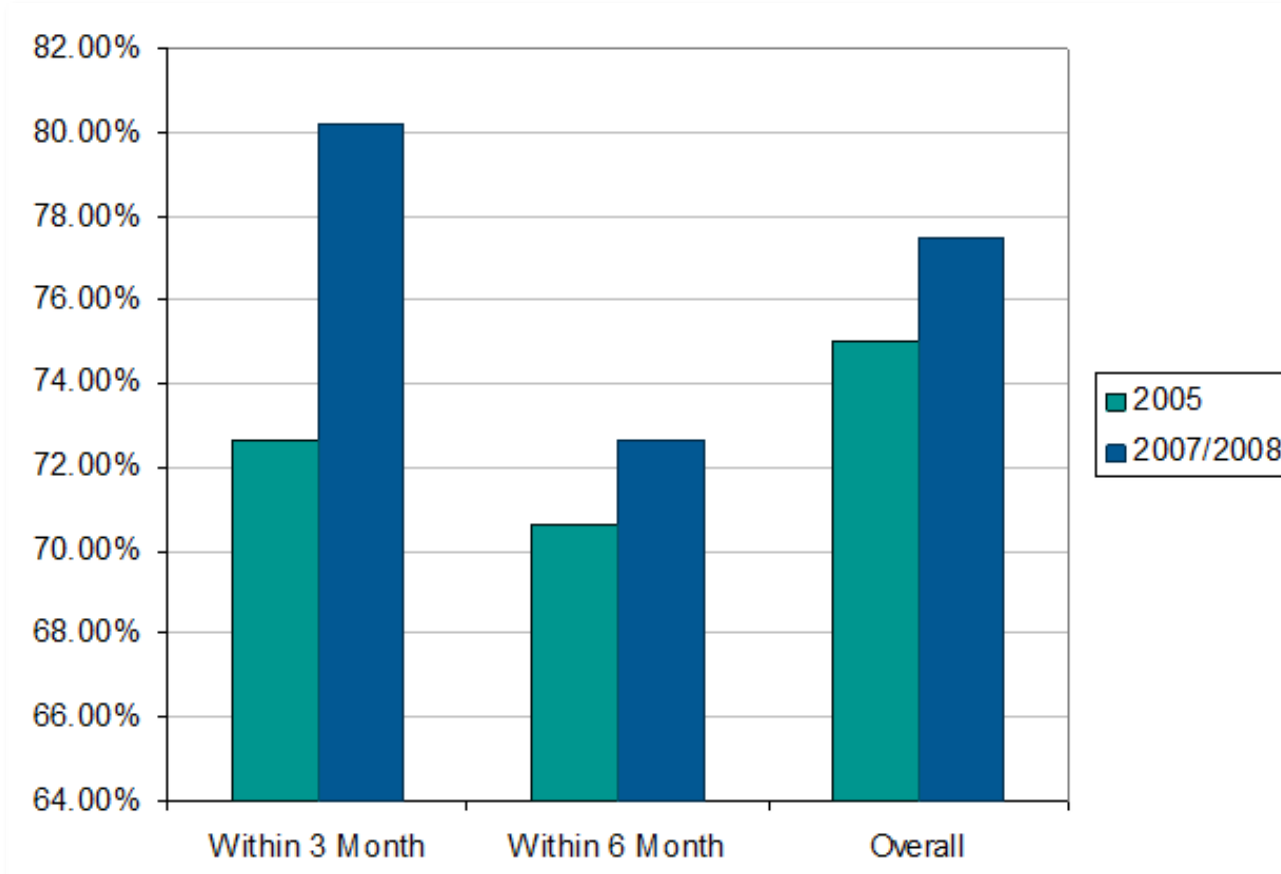
**National Academy of
Social Insurance
(NASI) study:
Texas now the
lowest-cost state**

-63%



Texas Experience

Adopted ODG Treatment Guidelines in 2007, Drug Formulary in 2011



Comparisons of RTW rates pre-ODG vs. post-ODG

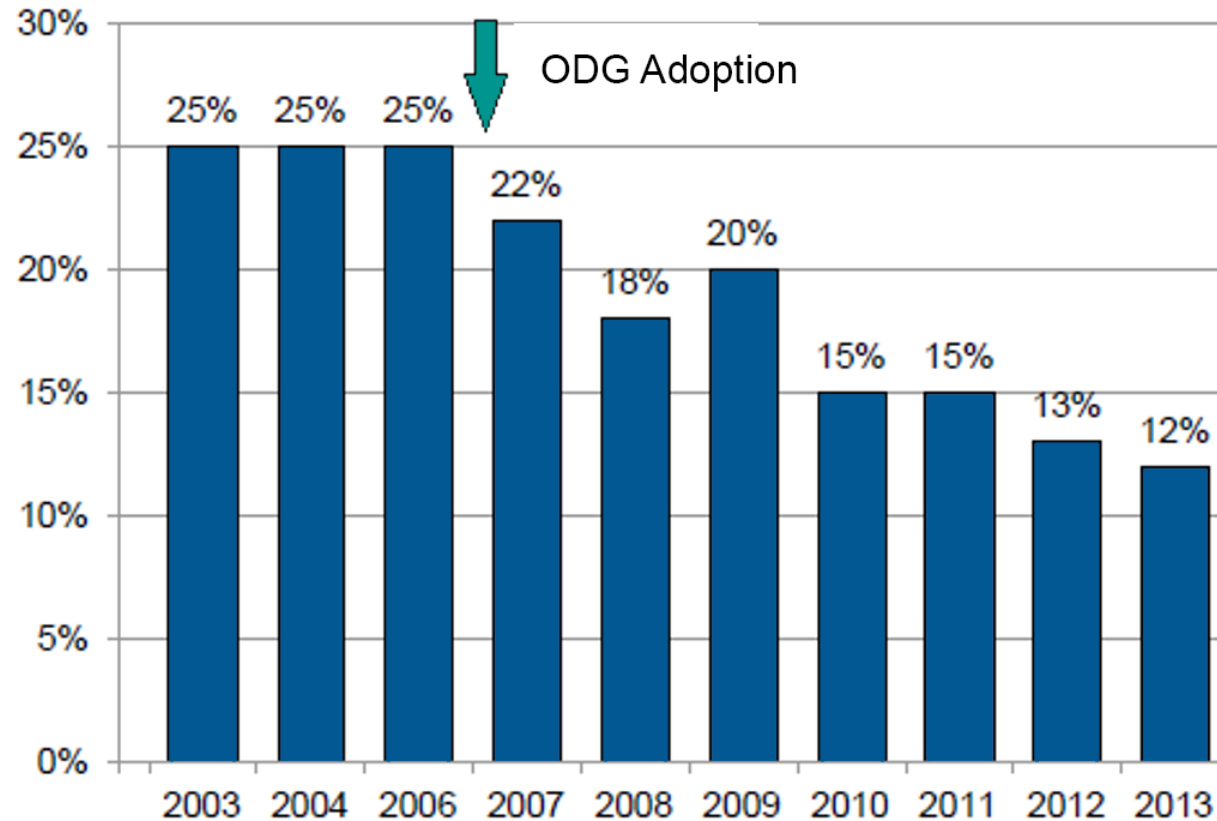
- Within three months of injury, RTW rate is significantly higher for post-ODG sample
- RTW rates also higher within six months after injury and overall

Source: "Impacts of the 2007 Adoption of ODG," Workers' Comp Research & Evaluation Group, Texas Department of Insurance



Medical Denial Rates in Texas Post-ODG

Figure 5.11: Percentage of Professional Medical Services Denied for the Top 25 Workers' Compensation Insurance Carriers, by Service Year



Denial rates, along with workers' comp premiums, have been cut in half

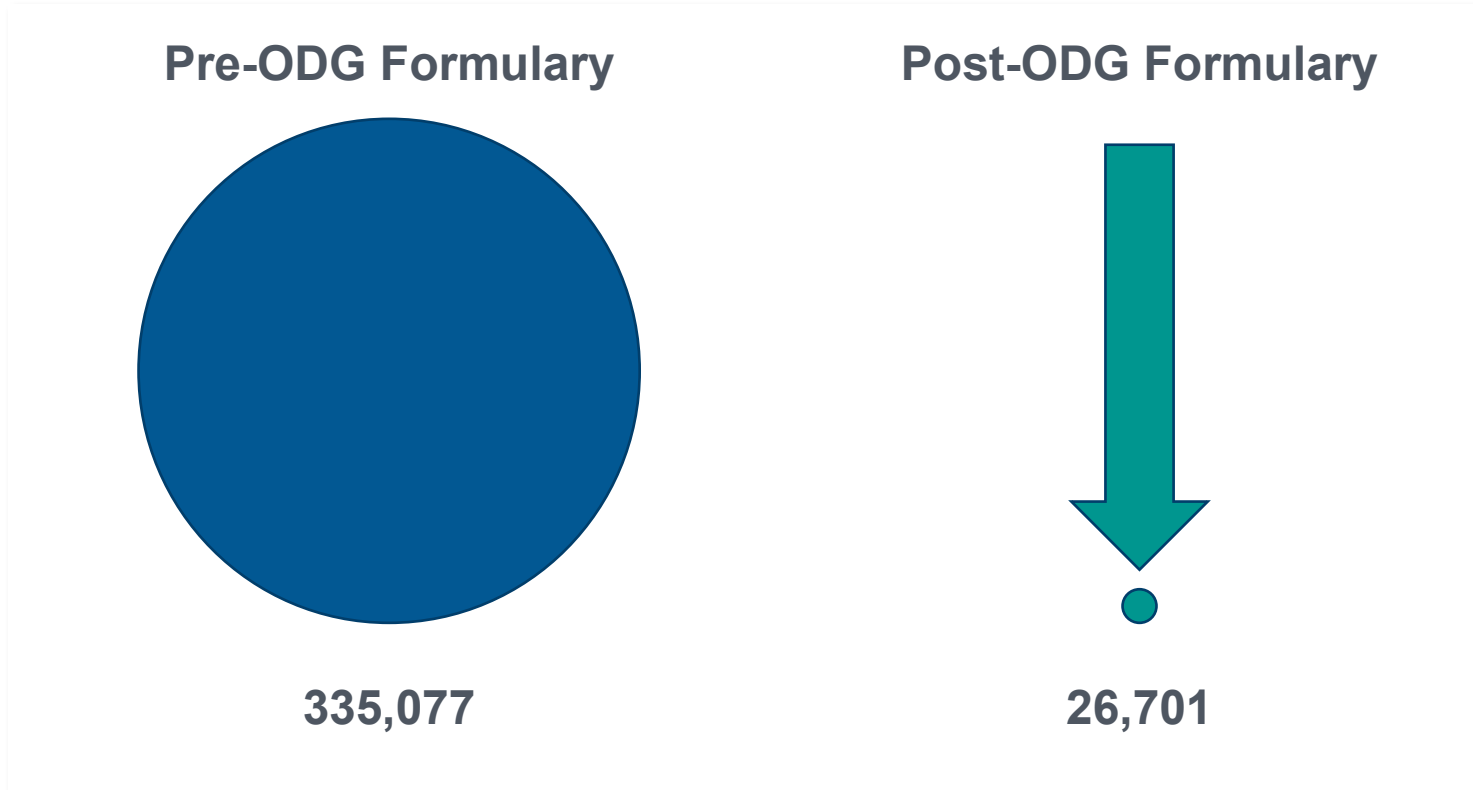


Source: "Impacts of the 2007 Adoption of ODG," Workers' Comp Research & Evaluation Group, Texas Department of Insurance



N Drug Use in Texas

Number of N Drug Prescriptions per Year 2009 vs. 2015



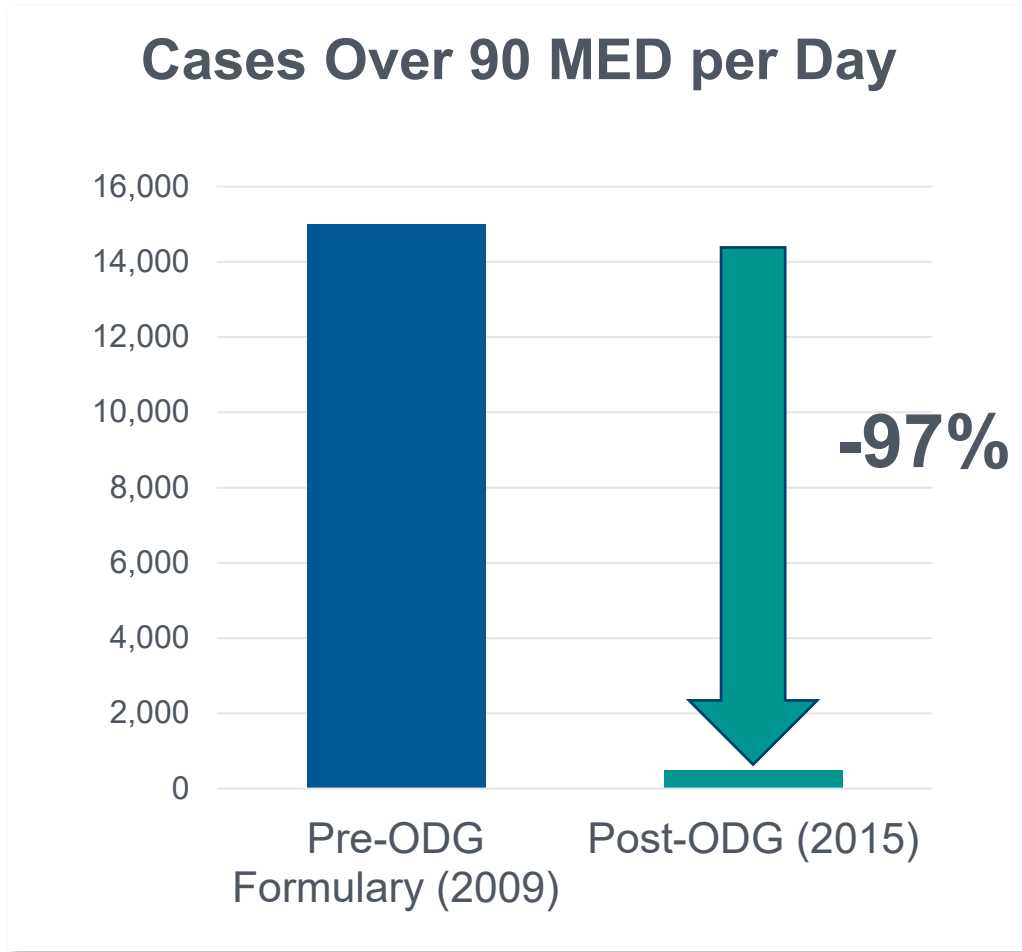
N Drug prescriptions dropped 92%

The combined and powerful effect of the ODG treatment guidelines and ODG Drug Formulary

Source: Texas Department of Insurance Workers' Compensation Research and Evaluation Group. "Impact of the Texas Pharmacy Closed Formulary." July 2016. <https://www.tdi.texas.gov/reports/wcreg/documents/formulary16.pdf>



Post-ODG, High MED Cases (90+) Dropped by About 97%



Source: Texas Department of Insurance Workers' Compensation Research and Evaluation Group. "Impact of the Texas Pharmacy Closed Formulary." July 2016.
<https://www.tdi.texas.gov/reports/wcreg/documents/formulary16.pdf>



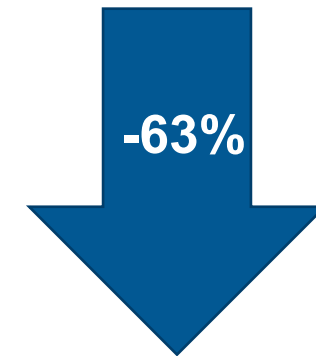
Proving Ground: Oklahoma



- 2005: OK adopts Colorado Guidelines
- 2011: Gov. Mary Fallin pushes SB878 which drops Colorado guidelines and instead adopts ODG treatment guidelines
- 2012: Oklahoma adopts ODG Formulary
- 5/6 (reductions every year)
- Governor Fallin describes the decreases as a boon for Oklahoma's economy

Lesson: All guidelines are not created equal

NCCI reports 63% drop in loss-cost rates since the ODG adoption



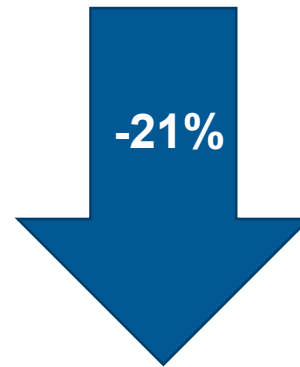
New ODG Adoptions by State



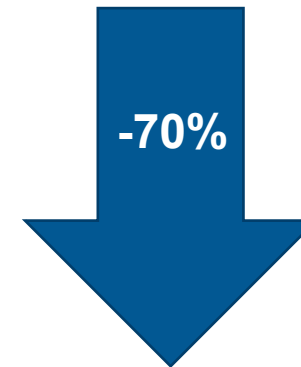
- 2016: Tennessee and Arizona
- 2019: Kentucky, Indiana, and Montana
- Arizona strengthens ODG rules in 2018

Tennessee already showing 21% savings in rates and 70% savings in claim duration

TN Annual Premium

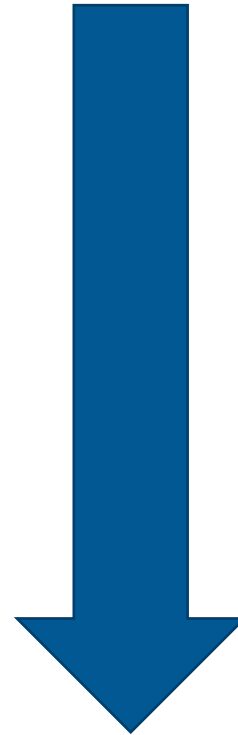
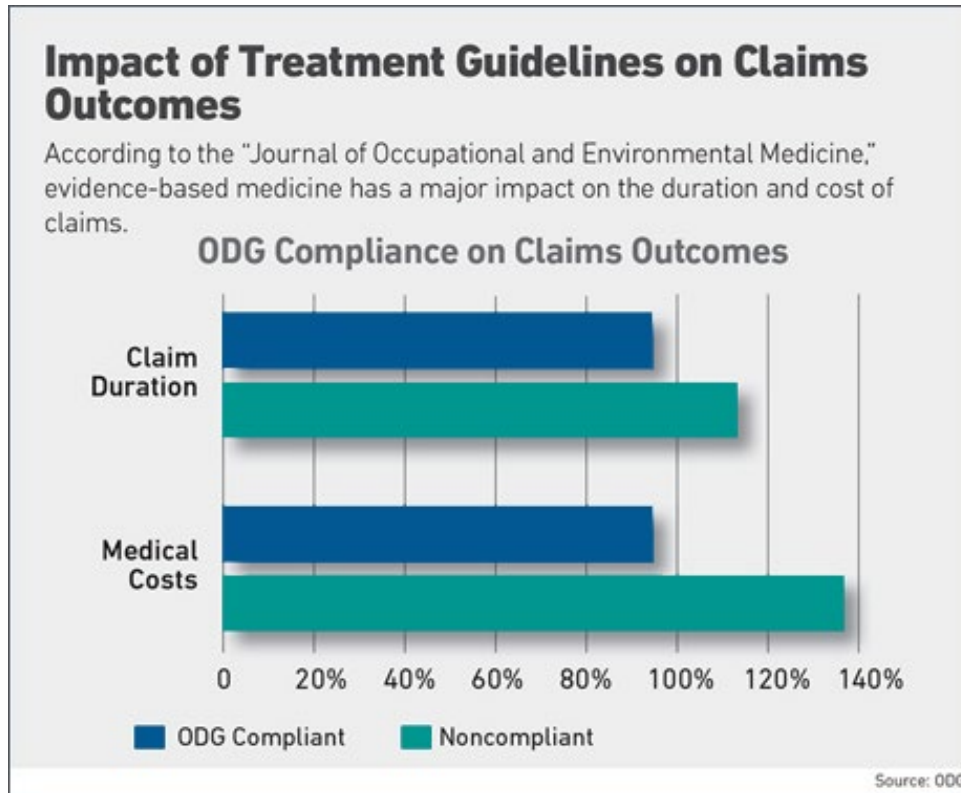


TN Claim Duration



Independent Research

Journal of Occupational and Environmental Medicine (JOEM)



Claim duration and medical costs drop significantly with ODG compliance

2016 Johns Hopkins University Medical School study with Accident Fund Insurance Company shows massive improvement from ODG compliance on claim outcomes.



Centers for Medicare and Medicaid Services (CMS) References ODG



- The Workers' Compensation Medicare Set-Aside Arrangement (WCMSA) Reference Guide, published on January 4, 2019, refers stakeholders to ODG when using **“evidence-based guidelines as resources in determining future treatment”** (on page 28)

Source: *WCMSA Reference Guide*. Centers for Medicare & Medicaid Services (CMS). Accessed from https://www.cms.gov/Medicare/Coordination-of-Benefits-and-Recovery/Workers-Compensation-Medicare-Set-Aside-Arrangements/Downloads/WCMSA-Reference-Guide-Version-2_9.pdf



MCG is URAC Certified



■ In April 2021, MCG earned **URAC** certification in three new areas:

- Clinical Decision Support
- Clinical Review Criteria
- Initial Clinical Review



CERTIFIED

HUM:
Clinical Decision
Support
Expires 05/01/2024



CERTIFIED

HUM:
Clinical Review Criteria
Certification
Expires 05/01/2024



CERTIFIED

HUM:
Initial Clinical Review
Expires 05/01/2024

* MCG Health was previously granted full URAC certification pursuant to Health Utilization Management, Version 7.3 (that certification was effective March 1, 2018, to March 1, 2021).

Patients, Not Payments



Thank You!

odg^{by}
mcg

