



MANAGED HEALTHCARE NORTHWEST, INC.

422 E. BURNSIDE, SUITE 215, PO BOX 4629, PORTLAND, OREGON 97208-4629
(503) 413-5800 Fax (503) 413-5801

CAREMARK COMP MCO PRECERTIFICATION REQUEST FORM

Surgery, DME and Diagnostic Imaging

CLEARLY COMPLETE REQUEST AND FAX WITH CURRENT CHART NOTES

TO: 503-413-5864

SURGICAL REQUESTS SHOULD ALSO INCLUDE APPROPRIATE DIAGNOSTIC IMAGING/TESTING REPORTS
DETERMINATIONS WILL BE FAXED TO YOU.

Authorization cannot be given unless all necessary information is provided.

DATE: _____

WORKER/MEMBER INFORMATION- Please complete for all requests

Worker/Member Name (Last, First): _____ DOB: _____

Claim Number: _____ Date of Injury: _____

Diagnosis _____ ICD9 Code _____

ORDERING PHYSICIAN- Please complete for all requests

Physician: _____ Tax ID: _____

Contact Person: _____ Phone: _____ Fax: _____ On MHN Panel: Y or N

SURGICAL or DIAGNOSTIC IMAGING REQUEST

Date of Procedure: _____ TBS _____

Outpatient: _____ or Inpatient: _____ # of Days Requested if inpatient: _____

Procedure _____ CPT Code _____

Surgical requests only: Right side _____ Left side _____ If spinal, which level: _____

Facility: _____ Tax ID: _____ On MHN Panel: Y or N

Contact Person: _____ Phone: _____ Fax: _____

NOTE: Please remember that if you plan to prescribe a Long-Acting Opioid (LAO) beyond the initial 7-day post-operative period, you will need to complete the CareMark Comp Opioid Precertification Process. (Required forms can be found at www.mhninc.com) *

To improve coordination with the insurer, please check this box to indicate that you plan to prescribe a LAO during the initial 7-day post-operative period. Drug Name _____ Dose _____

DME REQUEST

Provider: _____ Tax ID: _____ On MHN Panel: Y or N

Contact Person: _____ Phone: _____ Fax: _____

Rental: _____ Purchase: _____ If Rental # of Days: _____ Date Provided: _____

Item _____ HCPC code _____

*In addition, OR law requires you to submit Form 4909 to Insurer in order to prescribe more than a 5-day supply of Fentora, Kadian, or OxyContin.