



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 _____ Current ICD-CM Code _____

ORDERING PHYSICIAN- Please complete for all requests

Physician: _____ Tax ID: _____

Contact Person: _____ Phone: _____ Fax: _____

SURGICAL or DIAGNOSTIC IMAGING REQUEST

Date of Procedure: _____ TBS _____

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

Procedure _____ CPT Code(s) _____

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

Facility: _____ Tax ID: _____

Contact: _____ Phone: _____ Fax: _____

OPIOIDS: 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)

Please check this box to indicate that you plan to prescribe a LAO during the initial 7-day post-operative period.

Drug Name: _____ Dose: _____

POST SURGERY PHYSICAL MEDICINE beyond 9 visits requires precertification by the therapist. Please indicate below if you plan to order 9 or fewer physical medicine visits or more than 9 visits post-surgery.

9 physical medicine visits or less

10 or more physical medicine visits

DMEPOS – NO PRECERTIFICATION NEEDED FOR DMEPOS UNDER \$500 (EXCEPT for TENS or ENS)

Provider: _____ Tax ID: _____ On MCO Panel:

Contact: _____ Phone: _____ Fax: _____

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

Item _____ HCPCS 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.