

# REQUEST FOR PREAUTHORIZATION OF MEDICAL TREATMENT

**The Use Of This Form Is Required Under The Provisions of The Workers' Compensation Act.**

Employee's Name _____			Requesting Provider _____		Telephone Number ( ) _____	
Address _____			Provider Billing Address _____		City _____	State _____ Zip _____
City _____	State _____	Zip _____	Tax ID _____			
Home Telephone ( ) _____		Work Telephone ( ) _____		Form Prepared By _____		
Social Security Number _____		Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth / / _____		Telephone Number ( ) _____	Fax Number ( ) _____

1. The health care provider above requests preauthorization for the following surgery or inpatient admission and all pertinent clinical documentation regarding this request is attached.

Diagnosis: _____	Facility/Place of Service: _____
Setting: _____	Address: _____
Outpatient or Inpatient	Phone & Fax: _____ / _____
Diagnosis Code ICD-9:: _____	Tax ID: _____
Principal CPT Code: _____	Billing Contact: _____

2. Requested Service (include description, including body part(s)):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Frequency and Date(s) of Service (include date or length of service and admission date for inpatient treatment):  
\_\_\_\_\_  
\_\_\_\_\_

4. To be completed by Insurer: Procedure/Admission is  Authorized.(or)  Denied upon initial review. (Attach any explanation for decision or state additional information needed.) Insurer determinations shall be sent to all interested medical providers.

Date Completed: _____	Company Name: _____
Signed By: _____	Official Title: _____
Print Name: _____	Preauthorization Number: _____

This form shall be transmitted by the health care provider to the insurer at the e-mail address or fax number designated in the insurer's preauthorization review policy:

**CLAIMS ADJUSTER OR DESIGNATED PREAUTHORIZATION AGENT:** \_\_\_\_\_

**FAX NUMBER:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_



<b>Heritage Summit Healthcare, LLC</b>	<b>Number:</b>	1
	<b>Pages:</b>	
	<b>Effective:</b>	7/1/2015
	<b>Revised:</b>	

**Title: North Carolina Preauthorization Review Request**

**Policy:** Heritage Summit Healthcare LLC (HSHC) has established a process to review preauthorization requests to determine if the requested medical treatment is medically necessary and appropriate in regards to the injury/injuries sustained as a result of the industrial accident.

**Procedure:**

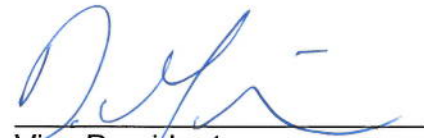
- The following services may require preauthorization review:
  1. Inpatient admission to a hospital
  2. Inpatient admission to a treatment center
  3. Inpatient or outpatient surgery
- Emergency services do NOT require preauthorization.
- Services rendered in the diagnosis and treatment of a specific medical condition for which liability has NOT been accepted by the adjuster and where the adjuster has not authorized payment for treatment, although the adjuster admits the employee has suffered a compensable injury or illness, do NOT require preauthorization.
- Requests for preauthorization shall be submitted within 10 days of the proposed date of service.
- Per regulation, 4 N.C. ADMIN. CODE 10A. 1001 (2015), all requests for preauthorization shall be submitted on Industrial Commission form 25PR (see attached)
- The form 25PR may be faxed to 770-718-9490 or emailed to:
 

*NC25PR@summitholdings.com*
- All inquiries/communication concerning requests for preauthorization can be telephoned, faxed or emailed to Heritage Summit Healthcare:

Telephone: 1-800-971-2667  
 Fax: 770-718-9490  
 Email: *NC25PR@summitholdings.com*

- Delivery of a request for preauthorization to the claims adjustor or Heritage Summit Healthcare, LLC at the email address, fax number or telephone number as posted shall constitute receipt of the preauthorization request by the claims adjustor.
- A letter acknowledging receipt of the preauthorization request will be faxed or mailed to the requesting provider within 2 days of receipt of the preauthorization request.
- The acknowledgement letter shall include the name, telephone number, fax number and email address of the preauthorization agent: Heritage summit Healthcare, LLC.
- The preauthorization agent, Heritage summit Healthcare, LLC shall be available on a continuous basis, every business day (excluding holidays and weekends) from 8:00 am to 8:00 pm EST to facilitate responses to communications or determinations.
- The party with overall decision making authority is the Claims Adjustor.
- The preauthorization agent, HSHC, will review preauthorization requests for medical necessity and appropriateness utilizing the Official Disability Guidelines™.
- HSHC preauthorization agent may request the HSHC Medical Director to review the preauthorization request and if determination to approve the request cannot be made the preauthorization agent may refer to a Peer Review Physician.
- Peer Review Physicians shall be physicians licensed in North Carolina, South Carolina, Georgia, Virginia or Tennessee and shall hold professional qualifications, certifications and fellowship training in a like specialty that is at least equal to that of the treating provider who is requesting preauthorization of surgery or inpatient treatment.
- The preauthorization review agent determination shall be submitted on ICF 25PR to the employee, the attending physician and if applicable to the hospital or treatment center.
- A determination to approve or deny the preauthorization request will be made within 7 business days of receipt of the request. Failure to make a determination within 7 business days shall result in an automatic waiver of the right of the carrier to contest the requested treatment unless:
  1. An extension of time to review preauthorization requests, not to exceed 7 business days, is agreed upon by the insurer/carrier and the medical provider requesting preauthorization.
  2. An additional extension of time is granted by the Industrial Commission.
- All denial decisions will include supporting documentation of the substantive clinical justification for the denial determination, including the relevant clinical criteria upon which the denial decision is based.

- Denial decision based upon lack of information shall specify what information is needed.
- Determinations to deny the preauthorization request may be appealed through the NCIC Office of the Executive Secretary per Rule 609A. The request for medical motion shall be submitted electronically to *medicalmotions@ic.nc.gov*.
- On an annual basis, by July 1 of each year, the carrier shall submit an electronic copy/link for any medical guidelines utilized in the preauthorization process to the Industrial Commission.
- On an annual basis, by July 1 of each year, the carrier shall submit their Peer review Physician Profiles to the Industrial Commission.



Vice President



Director

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