Provider Instructions for Initiating an URGENT Request for Utilization Review

Purpose:

The purpose of this document is to convey instructions to healthcare providers who would like to request an urgent utilization review.

Definition of Urgent Utilization Review:

Any request for a utilization review determination with respect to which the application of the time periods for making a non-urgent care determination:

a) could seriously jeopardize the life or health of the consumer or the ability of the consumer to regain maximum function

b) in the opinion of a physician with knowledge of the consumer's medical condition, would subject the consumer to severe pain that cannot be adequately managed without the care or treatment that is the subject of the case.

Process for Submitting an Urgent Request for Utilization Review:

1. **Complete all forms as required for a non-urgent review request**
2. **Complete the 'Urgent Review Request Form' located on the next page**
3. **Fax all documents to 877-523-1148**
4. **Call 866-267-7003 and leave a detailed message including:**
   a. Patient's name
   b. Patient's insurance plan and ID number
   c. Briefly describe why the request is considered 'urgent'
   d. State your name
   e. State your contact information including when you may be reached

Urgent Request for Utilization Review Form

Instructions:

1. All fields on this form **must** be populated
2. Please fax this form to 877-523-1148, along with all supporting documentation**
3. Please call 866-267-7003 after faxing this form

Submitted by:

Contact: _____

Phone #: _____ Ext/Option #: _____ Fax #: _____

Patient Information:

First Name: _____ Last Name: _____

Insurance Plan _____ Insurance ID #: _____

Date of Birth (mm/dd/yyyy): _____ Date of Injury (mm/dd/yyyy): _____

Ordering Provider Attestation:

Urgent Review - Any request for a utilization management determination with respect to which the application of the time periods for making non-urgent care determinations: **a)** could seriously jeopardize the life or health of the consumer or the ability of the consumer to regain maximum function, or **b)** in the opinion of a physician with knowledge of the consumer's medical condition, would subject the consumer to severe pain that cannot be adequately managed without the care or treatment that is the subject of the case.

I have reviewed the above definition of 'urgent review,' and attest that the patient noted above requires healthcare services that I am not willing to provide without prior consent from the named insurance carrier.

Provider Name (Printed): _____

Provider Signature: _____

** **Supporting documentation includes all information that would have been submitted for a non-urgent review request** (Request for Review form for applicable benefit plan, clinical information to establish medical necessity for requested healthcare services, etc.).

Clear fields