GEORGIA STATE BOARD OF WORKERS' COMPENSATION

REQUEST FOR AUTHORIZATION OF TREATMENT OR TESTING BY AUTHORIZED MEDICAL PROVIDER

Standing Order of the State Board of Workers' Compensation

Advance authorization for the medical treatment or testing of an injured employee is not required by the Georgia Workers' Compensation Act as a condition for payment of services rendered. However, an authorized medical provider may request advanced authorization for treatment or testing by completing Sections I and 2 of this form and faxing or e-mailing same to the insurer/self-insurer. The insurer/self-insurer shall respond to this request within 5 business days of receipt of this form by completing Section 3 below. If the insurer/self-insurer fails to respond to this request within the 5-day period, the treatment or testing stands pre-approved. See, Board Rule 205. NEITHER THE REQUEST NOR THE RESPONSE SHALL BE FILED WITH THE BOARD, UNLESS OTHERWISE REQUESTED.

Honorable Richard S. Thompson, Chairman
State Board of Workers' Compensation

SECTION 1. IDENTIFYING INFORMATION

PATIENT	Last Name	First Name	M.I.	SSN or Board Tracking #	Date of Accident

Employer Name	Insurer / Self-Insurer Name
Adjuster	Insurer/Self-insurer phone number
Insurer/Self-insurer E-mail	Insurer/Self-insurer Fax number

SECTION 2. REQUEST FOR TREATMENT OR TESTING AUTHORIZATION

Diagnosis	ICD-9 Code	Requested Treatment or Testing

CPT/DRG Code	Who is to provide treatment or testing?	Reason for treatment or testing

Requesting authorized medical provider		Address	
Phone Number	Fax Number	City	
E-mail		Sate	Zip Code

I hereby certify that this completed form was ❑ Faxed ❑ Emailed to the Insurer / Self-Insurer on this the _____ (day) day of _____ (month), _____ (year)

Signature of Authorized Requesting Medical Provider

SECTION 3. RESPONSE OF INSURER TO REQUEST FOR TREATMENT OR TESTING AUTHORIZATION

(Check appropriate item(s) and return to requesting Medical Provider by Fax or E-mail)

❑ The requested Treatment or Testing is authorized
❑ The requested Treatment or Testing is not authorized because it is:
❑ ❑ a. Not related to the on-the-job injury
❑ ❑ b. Not reasonably required to effect a cure, give relief or restore employee to suitable employment
❑ ❑ c. Not being provided by an authorized, panel or referral medical provider;
❑ ❑ d. Additional information needed (specify)
❑ ❑ e. Other (specify)

I hereby certify that this Response was ❑ Faxed ❑ Emailed to the requesting medical provider on this the _____ (day) day of _____ (month), _____ (year)

Signature of Insurer/Self-Insurer Representative

IF YOU HAVE QUESTIONS PLEASE CONTACT THE STATE BOARD OF WORKERS' COMPENSATION AT 404-656-3818 OR 1-800-533-0682 OR VISIT http://www.sbwc.georgia.gov

WILLFULLY MAKING A FALSE STATEMENT FOR THE PURPOSE OF OBTAINING OR DENYING BENEFITS IS A CRIME SUBJECT TO PENALTIES OF UP TO $10,000.00 PER VIOLATION (O.C.G.A. §34-9-18 AND §34-9-19).

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Advance authorization for the medical treatment or testing of an employee is not required by the Workers' Compensation Act. However, in the event an authorized provider requests pre authorization/pre-certification for treatment or tests of an employee and submits this form for such preauthorization/pre-certification to the insurer/self-insurer, the insurer/self-insurer shall respond, in writing, to this request within 5 business days from its receipt. A written request or response under this subsection shall be by facsimile transmission or e-mail. Any response to this request shall be sent directly to the requesting authorized medical provider. If the insurer/self-insurer fails to respond by completing Section 3 of this form within 5 business days, the treatment or testing stands pre-approved.

Neither the request nor the response shall be filed with the Board, unless otherwise requested.

In the event the insurer/self-insurer furnishes an initial written refusal to authorize the requested treatment or testing within the 5 business day period, then within 21 days of the initial receipt of the request for the requested treatment or testing, the insurer/self-insurer shall either:

(a) Authorize the requested treatment or testing in writing; or

(b) File with the Board a Form WC-3 controverting the treatment or testing and set forth the specific grounds for the controversion.

Advance authorization procedures for medical providers participating in a Board approved WC/MCO may be governed by the applicable contract and may vary from the provisions above. Questions regarding the applicability of the provisions above should be addressed to the plan administrator or Managed Care Division of the State Board of Workers' Compensation (404) 656-3784.