

Pre-Authorization At A Glance: Make Life Easier for You and Your Patients

Pre-authorization steps for medical provider's offices:

1. Fill out form (www.labor.vermont.gov/workers-compensation/medicalhealth-care-providers-information/).
2. Attach recent note showing medical necessity of proposed treatment or testing.
3. Fax form and medical evidence note to workers' compensation insurer.
4. Keep record of successful fax transmission, date, time, and name of sender.

Pre-Authorization Procedure

Workers' compensation insurer receives pre-authorization request and medical evidence from medical office (see Steps above)

Insurer does not respond within 14 days of receiving pre-authorization request.

Insurer approves request

Patient schedules treatment

Insurer schedules IME*

Insurer approves request

Patient schedules treatment

Insurer denies request

Insurer does not decide within 45 days of receiving pre-authorization request

Insurer denies request:

- Treatment not reasonable or necessary, or
- Claim was denied

Patient should contact an attorney to file an appeal with the Labor Commissioner to order the treatment be provided

* independent medical exam



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