Chesapeake Employers Insurance
Your workers' compensation specialist
& IWIF Workers' Compensation Insurance

Precertification Review Service Request Form (PR5)

Electro Medical Equipment

To expedite the review process, the following information is necessary and pre-authorization required prior to providing equipment:

1. **Complete** the Electro Medical Equipment Pre-Certification Service Request Form (PR5).
2. Submit physician reports addressing medical necessity, appropriateness, and rationale for the equipment being requested with the completed Service Request Form.

   The AMA defines medical necessity as: "Health care services or products that a prudent Physician would provide to a patient for the purpose of preventing, diagnosing or treating an illness, injury, disease or its symptoms in a manner that is: (a) in accordance with generally accepted standards of medical practice; (b) clinically appropriate in terms of type, frequency, extent, site, and duration; and (c) not primarily for the economic benefit of the health plans and purchasers or for the convenience of the patient, treating physician, or other health care provider." The "prudent physician" standard of medical necessity ensures that physicians are able to use their expertise and exercise discretion, consistent with good medical care, in determining the medical necessity for care to be provided each individual patient.

3. **Recertification** of rental, purchase, or electrodes requires the ***Recertification Section*** of the form be completed.
4. **E-mail the completed request form with the physician report to Precert1@ceiwc.com or fax to the Precertification Department at 410-494-2079**.
5. The request will be reviewed and a response to the pre-certification request will be returned in the manner in which it was first, either by e-mail or fax, within 72 hours of its receipt.
6. Authorization letter, with the precertification decision, is mailed to the injured worker, provider, and attorney if applicable.

Contact the Pre-certification Department if further assistance is necessary at1-800-264-4943.

TO ENSURE PROMPT SERVICE, PLEASE DO NOT RESEND YOUR E-MAIL OR RESUBMIT YOUR FAX.

Chesapeake Employers' Insurance Company
8722 Loch Raven Boulevard • Towson, Maryland, 21286-2235 • 410-494-2000 • 1-800-264-4943 • www.ceiwc.com

CHESAPEAKE/ IWIF
ELECTRO MEDICAL EQUIPMENT SERVICE REQUEST FORM (PR5)

Referral Date:	**Time:**

PROVIDER OF EQUIPMENT INFORMATION

Submitted By:		**Date:**
Provider / Vendor Name:		**Phone:**
Address:		
Fax:	**Fed Tax ID:**	**Vendor #:**

INJURED WORKER'S INFORMATION

Injured Worker's Name:	**Social Security Number:**	
Claim Number:	**Date of Injury:**	**DOB:**
Date of Injury:	**Body Part:** ☐ **Right** ☐ **Left**	
Diagnosis:		
Description:		
HCPCS Code(s):		

RECERTIFICATION OF PRODUCT OR ELECTRODES (COMPLETE THIS SECTION)

Date Issued: **PATIENT'S USE OF DEVICE**

Days In last Month:	**Average Minutes Per Day:**	**Times Per Day:**	**Did It Help?** ☐ **YES** ☐ **NO**
Current Average Pain Rating (0-10 scale):	**Estimate Percentage of Improvement Related to Product (0-100%)** **In Pain:** **In Activity:**		
Additional Information:			

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