

SURGERY PRECERTIFICATION REQUEST FOR NJ PIP CLAIMS
(This does not apply to EMERGENCY PROCEDURES)**Genex Services**
NJ DPR Department
PO Box 4379
Westlake Village, CA 91359
NJDPRPlus@reviewstat.com
Fax: 866-327-9318Request Date: _____ Patient Name: _____
Physician Name: _____ Claim No.: _____
Telephone No.: _____ Date of Loss: _____
Fax No.: _____
TIN: _____**Please complete below:**

Include documentation to support the need for and causal relationship of surgery (i.e., MRIs, CT scans, Discogram, EMG and most recent office notes).

Surgical Procedure Description: _____

_____CPT/Dental Procedure Code(s)*: _____

ICD Diagnosis Code(s): _____

Name of Hospital or ASC where procedure will be performed: _____
_____**Please check the appropriate box:**

- I do not anticipate requiring an assistant surgeon or co-surgeon.
- I propose using one or more co-surgeon(s). Name(s): _____

- I propose using two or more surgeons. Name(s)/Role(s): _____

- Post-operative care beyond that included in the global fee period is required (Specify type of care/services i.e., PT with frequency and duration, DME, etc.).**

- Inpatient admission required. Same Day Surgery. Proposed Surgery Date: _____

* Subject to review and substantiation with operative report.

** **Requests for Co-Surgeons and Assistant Surgeons must meet CMS Guidelines:** Pursuant to N.J.A.C. 11:3-29.4 et seq., global fee periods and the necessity for co-surgeons and assistant surgeons will be determined based upon the Centers for Medicare and Medicaid Services (CMS) Physician Fee Schedule and Medicare Claims Manual which can be found at www.cms.gov.