



Utilization Review Plan Requirements

Process for UR certification

1. Accurate Information Needed to start UR process :

Below is a **copy of the online** MedWatch precertification form. Please provide as much information as possible when you fill out online form or call MedWatch, even if you do not have all the information requested on this form. The data from our website is received daily during our regular business hours. You will receive a response within 24 hours of the first business day following the referral.

If you do not receive a response please contact MedWatch to verify that your information has been transmitted to us. We can be reached at 1-800-432-8421 from 7am-6pm ET Monday through Friday.

Use numbers only for Time, Date, and Social Security Number fields.

The following information must be provided ONLINE or BY TELEPHONE CALL 800-432-8421.

See website for filling out form: <https://www.urmedwatch.com/Content/services-precertification.aspx>

OR Call 800-432-8421.

This below is a copy of the necessary information needed to start the certification process.

*Member`s Employer/Group Name **Required**

Claims Information

Claims Office Name:

In Patient

Out Patient

23 Hour

Office Procedure

ICD Code:

ICD code Descriptor:

CPT/Procedure Code:

Procedure Descriptor:

Admit Date: (mm/dd/yyyy)

Discharge Date: (mm/dd/yyyy)

Procedure Date: (mm/dd/yyyy)

Plan Member Information

*Social Security Number **Required**

*Insured ID: **Required**

*Insured Last Name: **Required**

*Insured Middle Initial:

*Insured First Name: **Required**

*Address: **Required**

*City: **Required**

*State: **Required**

*Zip Code: **Required**

Phone: (xxx.xxx.xxxx)

Insured E-Mail

*Date of Birth: (mm/dd/yyyy)

Sex: Male Female

Patient Information

*Social Security Number **Required**

*Patient ID: **Required**

*Patient Last Name: **Required**

*Patient Middle Initial:

*Patient First Name: **Required**

Patient E-Mail

Address:

City:

State:

Zip Code:

Phone: (xxx.xxx.xxxx)

Date of Birth: (mm/dd/yyyy)

Sex: Male Female

Physician Information

Physician EIN/Tax ID:

Phone: (xxx.xxx.xxxx)

Fax: (xxx.xxx.xxxx)

Last Name:

First Name:

Specialty:

Type: MD DO

Type (other)

Address:

City:

State:

Zip Code:

Facility Information

Facility EIN/Tax ID:

Facility Name:

Phone: (xxx.xxx.xxxx)

Address:

City:

State:

Zip Code:

UR Contact Name:

UR Phone:

UR Fax:

Member PPO Network:

Is Physician In Network: Yes No

Is Facility in Network: Yes No

Is this Primary Insurance: Yes No

If no, who is Primary Insurance Carrier:

Submitter Information

*Name: **Required**

*E-Mail: **Required Invalid Email**

*Phone: (xxx.xxx.xxxx) **Required**

Relationship to Patient: Physician Facility Spouse

Relationship (Other):

Today's Date:

Notes (Reason for Precertification):

Submission of this data to MedWatch does not verify certification, benefits, or coverage.

Please contact MedWatch at 1-800-432-8421 for certification questions. Please contact your claims office for benefits or payment information.

UR Process

2. After you have called in above complete information or filled out online form with all required fields above, MedWatch will call the provider(s) , facility you have provided to get clinical medical information required for The precertification process.

- MedWatch will review all the clinical/medical information for medical necessity, Intensity of service and level of care utilizing Millimen guidelines, 18th edition.
- If we do not feel it meets Millimen Guidelines for medical necessity, intensity of service and level of care, the complete medical information
- MedWatch will forward all medical /clinical information to our Physician Advisor for determination of certification.
- If MedWatch Physician Advisor approves certification for hospital stay or procedure you , your provider, facility and insurance company will receive a notice of certification.
- If physician Advisor does not approve certification of your hospital stay or procedure a notice of non certification notification will be sent to you via mail, provided to your your provider, your facility and your insurance company.
- MedWatch does offer a 1st level appeal upon request if your initial review is not certified.