



**UR CHIROPRACTIC REVIEW
REQUEST**
UTILIZATION REVIEW DIVISION
SFN 59693 (05/2022)

1600 E Century Ave, Ste 1
PO Box 5585
Bismarck ND 58506-5585
Telephone Number 701-328-5990
Toll Free Number 888-777-5871
Local Fax 701-328-3765
Toll Free Fax 866-356-6433
TTY Number (hearing impaired) 701-328-3786
www.workforcesafety.com

Fax recent medical notes with request to 866-356-6433. To prevent a delay of your review complete required sections 1-4. Retrospective review request – complete the Medical Bill Appeal (M6) form based on receipt of a denied bill.

SECTION 1 – Injured employee’s information			
Date	Claim number	Injured employee’s (First name)	(Last name)
Date of injury	Date of birth	Social Security number*	
SECTION 2 – Ordering provider information			
<input type="checkbox"/> Precertification <input type="checkbox"/> Appeal		Person to notify with decision	Fax number
Provider’s full name		Provider’s NPI	
Clinic name		Clinic mailing address	
City	State	ZIP code	
Telephone number		Fax number	
SECTION 3 – Acute/subacute care			
Area of body		Chief complaint (List up to 3 diagnosis codes)	
Start date of upcoming treatment	End date of upcoming treatment	Total number of visits being requested	
Specify manipulation <input type="checkbox"/> 98940 <input type="checkbox"/> 98941 <input type="checkbox"/> 98942 <input type="checkbox"/> 98943		Number of modalities per visit <input type="checkbox"/> None <input type="checkbox"/> 1 <input type="checkbox"/> 2	List CPT codes for modalities
Have all prior approved visits been completed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Date of last visit	Number of visits used
Is patient currently receiving physical or occupational therapy? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is patient working? <input type="checkbox"/> Yes <input type="checkbox"/> No	
SECTION 4 – Additional information or comments			

* In compliance with the Federal Privacy Act of 1974, disclosure of the Social Security number on this form is mandatory pursuant to N.D.C.C. § 65-05-02. The Social Security number is used for identification and verification purposes. Failure to provide this information may result in a delay in processing your request.

UR-CHIRO