North Dakota Workforce Safety & Insurance

UR CHIROPRACTIC REVIEW REQUEST

UTILIZATION REVIEW DIVISION
SFN 59693 (08/2024)

1600 E Century Ave, Ste 1
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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 – *Claim information*			
Date	Claim number	Injured employee's (First name)	(Last name)
Date of birth		Date of injury	
SECTION 2 – *Ordering provider*			
☐ Prior authorization ☐ Appeal	Person to notify with decision		Fax number
Provider's full name		Provider's NPI	
Facility name		Facility mailing address	
City	State	ZIP code	
Telephone number		Fax number	
SECTION 3 – *Service request details*			
Part of body		ICD-10 code for each treated area	
Start date of upcoming treatment	End date of upcoming treatment	Number of visits being requested	
Specify manipulation ☐ 98940 ☐ 98941 ☐ 98942 ☐ 98943		Number of modalities per visit ☐ None ☐ 1 ☐ 2	CPT codes for modalities
Have all prior approved visits been completed? ☐ Yes ☐ No ☐ N/A		Date of most recent therapy visit	Number of visits completed
Is patient currently receiving physical or occupational therapy? ☐ Yes ☐ No		Injured employee's work status ☐ Full duty ☐ Restricted duty ☐ Not working	
SECTION 4 – *Additional information*			

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