

## **Instructions for the Request for Authorization for Medical Treatment (DWC Form RFA)**

**Warning: Private healthcare information is contained in the Request for Authorization for Medical Treatment, DWC Form RFA. The form can only go to other treating providers and to the claims administrator.**

**Overview:** The Request for Authorization for Medical Treatment (DWC Form RFA) is required to initiate the utilization review process required by Labor Code section 4610. **This form is used as an attachment to the Treating Physician's Progress Report – DWC Form PR-2, Doctor's First Report of Occupational Injury – Form DLSR 5021, or an equivalent to request authorization for treatment.**

The intent of the form is to facilitate communication back and forth between the provider and the claims administrator, and also to furnish a verification of authorization for the requesting provider. To minimize the amount of information repeated onto the request form by the provider office, it is best to state the treatment request, other details of the treatment (e.g. frequency and duration), and the reason (a diagnosis or a clinical problem or concern). Such a request should speed the utilization review process. The provider can indicate single requests or multiple requests on the same form. However, it might be best to send each request separately because each item can be approved separately; if any one item is delayed, modified, or denied, the other items can still be approved and faxed back separately.

**Expedited Review Checkbox:** The first checkbox indicates whether review should be expedited based on an imminent and serious threat to the patient's health.

**Written Confirmation Checkbox:** The second checkbox indicates whether the request made on the form is a written confirmation of an earlier oral request.

**Routing Information:** The DWC Form RFA can either be mailed or faxed to the claims administrator. The requesting provider must complete: (1) the patient's name, date of birth, date of injury, employer, and claim number; (2) the claims administrator's name, adjuster name (if known), address, telephone number, and fax number; and (3) the provider's name, practice name, address, telephone number, fax number, specialty, state license number, and National Provider ID number.

**Instructions:** The DWC Form RFA must contain all the information needed to substantiate the request for authorization.

- ☐ List the requested treatment, the purpose of the treatment (specific diagnosis), and, if applicable, the frequency, duration, quantity, facility, etc. Reference to specific guidelines used to support treatment should also be included.
- ☐ CPT codes are helpful when known, but are optional. CPT codes are required for surgery.
- ☐ For surgery requests, attach or include full surgery orders, pre- and post-operative orders (if known).
- ☐ If request is to continue a treatment plan or therapy, please attach documentation for functional improvement, if applicable.
- ☐ For requested medical treatment that is: (a) inconsistent with the Medical Treatment Utilization Schedule (MTUS) found at California Code of Regulations, title 8, section 9792.20, et seq.; or (b) for a condition or injury not addressed by the MTUS, include scientifically based evidence published in peer-reviewed, nationally recognized journals to recommend specific medical treatment or diagnostic services:

**Physician Signature:** Signature/Date line is located under the requested treatment box.

**Claims Administrator Response:** Upon receipt of the DWC Form RFA, a claims administrator must respond within the timeframes set forth in Labor Code section 4610 and California Code of Regulations, title 8, sections 9792.9 or 9792.9.1. To communicate its approval on requested treatment, the claims administrator may complete the lower portion of the DWC Form RFA and fax it back to the requesting provider. (Use of the DWC Form RFA is optional; a claims administrator may utilize other means of written notification.) **Note: It is advised that the claims administrator review and familiarize themselves with the timeframes set forth in Labor Code section 4610 and California Code of Regulations, title 8, sections 9792.9 and 9792.9.1 upon receipt of a completed Form RFA.**