



Optum Managed Care Services (Optum)
 7480 Halcyon Pointe Drive, Suite 300
 Montgomery, AL 36117
 1-833-396-1011 (AIMS Dedicated Fax)
 1-800-275-9485 (toll free)
 E-mail: AIMSAdmin@optum.com

**SURGERY PRECERTIFICATION REQUEST FOR NJ PIP CLAIMS
 (This does not apply to EMERGENCY PROCEDURES)**

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 7480 Halcyon Pointe Drive, Suite 300
 Montgomery, AL 36117
<http://providerhub.procuranet.com>
AIMSAdmin@Optum.com
 Fax: (833) 396-1011

Request 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.