The preauthorization process applies to all body parts and conditions that have been accepted as compensable.

Requests for preauthorization must be in writing using Section I of the MRO-1.1 Medical Treatment Preauthorization Form. Requests for preauthorization may be submitted by mail, electronically, or by fax.

A payer must use Section II of the MRO-1.1 Medical Treatment Preauthorization Form to communicate a decision or to notify a provider that an IME has been requested.

If a payer receives a request for preauthorization not submitted on Section I of the MRO-1.1 Medical Treatment Preauthorization Form, or if a request for preauthorization submitted using Section I of the MRO-1.1 Medical Treatment Preauthorization Form is incomplete, the payer must, within 7 business days of receiving and identifying the request for preauthorization, either: (1) act on the deficient request using Section II of the MRO-1.1 Medical Treatment Preauthorization Form, or (2) notify the provider in writing that the request was incomplete or that a request must be submitted using Section I of the MRO-1.1 Medical Treatment Preauthorization Form.

A payer must provide a copy of its final IME report to the provider upon receipt.

A payer must provide a copy of its written decision to deny treatment or services to the injured employee or an authorized representative. A payer may not deny a request solely because the Official Disability Guidelines do not address the requested treatment or services.

The administrative review process is not available for a payer decision supported by an IME.