

**SURGERY PRECERTIFICATION REQUEST FOR NJ PIP CLAIMS**  
**(This does not apply to EMERGENCY PROCEDURES)****Genex Services**  
**NJ DPR Department**  
PO Box 4379  
Westlake Village, CA 91359  
NJDPRPlus@reviewstat.com  
**Fax: 866-327-9318**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](http://www.cms.gov).