



Oregon

Kate Brown, Governor

Department of Consumer and Business Services
Workers' Compensation Division
350 Winter St. NE
PO Box 14480
Salem, OR 97309-0405
1-800-452-0288, 503-947-7810
www.wcd.oregon.gov

BULLETIN NO. 309 (Revised) Sept. 21, 2015

TO: Medical providers, insurers, and other interested parties

SUBJECT: Elective surgery notification form

EFFECTIVE: Oct. 1, 2015

This bulletin provides a revised form for the insurer's and medical provider's elective surgery correspondence required under Oregon Administrative Rule (OAR) 436-010-0250. The Workers' Compensation Division revised the form to be consistent with changes made to OAR 436-010-0250, effective Oct. 1, 2015. This bulletin replaces Bulletin No. 309 dated Nov. 6, 2012.

Unless otherwise provided by a managed care organization contract, the physician or authorized nurse practitioner (physician) must notify the insurer when he or she recommends elective surgery. The insurer must then notify the physician using Form 3228, "Elective Surgery Notification," whether or not the insurer will seek an independent consultation, and may use the form to advise the physician whether the request is approved.

If the insurer and provider disagree on the need for surgery, the provider may use Form 3228 to inform the insurer, the worker, and the worker's representative that an agreement cannot be reached.

You can download the Microsoft Word form from the Workers' Compensation Division's website: <http://wcd.oregon.gov/forms/Pages/forms.aspx>.

If you have any questions about this bulletin, call 503-947-7606 and ask to speak with a medical reviewer.

/s/ John L. Shilts

John L. Shilts, Administrator
Workers' Compensation Division

Attachment: Form 3228 (rev. 10/15)

Distribution: WCD-LY, electronic mailing lists